

Commercial plans: Prescription drug list changes

Effective Jan. 1, 2023

We routinely evaluate prescription benefit coverage to help ensure we offer our members affordable and effective medication options. The following summary highlights prescription drug list (PDL) updates for most UnitedHealthcare commercial plans that have pharmacy benefits, **effective on or before Jan. 1, 2023**.

New benefit coverage

The following medications will become eligible for coverage **on or before Jan. 1, 2023**.

Therapeutic use	Medication	Tier
Acne	dapsone 5% gel (generic Aczone®)	3
Acne	dapsone 7.5% gel (generic Aczone)	3
Allergic reactions ²	Auvi-Q®	2
Allergic reactions ²	epinephrine auto-injector (generic Adrenaclick®)	1
Allergic reactions ²	epinephrine auto-injector 1-pack (generic EpiPen®, generic EpiPen Jr®)	1
Atopic dermatitis	Adbry™ ¹	2
Atopic dermatitis	Cibinqo™ ¹	2
Contraceptive	norethindrone/ethinyl estradiol Fe 1 mg/20 mcg (generic Minastrin® 24 Fe)	\$0 HCR*
Hereditary angioedema	icatibant acetate (generic Firazyr®) ¹	2
Hypercholesterolemia	colesevelam hydrochloride (generic Welchol™)	2
Pain	hydrocodone bitartrate extended-release (generic Hysingla® ER) ¹	3
Pain	morphine sulfate extended-release (generic Kadian®) ¹	3

Tier changes

The following medications will change tiers **on or before Jan. 1, 2023**.

Therapeutic use	Medication	Tier change	Alternative treatment option
Allergic reactions ²	epinephrine auto-injector 2-pack (generic EpiPen, generic EpiPen Jr)	Tier 2 to Tier 1	N/A
Bacterial vaginosis	Vandazole™	Tier 2 to Tier 3	metronidazole (generic MetroGel-Vaginal®)

* Available at \$0 cost share as per health care reform (HCR)

Therapeutic use	Medication	Tier change	Alternative treatment option
Contraceptive	norethindrone acetate/ethinyl estradiol (generic Loestrin® 1.5 mg/30 mcg)	Tier 2 to \$0 HCR	N/A
Contraceptive	norethindrone acetate/ethinyl estradiol (generic Loestrin 1 mg/20 mcg)	Tier 2 to \$0 HCR	N/A
Contraceptive	norethindrone acetate/ethinyl estradiol Fe 1 mg/20 mcg (generic Loestrin 24 Fe)	Tier 2 to \$0 HCR	N/A
Contraceptive	norethindrone acetate/ethinyl estradiol 0.4 mg/35 mcg (generic Ovcon®-35)	Tier 2 to \$0 HCR	N/A
Contraceptive	Lo Loestrin Fe 1 mg/10 mcg	Tier 3 to \$0 HCR	N/A
Hepatitis B	tenofovir disoproxil fumarate (generic Viread®)	Tier 2 to Tier 1	N/A
Inflammatory conditions	Dupixent® ¹	Tier 3 to Tier 2	N/A
Pain	Xtampza® ER ¹	Tier 2 to Tier 3	morphine sulfate (generic MS Contin®)

Exclusions^{3,4}

We'll no longer cover the following medications, **effective Jan. 1, 2023**. Please see the right column for alternative treatment options.

Therapeutic use	Medication	Alternative treatment option(s)
Acne	Aczone® 5% topical gel (brand only)	dapsone topical gel (generic Aczone), OTC Differin Gel
	Aczone 7.5% topical gel (brand only)	dapsone topical gel (generic Aczone), OTC Differin Gel
	Twyneo® ⁵	OTC benzoyl peroxide + OTC Differin gel or tretinoin cream (generic Retin A®)
Cancer	Eulexin™ (brand only) ⁵	bicalutamide (generic Casodex™)
	Nilandron® ⁶	bicalutamide (generic Casodex)
	nilutamide (generic Nilandron®)	bicalutamide (generic Casodex)
Cushing's disease	Recorlev® ^{1,5}	ketoconazole tablets (generic Nizoral)
Diuretic	Soaanz® ⁵	toremide (generic Demadex®)
Excessive secretions	Dartisla ODT ⁵	glycopyrrolate tablet (generic Robinul®)
Hepatitis B	Vemlidy® ¹	entecavir (generic Baraclude®), tenofovir disoproxil fumarate (generic Viread®)
Hereditary angioedema	Firazyr® (brand only) ¹	icatibant acetate (generic Firazyr) ¹
Hypercholesterolemia	Welchol® (brand only)	colesevelam (generic Welchol)



Therapeutic use	Medication	Alternative treatment option(s)
Hyperphosphatemia	Auryxia®	sevelamer (generic Renagel®), Velphoro®
	Renagel® (brand only)	sevelamer (generic Renagel)
	Renvela® (brand only) packet ¹	sevelamer carbonate (generic Renvela)
Infections	Alinia® tablets (brand only)	nitazoxanide (generic Alinia)
Mental health	Citalopram hydrobromide capsules ⁵	citalopram (generic Celexa®)
Pain	Dilaudid® (brand only)	hydromorphone (generic Dilaudid)
Pain	MS Contin® (brand only) ¹	morphine sulfate (generic MS Contin)
Pain and inflammation	Anaprox® DS (brand only) ⁵	naproxen (generic Naprosyn®, generic Anaprox DS), over-the-counter naproxen
	Seglantis® ⁵	celecoxib capsules (generic Celebrex®) plus tramadol (generic Ultram®)
Parkinson's disease	Dhivy™ ⁵	carbidopa/levodopa (generic Sinemet®)

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
Hepatitis B	Vemlidy®

Step therapy changes⁷

Step therapy requires members to try a lower-cost medication (step 1) before we approve coverage for a higher-cost medication (step 2).

Therapeutic use	Medication	Step 1 medications
Blood clots	Savaysa® ⁸	Eliquis® or Xarelto®

¹We may require step therapy or prior authorization for us to cover this medication.

²Part of \$0 cost-share effective Jan. 1, 2023, upon renewal or ASO opt-in.

³Exclusion includes brand, generic and authorized generic products, unless otherwise noted.

⁴For benefits that don't exclude these medications, we may require step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification).

⁵Newly released medication we excluded from coverage at the time of launch and will continue to be excluded from the pharmacy benefit.

⁶We typically exclude this medication from coverage for most uses. Please see the "Prior authorization medical necessity changes" section.

⁷Referred to as First Start in New Jersey

⁸Includes continuation of therapy (e.g., members already on the medication as of Jan. 1, 2023, won't be affected)

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