



Pharmacy Benefit Coverage Updates

September 1, 2022

UnitedHealthcare routinely evaluates prescription benefit coverage to help ensure we offer members affordable and effective medication options. The following summary highlights Prescription Drug List (PDL) updates for most UnitedHealthcare Commercial benefit plans effective September 1, 2022.

Tier Updates

The following medications will change tiers on or before **September 1, 2022**.

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Migraines	Reyvow ^{®1}	2 ▶ 3	almotriptan (generic Axert [®]), eletriptan (generic Relpax [®]), rizatriptan (generic Maxalt [®] , generic Maxalt MLT), sumatriptan (generic Imitrex [®]), zolmitriptan (generic Zomig [®]), Nurtec [®] ODT ¹ , Ubrelvy ^{®1}
	diclofenac potassium 50mg tablets (generic Cataflam [®])	1 ▶ 2	
Pain & inflammation	diclofenac sodium ER 100mg tablets (generic Voltaren [®] XR)	1 ▶ 3	
	diflunisal 500mg tablets (generic Dolobid [®])	1 ▶ 3	
	etodolac capsules and tablets (generic Lodine [®])	1 ▶ 2	diclofenac sodium (generic Voltaren), ibuprofen (generic Motrin), ibuprofen (generic Motrin), OTC ibuprofen, OTC naproxen
	etodolac ER tablets (generic Lodine [®] XL)	1 ▶ 3	
	indomethacin ER 75mg capsules (generic Indocin [®] SR)	1 ▶ 2	
	naproxen sodium 275mg tablets (generic Anaprox [®])	1 ▶ 2	
	naproxen sodium 550mg tablets (generic Anaprox [®] DS)	1 ▶ 2	

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
	oxaprozin 600mg tablets (generic Daypro®)	1 ▶ 2	
	piroxicam 10mg and 20mg capsules (generic Feldene®)	1 ▶ 2	

Benefit coverage is determined by the member's pharmacy benefit plan. This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan. Medications may change in cost or coverage.

Exclusions^{2, 3}

The following medications will no longer be covered under our pharmacy benefit plans effective **September 1, 2022**.

Therapeutic Use	Medication	Alternative Treatment Option(s)
Contraceptive	NuvaRing® (brand only) ⁴	etonogestrel/ethinyl estradiol vaginal ring [Eluryng (generic NuvaRing)]
Elevated ammonia levels	Carbaglu® (brand only) ¹	carglumic tablets (generic Carbaglu) ¹
Growth hormone	Skytrofa® ^{1, 5}	Nutropin AQ® NuSpin® ¹
Hormone replacement	Vivelle-Dot® (brand only)	estradiol transdermal patch (generic Vivelle-Dot)
Hypertension	Thalitone® 15mg ⁵	chlorthalidone (generic Hygroton®)
Infections	Lymepak™ ⁵	doxycycline hyclate 100 mg (generic Morgidox™, Vibramycin®), doxycycline monohydrate 100 mg (generic Monodox®)
	Loreev XR™ sprinkle ⁵	lorazepam (generic Ativan®)
Mental health	Lybalvi™ ^{1, 5}	aripiprazole (generic Abilify®), olanzapine (generic Zyprexa®), quetiapine (generic Seroquel®), risperidone (generic Risperdal®), ziprasidone (generic Geodon®)
	Sertraline 150mg, 200 mg capsules ⁵	sertraline tablets 25 mg, 50 mg, 100 mg (generic Zoloft®)
	Elyxyb™ solution ⁵	celecoxib capsules (generic Celebrex®), diclofenac sodium (generic Voltaren), ibuprofen (generic Motrin), OTC ibuprofen, OTC naproxen
Migraines	Qulipta™ ^{1, 5}	Aimovig® ¹ , Emgality® ¹ , Nurtec ODT ¹
	Trudhesa™ nasal spray ^{1, 5}	almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex) nasal spray/tablets, zolmitriptan (Zomig)] tablets, Zomig nasal spray

Therapeutic Use	Medication	Alternative Treatment Option(s)
Pain & inflammation	diclofenac potassium 25 mg tablet (generic Lofena™) ⁵	diclofenac sodium (generic Voltaren), ibuprofen (generic Motrin), ibuprofen (generic Motrin), OTC ibuprofen, OTC naproxen
Presbyopia	Vuity™ ^{1, 5}	Non-available
Seizures	Eprontia™ solution ⁵	topiramate immediate-release (generic Topamax®), topiramate sprinkle (generic Topamax sprinkle)

Prior Authorization - Medical Necessity Changes

Prior Authorization - Medical Necessity reviews evaluate the clinical appropriateness of a medication for the condition being treated, type of medication, frequency of use and duration of therapy. The following medication will now require Medical Necessity for coverage.

Therapeutic Use	Medication
Diabetes	Fiasp® ⁶
	Levemir® ⁶

1 Step therapy or prior authorization may be required prior to coverage.

2 Exclusion includes brand, generic and authorized generic products unless otherwise noted.

3 For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.

4 In accordance with HCR/ACA requirements, providers may request a zero-dollar coverage exception review for preventive medications. Please access UHCprovider.com > Drug List and Pharmacy >

Additional Resources > Patient Protection and Affordable Care Act \$0 Cost-Share Preventive Medications Exemption Requests (commercial members) or call the toll-free number on the member's health plan ID card.

5 Newly released medication that was excluded from coverage at the time of launch and will continue to be excluded from our benefit.

6 Typically excluded from coverage. Prior authorization applies to groups that do not participate in the exclusion.