



# **UnitedHealthcare commercial prescription drug list changes for January 2024**

# Optional Email Template to send to your ACO

Dear HealthChoice ACO,

I'm reaching out to update you on the upcoming UnitedHealthcare commercial prescription drug list (PDL) changes set for **January 2024**. Please review the attached presentation detailing these changes.

Here are some key points that might be significant for your ACO and your patients who are UnitedHealthcare commercial plan members:

- Starting **Jan. 1, 2024**, Humalog Vial will be removed from our prescription drug list, with Insulin Lispro Vial being introduced. While most pharmacies might automatically substitute Insulin Lispro for Humalog, issuing a new prescription can minimize potential patient disruption.
- Effective **Jan. 1, 2024**, Flovent HFA and Diskus (due to manufacturer discontinuation) and Pulmicort Flexhaler will be excluded from our prescription drug list. For covered alternatives, consider prescribing Qvar or Arnuity Elipita.
- Please note that prescribers of Humalog Vial, Pulmicort inhaler and Flovent inhaler will be informed of these changes via EMR messages.

The attached presentation includes other noteworthy changes. For instance, amphetamine/dextroamphetamine extended-release (generic Adderall XR) will now be covered at Tier 2.

Please review the presentation at your earliest convenience. If you have any questions or need further clarification, don't hesitate to reach out.

Warm regards,

Michelle R. Hurly, RN, CTM



# Notable UnitedHealthcare Prescription Drug List (PDL)

[Current PDL](#)

[Summary of Changes](#)

[Vital Medication Program](#)

[Temporary Drug Coverage](#)

[Preferred Biosimilars](#)

Legend key	
Continued exclusions	X
Strategic exclusion <sup>1</sup>	X
Downtiers	Example 3→2
New benefit coverage	2
Uptiers	Example 2→3

<sup>1</sup> Applies to all fully insured members and some administrative services only (ASO) members who implement Exclusions, Step Therapy, Medical Necessity, Notification or Supply Limits



# Insulin changes

- Manufacturers are changing their drug prices, potentially, due to recent legislation. As a result, pricing dynamics have changed, and UnitedHealthcare will add coverage to new low-cost insulin options.
- UnitedHealthcare has always supported access to insulin with options in tier 1 and the introduction of the Vital Medications program
- Insulin Lispro vial may be automatically substituted for Humalog vial at most pharmacies, but writing a new script may help avoid any member disruption



**70,000** members utilizing insulin products and receiving at zero cost share through the Vital Medications program<sup>1</sup>



**\$8M** member savings on insulin products through the Vital Medications program<sup>1</sup>



**95%** insulin scripts are for a preferred product<sup>2</sup>

## Our goal

✓ Drive affordability for members

✓ Encourage medication access and adherence

Prescription Drug List (PDL) Change <sup>3</sup>	
Insulin Lispro Junior KwikPen (Added to Vital Medication list)	2
Insulin Lispro KwikPen (Added to Vital Medication list)	2
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (Added to Vital Medication list)	2
Insulin Lispro vial (unbranded Humalog) (Added to Vital Medication list)	1
Humalog Tempo Pen	X
Lyumjev Tempo Pen	X
Rezvoglar Kwikpen	X
Humalog vial (removed from Vital Medication list)	X



<sup>1</sup> UnitedHealthcare internal data, 2023

<sup>2</sup> UnitedHealthcare internal data, 2022

<sup>3</sup> Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information

# Generic medications

A new prescription is not needed, as pharmacists can substitute the generic medication for the brand right at the pharmacy counter

PDL change <sup>1</sup>		
Therapeutic class	Medication name	
ADHD	amphetamine/dextroamphetamine extended-release (generic Adderall XR)	2
	Adderall XR (brand only)	X
	methylphenidate hydrochloride extended-release (generic Concerta)	2
	Concerta (brand only)	X
Cancer	bexarotene capsule (generic Targretin)	2
	bexarotene gel (generic Targretin)	3
	Targretin capsule and gel (brand only)	X

PDL change <sup>1</sup>		
Therapeutic class	Medication name	
Infections	ciprofloxacin/ dexamethasone (generic Ciprodex) <b>effective 10/1/23</b>	3
	Ciprodex (brand only)	X
Inflammatory bowel disease	mesalamine delayed-release (generic Lialda)	2
	Lialda (brand only)	X
Mental health	asenapine maleate sublingual (generic Saphris)	3
	Saphris (brand only)	X

- The supply of generic ADHD medications will be closely monitored and addressed. A shortage of the active ingredient has led to manufacturing delays.
- Brand name drugs and therapeutic alternatives may be temporarily allowed and covered if the generic supply is not sufficient to meet demand

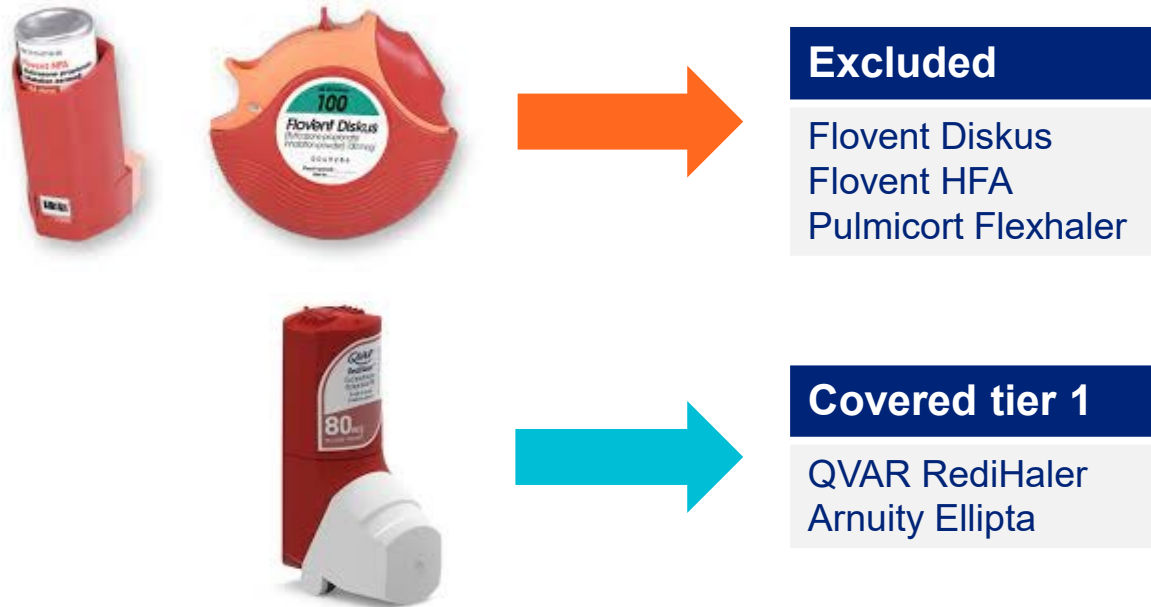
Some benefits may already have coverage for the generic medications

<sup>1</sup>Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](#) for additional information



# Asthma changes

- Manufacturers could discontinue manufacturing brand drugs due to recent legislation
- GlaxoSmithKline notified the FDA that Flovent HFA and Flovent Diskus will be discontinued, and the last day the product will be available to order is Dec. 31, 2023.



PDL change <sup>1</sup>	
Fluticasone propionate HFA (Flovent HFA Authorized brand alternative)	X
Fluticasone/salmeterol HFA (Advair HFA Authorized brand alternative)	X
Fluticasone/Vilanterol Ellipta (Breo Ellipta Authorized brand alternative)	X
Fluticasone propionate/salmeterol Respiclick (Airduo Respiclick Authorized brand alternative)	2→3
Flovent Diskus	X
Flovent HFA	X
Pulmicort Flexhaler	X
QVAR RediHaler	1
fluticasone/salmeterol Diskus [Wixela Inhub (generic Advair Diskus inhaler)]	3
Advair Diskus inhaler (brand only)	X



<sup>1</sup>Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information



# Biosimilars update

# PDL decisions aim to reduce costs and expand choice

- UnitedHealthcare will continue to include Humira on all PDLs through **2024**
- UnitedHealthcare now covers 4 preferred biosimilars at the same tier as Humira with prior authorization: **Amjevita, Cyltezo, Hadlima** and **adalimumab-adaz** (unbranded Hyrimoz)

Drug	High concentration formulation available	Interchangeability	Citrate-free
Humira	Yes*	Reference product	Some formulations
Amjevita	No	Possibly in 2024	Yes
Cyltezo	No	Yes	Yes
Hadlima	Yes*	Possibly in 2024	Yes
adalimumab-adaz (unbranded Hyrimoz)	Yes	No	Yes

\* Some formulations may not be high concentration

PDL change <sup>1</sup>		
Drug Name	Effective date	Tier
Humira	2003	2
Amjevita	2/1/23	2
Cyltezo	7/1/23	2
Hadlima	7/1/23	2
adalimumab-adaz (unbranded Hyrimoz)	7/1/23	2
Non-preferred adalimumab (Humira biosimilar) drugs	1/1/24	X

\* Non-preferred adalimumab (Humira biosimilar) drugs include: Hulio, Hyrimoz, Idacio, Yuflyma and Yusimry.



<sup>1</sup>Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information



# Biosimilars currently in the market

	Cancer			Cancer support		Anemia	Inflammatory		Diabetes	Macular degeneration
<b>Innovator</b>	Herceptin®	Avastin®	Rituxan®	Neupogen®	Neulasta®	Epogen® / Procrit®	Remicade®*	Humira®	Lantus®	Lucentis®
<b>Biosimilar<sup>1</sup></b>	Kanjinti®	Mvasi®	Truxima®	Zarxio®	Udenyca® <sup>2</sup>	Retacrit®	Avsola®	Amjevita®	Rezvoglar™	Cimerli™
	Trazimera®	Alymsys®	Ruxience®	Granix®	Fulphila®		Inflectra®	Cyltezo®	insulin glargine-yfgn	Byooviz® <sup>3</sup>
	Ogivri®	Vegzelma®	Riabni®	Nivestym®	Fylnetra®		Renflexis®	Hadlima™	Semglee®	
	Herzuma®	Zirabev®		Releuko®	Nyvepria™			adalimumab-adaz (unbranded Hyrimoz®)		
	Ontruzant®				Stimufend®			Hyrimoz®		
					Ziextenzo®			Hulio®		
								Idacio®		
								Yuflyma®		
								Yusimry™		

**Non-Preferred product**

**Preferred product**  
 UnitedHealthcare uses utilization management strategies (e.g., prior authorization or exclusions) to prefer select drugs

<sup>1</sup> As of 7/1/23. IPD Analytics. Cortellis™ Competitive Intelligence 2023.

<sup>2</sup> Udenyca becomes a preferred drug 9/1/23 on the medical benefit and 1/1/24 on the pharmacy benefit.

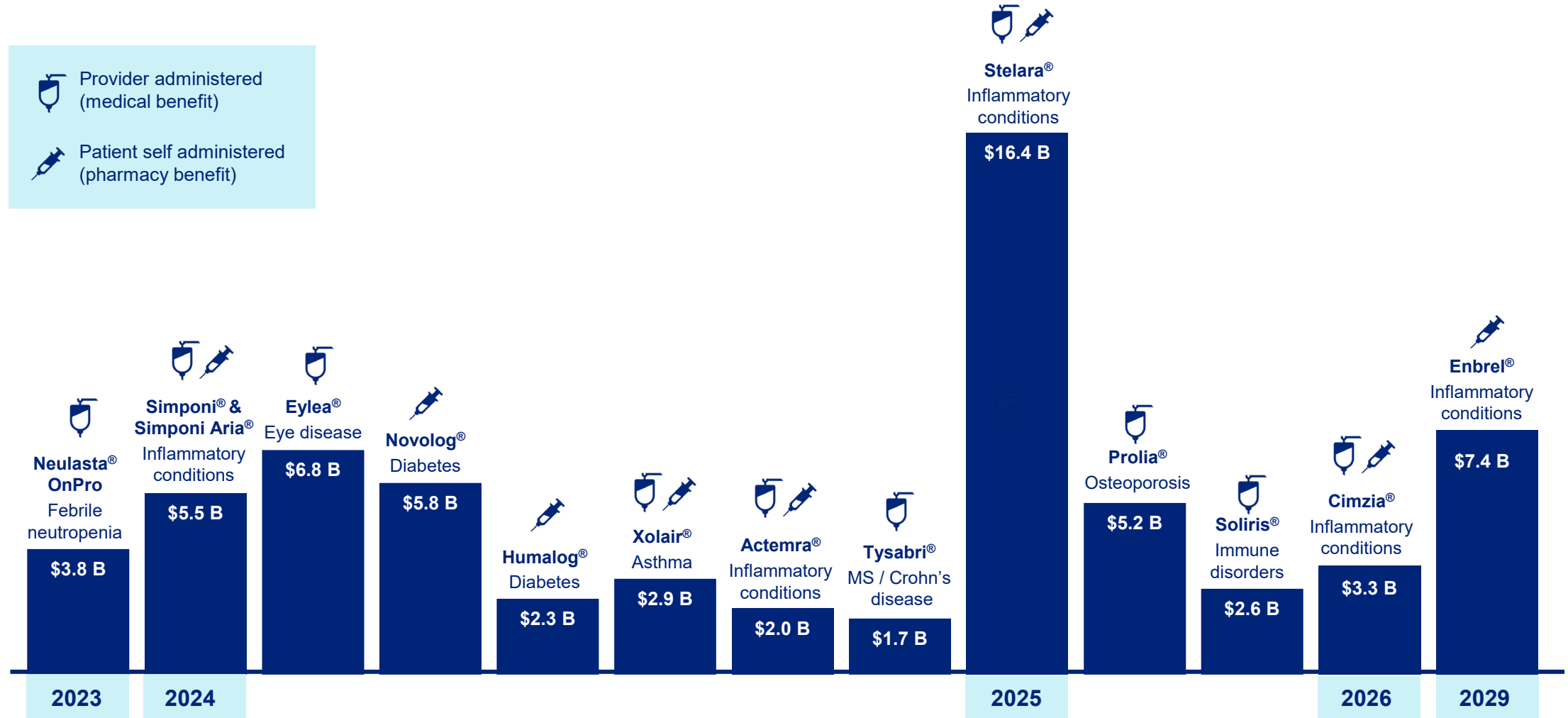
<sup>3</sup> As of 10/1/23, drug has strategic exclusion, since there are therapeutically equivalent alternatives available at lower cost.

[Information on UHC preferred biosimilars at UHCprovider.com](https://www.uhcprovider.com)



# More blockbuster\* drugs will confront competition

Future biosimilar launches include products covered under both the medical and pharmacy benefits



\* Blockbuster drugs experienced 2022 sales of \$1B+ in the U.S. Forecast based on UnitedHealthcare internal analysis. July 2023





# **Additional updates and clinical program changes**

# Additional updates

## Exclusions

Therapeutic class	Tier	Medication	Alternative treatment option(s)
Acne	X	Finacea gel (brand only)	azelaic acid gel (generic Finacea)
Chest pain	X	BiDil (brand only)	isosorbide dinitrate/hydralazine (generic BiDil)
Diabetes	X	Kombiglyze XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)
	X	Onglyza (brand only)	saxagliptin (generic Onglyza)
High blood pressure	X	Edarbi	candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan)
	X	Edarbyclor	candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), losartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT)
HIV	X	Prezista tablet (brand only)	darunavir (generic Prezista)
Inflammatory bowel disease	X	Uceris rectal foam (brand only)	budesonide rectal foam (generic Uceris)
Narcolepsy	X	Xyrem brand	armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem Authorized generic (Hikma)], Sunosi, Wakix, Xywav
Neutropenia	X	Ziextenzo	Neulasta, Udenyca

Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information



# Additional updates (cont.)

## Brand exclusion upon generic launch

Therapeutic class	Tier	Medication	Alternative treatment option(s)
ADHD	X	Vyvanse (brand only)	lisdexamfetamine dimesylate (generic Vyvanse)
Mental health	X	Latuda (brand only)	lurasidone (generic Latuda)
Multiple sclerosis	X	Aubagio (brand only)	teriflunomide (generic Aubagio)



The **Brand Exclusion Upon Generic Launch** program enables us to exclude the brand medication upon the launch of the generic equivalent, eliminating unnecessary costs and minimizing disruption.

Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information



# Additional updates (cont.)

## New benefit coverage

Therapeutic class	Tier	Medication
Inflammatory bowel disease	2	mesalamine delayed-release (generic Delzicol)
Neutropenia	2	Udenyca

## Downtiers

Therapeutic class	Tier	Medication
Inflammatory conditions	2→1	Apriso (brand only)
Neutropenia	3→2	Neulasta

## Uptiers

Therapeutic class	Tier	Medication	Alternative treatment option(s)
Cancer	2→3	Brukinsa	Calquence, Imbruvica

## 4<sup>th</sup> tier uptiers

Therapeutic class	Tier	Medication	Alternative treatment option(s)
Cancer	3→4	Mekinist oral solution, tablet <sup>1</sup>	Zelboraf plus Cotellic
	3→4	Tafinlar capsule, tablet <sup>1</sup>	Zelboraf plus Cotellic

<sup>1</sup> Typically used together


Based on Advantage PDL. Refer to [Drug Lists and Pharmacy | UHCprovider.com](https://www.uhcprovider.com) for additional information



# UnitedHealthcare communications plan

## Standard notifications for January 2024 cycle

- Letters and emails are sent to UnitedHealthcare members whose medication coverage is impacted by the Jan. 1, 2024, cycle strategy
- **Prescribers** will be notified if UnitedHealthcare members are on Humalog Vial, Pulmicort and/or Flovent

  
P.O. Box 413  
Richboro, PA 18954-9998

**JOHN DOE**  
9412 THOMPSON RD  
WOODSTOCK, IL 60098

August 25, 2023

Dear John,

We want to let you know about a change to your prescription drug coverage.

Starting **January 1, 2024**, the drug(s) below will no longer be covered by your plan.

Our records show that you recently filled a prescription for the drug(s) listed below. When there are similar drugs available to treat the same condition, higher-cost options are not always covered. Here are some other, lower-cost drugs that may work for you:

Drug(s) not covered by the plan	Other option(s)
TARGET MEDICATION	PREFERRED DRUG

**What do I need to do?**


Please talk to your doctor as soon as possible. If a lower-cost drug will work for you, your doctor may need to write a prescription for the new drug(s).

If you fill a prescription for the drug(s) after **January 1, 2024**, you will pay the full cost of the prescription. The amount you pay will not count toward any deductible or out-of-pocket maximum you may have.

In some situations, coverage may be extended if you need extra time to review your options with your doctor.

**Questions?**  
We're here to help.  
Call the toll-free member phone number on your health plan ID card.

Member letter: Exclusion with Alts

  
P.O. Box 30449  
Salt Lake City, UT 84130-0449

**Re: Upcoming changes to asthma and asthma/COPD medications for UnitedHealthcare commercial plans pharmacy benefit**

We're committed to providing our members with access to high-quality health care at the lowest possible costs. In some cases, we may make changes based on the availability of certain medications.

In June 2023, the manufacturer GSK (GlaxoSmithKline) notified the Food and Drug Administration that after Dec. 31, 2023, Flovent<sup>®</sup> Diskus<sup>®</sup> and Flovent HFA will no longer be available. According to our claims data, you have a patient who is currently taking 1 of these medications.

As a result, effective **Jan. 1, 2024**, we're changing coverage for several medications on our UnitedHealthcare commercial plan prescription drug list (PDL).

**Coverage changes**  
The changes we're making to coverage are as follows:

Medication	Current coverage	New coverage as of Jan. 1, 2024
Flovent Diskus and Flovent HFA	Tier 1	Excluded/discontinued by manufacturer
Pulmicort Flexhaler™	Tier 1	Excluded
QVAR <sup>®</sup> RediHaler™	Excluded	Tier 1
Arnuity™ Ellipta <sup>®</sup>	Tier 1	No change

We'll make your patient aware of the change and our suggested medication alternative(s) ahead of time. We'll also recommend that they follow up with you.

**What you need to do**  
Please evaluate the alternative medication(s) that the plan covers for your patient's condition to determine if they may be clinically appropriate. If you choose to prescribe the alternative medication we cover, you'll need to write a new prescription.


**More information**  
These changes apply to pharmacy benefits for most commercial plan members, but benefits may vary, including those due to state regulations. Please refer to the patient-specific information you received through e-prescribing or use PreCheck MyScript<sup>®</sup>. Our prescription drug list is available at [UHCprovider.com/pharmacy](http://UHCprovider.com/pharmacy).

**Questions?**  
If you have questions, please contact us at [pharmacy\\_news@uhc.com](mailto:pharmacy_news@uhc.com). Thank you.

Prescriber EMR letter: Flovent, Pulmicort



Flovent Prescriber  
EMR Letter

  
P.O. Box 30449  
Salt Lake City, UT 84130-0449

**Re: Upcoming changes to insulin products for UnitedHealthcare commercial plans pharmacy benefit**

We're committed to providing our members with access to high-quality health care at the lowest possible costs. In some cases, we ask you to prescribe lower-cost options when there is more than 1 medication available to treat the same condition.

Effective **Jan. 1, 2024**, we'll no longer cover Humalog<sup>®</sup> vials for most members. However, we'll cover the Insulin Lispro vial (unbranded Humalog vial) as a covered alternative at Tier 1. Please note that both Humalog and Insulin Lispro are manufactured by Eli Lilly.

According to our claims data, you have a patient who is currently taking Humalog vial.

**Coverage changes**  
The changes we're making to coverage are as follows:

Medication	Current coverage	New coverage as of Jan. 1, 2024
Humalog vial	Tier 1	Excluded
Insulin Lispro (unbranded Humalog) vial	Excluded	Tier 1
Insulin Lispro KwikPen <sup>®</sup> and Insulin Lispro Junior KwikPen <sup>®</sup>	Excluded	Tier 2
Insulin Lispro Protamine and Insulin Lispro Suspension Mix75/25 <sup>™</sup> KwikPen	Excluded	Tier 2
Humalog Mix50/50 <sup>™</sup> and Humalog Mix75/25 <sup>™</sup> vials	Tier 1	No change
Humalog KwikPen and Humalog Junior KwikPen	Tier 2	No change
Humalog Mix50/50 KwikPen and Humalog Mix75/25 KwikPen	Tier 2	No change

We'll make your patient aware of the change and our suggested medication alternative(s) ahead of time. We'll also recommend that they follow up with you.

**What you need to do**  
Please evaluate the alternative medication(s) that the plan covers for your patient's condition to determine if they may be clinically appropriate. While Insulin Lispro vial may be automatically substituted for Humalog at many pharmacies, please write a new prescription for the covered alternative to help avoid potential disruption for the patient.

**Resources**  
These changes apply to pharmacy benefits for most commercial plan members, but benefits may vary, including those due to state regulations. Please refer to the patient-specific information you received through e-prescribing or use PreCheck MyScript<sup>®</sup>.

Our prescription drug list is available at [UHCprovider.com/pharmacy](http://UHCprovider.com/pharmacy).

**Questions?**  
If you have questions, please contact us at [pharmacy\\_news@uhc.com](mailto:pharmacy_news@uhc.com). Thank you.

Prescriber EMR letter: Humalog Vial



Humalog Vial  
prescriber EMR Letter





# Thank you

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

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