

Commercial plans: Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs policy

Overview

The Medical Benefit Therapeutic Equivalent Medications – Excluded Drugs policy for UnitedHealthcare commercial plan members is an exclusion for certain medication injectables that health care professionals administer. Medications on this list are excluded as allowed by member benefits and applicable state law.

The policy and Medical Benefit Therapeutic Equivalent Medications – Excluded Drug List with Preferred Alternatives is available at [UnitedHealthcare Commercial Medical & Drug Policies and Coverage Determination Guidelines](#).

Frequently asked questions

How do you define therapeutic equivalent medications?

Therapeutically equivalent medications have essentially the same efficacy and adverse event profiles. The UnitedHealthcare Pharmacy & Therapeutics (P&T) Committee makes this decision for each medication on the Medical Benefit Therapeutic Equivalent Medications – Excluded Drug List after a rigorous review.

What does it mean if a medication is on the Medical Benefit Therapeutic Equivalent Medications – Excluded Drug List with Preferred Alternatives?

The medications on this list aren't covered by the member's plan, consistent with members' benefits and applicable state law. Please note that for every medication that's excluded from coverage, we cover a therapeutically equivalent alternative medication.



Key points

- This policy excludes certain targeted medical injectables
- This is an effort to help drive members to lower-cost, therapeutically equivalent medications
- Please note that for every medication excluded from coverage, the plan covers a therapeutically equivalent alternative medication

What if a member currently has prior authorization for an excluded medication?

Members may continue to receive the excluded medication until the prior authorization expires or their eligibility changes. Upon prior authorization expiration, the prescribing health care professional will need to transition the member to another treatment option.

How often do you add medications to the policy?

Medication exclusion determinations are made up to 6 times per calendar year, typically on a quarterly basis.

How do you decide to add a medication to the policy?

Our Prescription Drug List Management Committee makes final coverage decisions. This Committee receives guidance from the UnitedHealthcare P&T Committee, which reviews medications and determines if they're therapeutically equivalent. "Therapeutically equivalent" is defined as producing similar therapeutic outcomes and adverse events to a covered alternative. The P&T Committee includes external physicians representing a broad range of specialties and sub-specialties, medical directors and pharmacists.

Can I submit a predetermination request for a medication you exclude from coverage?

You can submit a predetermination review request using the standard process for submitting prior authorization requests.



Questions?

Connect with us through chat 24/7 in the [UnitedHealthcare Provider Portal](#) or by calling the number on the back of the member's ID card.

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