

Pharmacy benefit coverage updates

Effective Sept. 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 **Sept. 1, 2023**.

Exclusions^{1,2}

We'll no longer cover the following medications. Please see our recommended alternative treatment options.

Therapeutic use	Medication	Alternative treatment option(s)
Allergies	Ryaltis ^{® 3}	olopatadine (generic Patanase [®]) in combination with an over-the-counter nasal steroid (e.g., Nasonex [®] Allergy) over-the-counter Astepro [®] Allergy in combination with an over-the-counter nasal steroid (e.g., Nasonex Allergy)
Benign prostatic hyperplasia	Entadfi ^{™ 3}	finasteride (generic Proscar [®]) in combination with tadalafil (generic Cialis [®])
Endocrine disorders	Javygtor ^{™ 3,4}	sapropterin (generic Kuvan [®]) ⁴
Endocrine disorders	Buphenyl [®] (brand only) ⁴	sodium phenylbutyrate (generic Buphenyl) ⁴
Endocrine disorders	Lanreotide 120 mg/0.5 mL ³	Somatuline [®] Depot
Endocrine disorders	Pheburane ^{® 3,4}	sodium phenylbutyrate (generic Buphenyl) ⁴
Gout	allopurinol 200 mg tablet ³	allopurinol 100 mg or 300 mg (generic Zyloprim [®])
Multiple sclerosis	Gilenya [®] 0.5 mg (brand only) ⁴	fingolimod (generic Gilenya) ⁴
Muscle spasms	methocarbamol 1000 mg ³	methocarbamol 500 mg (generic Robaxin [®])
Neutropenia	Fylnetra ^{® 3}	Neulasta [®] , Ziextenzo [®]
Neutropenia	Stimufend ^{® 3}	Neulasta, Ziextenzo
Pulmonary fibrosis	Esbriet [®] (brand only) ⁴	pirfenidone (generic Esbriet) ⁴

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

²For 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).

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

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

⁵Typically excluded from coverage.

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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