

Pharmacy Benefit Coverage Updates

January 1, 2025

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 January 1, 2025.

Medications with New Benefit Coverage

The following medications were not previously covered under most UnitedHealthcare Commercial benefit plans and will now be eligible for coverage on **January 1, 2025**.

Therapeutic use	Medication	Tier
Inflammatory conditions	Amjevita® by Amgen for Nuvaia*	Tier 2
Inflammatory conditions	Bimzelx ¹	Tier 3

*Launch expected Q4 2024.

Tier Updates

The following medications will change tiers on **January 1, 2025**.

Therapeutic use	Medication	Tier	Alternative treatment option(s)
Anemia	Epogen® ²	Tier 2 to Tier 3	Retacrit®
Anemia	Procrit® ²	Tier 2 to Tier 3	Retacrit®
Blood disorders	Mulpleta® ¹	Tier 2 to Tier 3	
Elevated phosphate levels	Velphoro® ¹	Tier 2 to Tier 3	calcium acetate (generic PhosLo®), sevelamer carbonate tablet (generic Renvela®)
Inflammatory conditions	Cosentyx® ¹	Tier 3 to Tier 2	
Inflammatory conditions	Entyvio® ¹ pen-injector for SQ administration	Tier 3 to Tier 2	
Inflammatory conditions	OmvoH™ ¹	Tier 3 to Tier 2	
Inflammatory conditions	Sotyktu® ¹	Tier 3 to Tier 2	

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

² We typically exclude this from coverage.

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

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Exclusions^{3,4}

We'll no longer cover the following medications, effective **January 1, 2025**. Please see our recommended alternative treatment option(s).

Therapeutic use	Medication	Alternative treatment option(s)
Acne	Cabtreo ^{®5}	OTC Differin gel plus clindamycin 1.2%/benzoyl peroxide 5% (generic Duac [®]) or adapalene 0.1%/benzoyl peroxide 2.5% (generic Epiduo [®]) plus clindamycin 1% gel (generic Clindagel [®])
Blood disorders	Promacta [®] tablet ¹	Alvaiz ^{™1}
Cushing's disease	Korlym [®] (brand only) ¹	mifepristone (generic Korlym) ¹
Diabetes	Sitagliptin (Zituvio [™] authorized generic) ^{1,5}	saxagliptin (generic Onglyza [®]), Alogliptin (Nesina [®] authorized generic), Tradjenta [®]
Diabetes	Zituvio ^{1,5}	saxagliptin (generic Onglyza), Alogliptin (Nesina authorized generic), Tradjenta
Dry eye disease	Vevye [®] ophthalmic solution ^{1,5}	Restasis [®] single dose vial ¹ , Xiidra ^{®1}
Duchenne muscular dystrophy	Agamree [®] oral suspension ^{1,5}	prednisone
Elevated phosphate levels	sevelamer hydrochloride tablet (generic Renagel [®])	sevelamer carbonate tablet (generic Renvela)
Eosinophilic esophagitis	Eohilia [™] oral suspension ^{1,5}	budesonide nebulized solution (generic Pulmicort [®] Respules [™])
Growth hormone	Nutropin AQ [®] NuSpin ^{®1}	Norditropin [®] Flexpro ^{®1} , Omnitrope ^{®1}
Infections	Tetracycline tablet ⁵	tetracycline capsule (generic Achromycin V [®])
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo [®]) ¹	Adalimumab-adaz (unbranded Hyrimoz [®]) ¹ , Amjevita [™] by Amgen for Nuvaila ¹ , Humira ^{®1}
Inflammatory conditions	Amjevita 20mg/0.2 mL, 40mg/0.4 mL, 80mg/0.8 mL (manufactured by Amgen) ¹	Adalimumab-adaz (unbranded Hyrimoz [®]) ¹ , Amjevita by Amgen for Nuvaila ¹ , Humira ¹
Inflammatory conditions	Hadlima ^{™1}	Adalimumab-adaz (unbranded Hyrimoz [®]) ¹ , Amjevita by Amgen for Nuvaila ¹ , Humira ¹
Inflammatory conditions	Zymfentra ^{™1,5}	Avsola [®] , Inflectra [®]
Pain	tramadol 25 mg tablet ⁵	1/2 of tramadol (generic Ultram [®]) 50 mg tablet
Pain and inflammation	Coxanto ^{™5}	ibuprofen, naproxen, oxaprozin tablet, over-the-counter NSAIDs

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Therapeutic use	Medication	Alternative treatment option(s)
Pain and inflammation	Oxaprozin (Coxanto authorized generic) ⁵	ibuprofen, naproxen, oxaprozin tablet, over-the-counter NSAIDs
Vitamin	Davimet™/Fluoride ⁵	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. For more information on our supply limits visit UHCprovider.com.

Therapeutic use	Medication	Supply limit
Neuropathic pain	Gralise® 450 mg ²	62 tablets per month
Neuropathic pain	Gralise 600 mg ²	62 tablets per month

Prior Authorization - Medical Necessity Changes

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The medications below have a new or revised Prior Authorization - Medical Necessity program. For more information on our criteria visit UHCprovider.com.

Therapeutic use	Medication
Blood disorders	Mulpleta
Blood disorders	Promacta

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Prior Authorization — Notification Changes

Prior Authorization – Notification requires additional clinical information to verify member's benefit coverage. The medications below have a new or revised Prior authorization - Notification program. For more information on our criteria visit UHCprovider.com.

Therapeutic use	Medication
Cancer	Rozlytrek®
Pheochromocytoma	Demser®

Step Therapy Changes^{5,6}

Step therapy requires members to try a lower-cost medication (step 1) before coverage is approved for a higher-cost medication (step 2). The medications below have a new or revised Step Therapy program. For more information on our criteria visit UHCprovider.com.

Therapeutic use	Medication	Step 1 medications
Allergies	Xhance®	Varies by indication: budesonide nasal spray (Rhinocort® Allergy Spray), fluticasone nasal spray (generic Flonase®, Flonase Allergy or Flonase Sensimist), flunisolide nasal spray (generic Nasalide®), mometasone nasal spray (generic Nasonex™ or Nasonex 24H Allergy), triamcinolone nasal spray (Nasacort® Allergy 24HR) and/or Zetonna™
Elevated phosphate levels	Velphoro	calcium acetate (generic PhosLo) or sevelamer carbonate (generic Renvela)

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