

Pharmacy Benefit Coverage Updates

May 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 May 1, 2023.

Exclusions^{1,2}

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

Therapeutic use	Medication	Alternative treatment option(s)
ADHD	Methylphenidate extended-release tablet/Relexxii ^{®3} 43 mg, 65 mg, 72 mg	methylphenidate extended-release capsule (generic Metadate [®] CD, Ritalin [®] LA), Adderall [®] XR, Concerta [®]
Alzheimer's disease	Adlarity ^{®3}	donepezil tablet (generic Aricept [®]), galantamine (Razadyne [®]), memantine (generic Namenda [®]), rivastigmine transdermal patch (generic Exelon [®])
Cancer	Afinitor [®] Disperz [™] (brand only) ⁴	everolimus tablet for oral suspension (generic Afinitor Disperz) ⁴
Cancer	Nexavar [®] (brand only) ⁴	sorafenib (generic Nexavar) ⁴
Cancer	Sutent [®] (brand only) ⁴	sunitinib (generic Sutent) ⁴
Constipation	Ibsrela ^{®3,4}	lubiprostone (generic Amitiza [®]) ⁴ , Linzess ^{®4}
Diabetes	Fiasp ^{®5}	Humalog [®] , Lyumjev [®]
Diabetes	Insulin glargine (Lantus [®] Solostar [®] authorized brand alternative) ³	Lantus, Toujeo [®]
Diabetes	metformin 625mg ³	metformin (generic Glucophage [®] , generic Glucophage XR)
Excessive secretions	Robinul [®] /Robinul Forte (brand only) ³	glycopyrrolate tablet (generic Robinul/Robinul Forte)
High blood pressure	Katerzia [®] suspension ^{3,4}	amlodipine (generic Norvasc [®]), Norliqva [®] solution ⁴
High blood pressure	Nexiclon [™] XR/clonidine extended-release (Nexiclon XR authorized brand alternative) ³	clonidine (generic Catapres)
Mental health	Viibryd [®] (brand only)	vilazodone (generic Viibryd)
Multiple sclerosis	Tascenso ODT ^{™3,4}	fingolimod (generic Gilenya [®]) ⁴
Muscle spasms	Lyvispah [™] granules ^{3,4}	baclofen (generic Lioresal [®]), Ozobax ^{®4}

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.

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Therapeutic use	Medication	Alternative treatment option(s)
Neutropenia	Releuko ^{®3}	Zarxio [®]
Rosacea	Epsolay ^{®3,4}	Soolantra ^{®4}
Sleep	Quviviq ^{™3,4}	zolpidem (generic Ambien [®]), zaleplon (generic Sonata [®]), eszopiclone (generic Lunesta [®])
Testosterone replacement	Tlando ^{®3,4}	Androderm ^{®4} , Testim ^{®4}
Transplant	Zortress [®] 1 mg (brand only)	everolimus (generic Zortress)

Step therapy changes⁶

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

Therapeutic use	Medication	Step 1 medications
Sleep	Quviviq ⁷	Must try: Belsomra [®] and Dayvigo [®] and 2 of the following, zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta)

¹ Exclusion includes brand, generic and authorized generic products, unless otherwise noted.

² For 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).

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

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

⁵ We already exclude but coverage was allowed in certain circumstances. Review is no longer necessary due to expanded coverage options.

⁶ Referred to as First Start in New Jersey.

⁷ We typically exclude this medication from coverage.