

# Pharmacy Benefit Coverage Updates

September 1, 2024



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 Sep. 1, 2024.

## Medications with New Benefit Coverage

The following medications were not previously covered under most UnitedHealthcare Commercial benefit plans and are now eligible for coverage on **Sep. 1, 2024**.

Therapeutic use	Medication	Tier
Diabetes	Alogliptin (Nesina <sup>®</sup> authorized generic)	Tier 2
Diabetes	Alogliptin/Metformin (Kazano <sup>®</sup> authorized generic)	Tier 2
Diabetes	Alogliptin/Pioglitazone (Oseni <sup>®</sup> authorized generic)	Tier 2

## Exclusions<sup>1,2</sup>

We'll no longer cover the following medications, effective **Sep. 1, 2024**. Please see our recommended alternative treatment options.

Therapeutic use	Medication	Alternative treatment option(s)
Diabetes	Bexagliflozin (Brenzavvy <sup>™</sup> authorized generic) <sup>3</sup>	Jardiance <sup>®</sup>
Diabetes	glipizide 2.5 mg tablet <sup>3</sup>	glipizide 1/2 of 5 mg (generic Glucotrol)
Diabetes	Kazano	Alogliptin/Metformin (Kazano authorized generic)
Diabetes	Nesina	Alogliptin (Nesina authorized generic)
Diabetes	Oseni	Alogliptin/Pioglitazone (Oseni authorized generic)
Glaucoma	Iyuzeh <sup>™</sup> ophthalmic solution <sup>3</sup>	bimatoprost 0.03% (generic Lumigan <sup>®</sup> ), latanoprost (generic Xalatan <sup>®</sup> ), Lumigan 0.01%
Infections	Nitrofurantoin 50 mg/5 mL oral suspension <sup>3</sup>	nitrofurantoin 25 mg/5 mL oral suspension
Inflammatory conditions	Amjevita <sup>™</sup> 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL <sup>4</sup>	Adalimumab-adaz (unbranded Hyrimoz <sup>®</sup> ) <sup>4</sup> , Adalimumab-adbm (unbranded Cyltezo <sup>®</sup> ) <sup>4</sup> , Amjevita high concentration, Hadlima <sup>™</sup> <sup>4</sup> , Humira <sup>®</sup> <sup>4</sup>

<sup>1</sup>Exclusion includes brand, generic and authorized generic products, unless otherwise noted.

<sup>2</sup>For benefits that do not exclude, Step Therapy or Prior Authorization may be required.

<sup>3</sup>Newly released medication we excluded from coverage at the time of launch and will continue to be excluded from the pharmacy benefit.

<sup>4</sup>We may require step therapy or prior authorization for us to cover this medication.

<sup>5</sup>We typically exclude this from coverage.

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Therapeutic use	Medication	Alternative treatment option(s)
Inflammatory conditions	Bimzelx <sup>®3,4</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>4</sup> , Adalimumab-adbm (unbranded Cyltezo) <sup>4</sup> , Amjevita high concentration, Cimzia <sup>®4</sup> , Cosentyx <sup>®4</sup> , Enbrel <sup>®4</sup> , Hadlima <sup>4</sup> , Humira <sup>4</sup> , Otezla <sup>®4</sup> , Skyrizi <sup>®4</sup> , Stelara <sup>®4</sup> , Tremfya <sup>®4</sup>
Inflammatory conditions	Cyltezo <sup>4</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>4</sup> , Adalimumab-adbm (unbranded Cyltezo) <sup>4</sup> , Amjevita high concentration <sup>4</sup> , Hadlima <sup>4</sup> , Humira <sup>4</sup>
Inflammatory conditions	Velsipity <sup>®3,4</sup>	Adalimumab-adaz (unbranded Hyrimoz) <sup>4</sup> , Adalimumab-adbm (unbranded Cyltezo) <sup>4</sup> , Amjevita high concentration <sup>4</sup> , Hadlima <sup>4</sup> , Humira <sup>4</sup> , Rinvoq <sup>®4</sup> , Simponi <sup>®4</sup> , Stelara <sup>4</sup> , Xeljanz <sup>®4</sup> , Zeposia <sup>®4</sup>
Low potassium levels	Pokonza <sup>™3</sup>	potassium chloride capsules, packets, tablets (generic Klor-con <sup>®</sup> , generic Micro-K <sup>®</sup> )
Vitamin	Floriva <sup>™</sup> Plus	generic pediatric multivitamins with fluoride
Vitamin	Multi-Vit-Flor <sup>®</sup>	generic pediatric multivitamins with fluoride
Vitamin	multiple vitamin/fluoride chewable tablet (Neos Therapeutics) <sup>3</sup>	generic pediatric multivitamins with fluoride
Vitamin	Poly-Vi-Flor <sup>®</sup>	generic pediatric multivitamins with fluoride

## Supply Limit Changes

Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the Supply Limits program.

Therapeutic use	Medication	Supply Limit
Pain and inflammation	Lofena <sup>™</sup> 25 mg <sup>5</sup>	124 tablets per month
Pain and inflammation	Zipsor <sup>®</sup> 25 mg <sup>5</sup>	124 tablets per month

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