

Pharmacy Benefit Coverage Updates



2025 Drug List (Formulary) Coverage Changes

We routinely evaluate prescription benefit coverage to help ensure we offer our members affordable and effective medication options. This summary highlights medication coverage updates for UnitedHealthcare Individual Medicare Advantage and Prescription Drug Plan formularies. These four formularies will be effective January 1, 2025, unless otherwise noted.

UnitedHealthcare Individual Medicare Advantage and Prescription Drug Plan Formularies as shown in the following pages.

1. Medicare Advantage Prescription Drug Plan (MAPD) for Non-SNP and D-SNP: **MAPD**
2. Chronic Special Needs Plan: **C-SNP**
3. Preferred Standalone Prescription Drug Plan (PDP): **Pref.**
4. Saver Standalone Prescription Drug Plan (PDP): **Saver**

Need to Know for 2025

- Drugs on Tier 4 are covered at a 30-day (one month) supply limit for 2025. When using Drug Cost Estimator, the drug and supply length (one month or three months) must be entered to determine the drug tier. Once a drug is determined as Tier 4, ensure the Drug Cost Estimator is set to a 1-month supply length for accurate pricing.
 - If a Tier 4 (or Tier 5) drug is dispensed in a length larger than 30-days, often referred to as an unbreakable package, the member will continue to have access to that drug quantity, but Drug Cost Estimator and CMS Plan Finder cannot recognize those instances.
 - For instance, Prolia is an injection that's given once every 6 months and dispensed in an unbreakable package. Prolia is covered on Tier 4 and members will pay their 3-month supply cost-sharing amount when they fill a prescription of Prolia.
 - For example, Prolia costs \$100 (MAPD plan copay) for a 1-month supply. If entered as a 3-month supply, Prolia will inaccurately reflect \$2,000 (the maximum a consumer will pay in 2025) and not apply the Part D benefit. Members using medications in unbreakable packages, like Prolia, will continue to pay their 3x copay (like they do in 2024) for their drug in 2025.
 - Please note that a deductible may now apply, which would increase their out-of-pocket. **In 2025, the member will never pay more than the maximum of \$2,000 for Medicare-coverage prescription drugs during the plan year.**
- Important reminder about what members will pay for insulin. Members will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where members pay \$0. Any covered insulin fits this copay amount, there is no 'special' list of insulins that qualify for the \$35 maximum.

For more information, view the comprehensive formularies at uhc.com/medicare. Updates to the formularies are posted monthly.



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New Additions to the Drug List (Formulary)

The following medications were not previously covered under some UnitedHealthcare Medicare Advantage and Prescription Drug Plans and are now eligible for coverage beginning January 1, 2025, unless otherwise noted.

Therapeutic use	Medication	Tier	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Autoimmune	adalimumab-AATY (Humira Biosimilar)	Tier 5	✓	✓	✓	✓
	adalimumab-ADBM (Humira Biosimilar)	Tier 5	✓	✓	✓	✓
	Enbrel ¹	Tier 5				✓
	Sotyktu ¹	Tier 5	✓	✓	✓	
	Tyenne ¹ (Actemra Biosimilar)	Tier 5	✓	✓	✓	
Cardiovascular	amlodipine/atorvastatin (generic Caduet)	Tier 4			✓	
	Nexleto ¹	Tier 3	✓	✓	✓	✓
	Nexlizet ¹	Tier 3	✓	✓	✓	✓
Constipation	lubiprostone (generic Amitiza)	Tier 3				✓
Diabetes	Jardiance	Tier 3				✓
	Mounjaro	Tier 3				✓
	liraglutide (generic Victoza)	Tier 4				✓
Menopause	Veozah	Tier 4	✓	✓	✓	✓
Narcolepsy	Lumryz ¹	Tier 5	✓	✓	✓	✓
Ophthalmic agents	brimonidine 0.1% (generic Alphagan P 0.1%)	Tier 3	✓	✓	✓	
	Xdemvy ¹	Tier 4			✓	✓
		Tier 5	✓	✓		
Psychiatry	fluoxetine tablets (generic Prozac)	Tier 1	✓	✓		
Respiratory	fluticasone/salmeterol Diskus (Authorized Generic Advair Diskus)	Tier 3				✓
	Symbicort	Tier 3				✓
	wixela (generic Advair)	Tier 3				✓

¹ Will be added to coverage in 2024 and continue into 2025.



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Down-Tiers to the Drug List (Formulary)

The following medications will move to a lower tier on January 1, 2025.

Therapeutic Use	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Acid Reflux	famotidine (generic Pepcid)	Tier 2 to Tier 1	✓	✓	✓	
	omeprazole (generic Prilosec)	Tier 2 to Tier 1	✓	✓	✓	
	pantoprazole (generic Protonix)	Tier 2 to Tier 1			✓	
Anti-Infective	amoxicillin (generic Amoxil)	Tier 2 to Tier 1			✓	
	azithromycin tablets (generic Zithromax)	Tier 2 to Tier 1			✓	
	cephalexin 250 mg & 500 mg capsules (generic Keflex)	Tier 2 to Tier 1	✓	✓	✓	
	ciprofloxacin tablets (generic Cipro)	Tier 2 to Tier 1	✓	✓	✓	
	fluconazole tablets (generic Diflucan)	Tier 2 to Tier 1	✓	✓	✓	
	isoniazid tablets (generic Nydrazid)	Tier 2 to Tier 1	✓	✓	✓	
	penicillin VK tablets (Veetids)	Tier 2 to Tier 1	✓	✓	✓	
	sulfamethoxazole/ trimethoprim tablets (generic Bactrim & Bactrim DS)	Tier 2 to Tier 1	✓	✓	✓	
	amlodipine/benazepril (generic Lotrel)	Tier 2 to Tier 1			✓	
Cardiovascular	Cartia XT	Tier 3 to Tier 2			✓	
	clonidine tablets (generic Catapres)	Tier 2 to Tier 1			✓	
	clopidogrel 75 mg (generic Plavix)	Tier 2 to Tier 1			✓	
	dilt-XR (generic Tiazac)	Tier 3 to Tier 2			✓	
	diltiazem CD (generic Cardizem CD)	Tier 3 to Tier 2			✓	
	diltiazem ER tablets (generic Cardizem LA)	Tier 3 to Tier 2			✓	
	diltiazem ER capsules (generic Tiazac)	Tier 3 to Tier 2			✓	
	hydralazine tablets (generic Apresoline)	Tier 2 to Tier 1			✓	
	indapamide (generic Lozol)	Tier 2 to Tier 1			✓	
	irbesartan/hydrochlorothiazide (generic Avalide)	Tier 2 to Tier 1			✓	
	matzim LA (generic Cardizem LA)	Tier 3 to Tier 2			✓	
	rosuvastatin (generic Crestor)	Tier 2 to Tier 1			✓	
	spironolactone (generic Aldactone)	Tier 2 to Tier 1			✓	

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Therapeutic use	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Cardiovascular (continued)	terazosin (generic Hytrin)	Tier 2 to Tier 1			✓	
	tiadylt ER (generic Tiazac)	Tier 3 to Tier 2			✓	
	triamterene/ hydrochlorothiazide (generic Maxzide)	Tier 2 to Tier 1			✓	
	verapamil tablets (generic for Calan)	Tier 2 to Tier 1			✓	
Constipation	Trulance	Tier 4 to Tier 3	✓	✓	✓	✓
Dental	chlorhexidine (generic Peridex)	Tier 2 to Tier 1			✓	
	periogard (generic Peridex)	Tier 2 to Tier 1			✓	
Dermatology	ammonium lactate cream (generic Amlactin)	Tier 3 to Tier 2	✓	✓	✓	
	ammonium lactate lotion (generic Lac-Hydrin)	Tier 3 to Tier 2	✓	✓	✓	
Diabetes	nateglinide (generic Starlix)	Tier 3 to Tier 2			✓	
Electrolytes & Minerals	deferasirox 90 mg granules (generic Jadenu Sprinkle)	Tier 5 to Tier 4	✓	✓	✓	
	deferasirox 180 mg & 360 mg granules (generic Jadenu Sprinkle)	Tier 5 to Tier 4			✓	
Genitourinary	dutasteride (generic Avodart)	Tier 3 to Tier 2			✓	
	finasteride (generic Proscar)	Tier 2 to Tier 1			✓	
	Gemtesa	Tier 4 to Tier 3				✓
	tamsulosin (generic Flomax)	Tier 2 to Tier 1			✓	
Hormone	medroxyprogesterone tablets	Tier 2 to Tier 1	✓	✓	✓	
	prednisone tablets	Tier 2 to Tier 1			✓	
Migraine	Aimovig	Tier 4 to Tier 3	✓	✓	✓	✓
	Emgality	Tier 4 to Tier 3	✓	✓	✓	✓
Multiple Sclerosis	glatiramer acetate (generic Copaxone)	Tier 5 to Tier 4			✓	
	glatopa (generic Copaxone)	Tier 5 to Tier 4			✓	✓
	teriflunomide (generic Aubagio)	Tier 5 to Tier 4	✓	✓	✓	
Ophthalmic agents	ketorolac ophthalmic solution (generic Acular)	Tier 3 to Tier 2	✓	✓	✓	
	levobunolol ophthalmic solution (generic Betagan)	Tier 2 to Tier 1	✓	✓	✓	
	timolol ophthalmic solution (generic Timoptic)	Tier 2 to Tier 1			✓	

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Therapeutic use	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Pain & Inflammation	ibuprofen (prescription strengths: 400mg, 600mg, 800 mg, and 100 mg/5mL oral suspension)	Tier 2 to Tier 1	✓	✓	✓	
	naproxen tablets (prescription strengths: 250mg, 375mg, and 500mg)	Tier 2 to Tier 1	✓	✓	✓	
Psychiatry	fluoxetine capsules (generic Prozac)	Tier 2 to Tier 1				✓
	fluoxetine tablets (generic Prozac)	Tier 3 to Tier 1				✓
	mirtazapine tablets (generic Remeron)	Tier 2 to Tier 1	✓	✓	✓	
	Rexulti	Tier 5 to Tier 4				✓
Respiratory	fluticasone nasal spray (generic Flonase)	Tier 2 to Tier 1	✓	✓	✓	
	montelukast (generic Singulair)	Tier 2 to Tier 1	✓	✓	✓	
	Ryaltris ¹	Tier 4 to Tier 3	✓	✓	✓	



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Up-Tiers to the Drug List (Formulary)

The following medications will move to a higher tier on January 1, 2025.

Therapeutic use	Medication	Tier Change	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Genitourinary	oxybutinin ER (generic Ditropan XL)	Tier 1 to Tier 2	✓	✓		
Pain & Inflammation	hydromorphone (generic Dilaudid)	Tier 2 to Tier 3	✓	✓	✓	
	oxycodone tablets (generic OxyIR)	Tier 2 to Tier 3	✓	✓		
Psychiatry	alprazolam (generic Xanax)	Tier 1 to Tier 2	✓	✓		
	lorazepam tablets (generic Ativan)	Tier 1 to Tier 2	✓	✓		
	lorazepam intensol (generic Ativan 2mg/mL oral solution)	Tier 2 to Tier 3	✓	✓	✓	



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Non-Formulary Medications

The following medications will be non-formulary effective January 1, 2025. Impacted members will receive a letter notifying them of the change as well as covered options. Please see our recommended alternative treatment options below.

Therapeutic use	Non-Formulary Medication	Alternative treatment option(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
ADHD	Vyvanse	lisdexamfetamine (generic Vyvanse)	✓	✓	✓	
Allergies	azelastine-fluticasone (generic Dymista)	Dymista	✓	✓	✓	
Autoimmune	Actemra & Actemra Actpen	Tyenne (Actemra Biosimilar)	✓	✓		
	Cimzia	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓		
	Cyltezo	adalimumab-ADBM & adalimumab- ATTY (Humira Biosimilars)	✓	✓	✓	✓
	Entyvio	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	✓
	Orencia & Orencia Clickjet					✓
	Simponi & Simponi Aria		✓	✓		
	Yuflyma	adalimumab-ADBM & adalimumab- ATTY (Humira Biosimilars)	✓	✓	✓	✓
Cancer	Herceptin & Herceptin Hylecta	Kanjinti, Ogivri, Trazimera	✓	✓	✓	✓
	Revlimid	lenalidomide (generic Revlimid)	✓	✓	✓	✓
	Rituxan / Rituxan Hycela	Ruxience, Truxima	✓	✓		
Cardiovascular	Praluent	Repatha	✓	✓	✓	
Constipation	Relistor	Movantik	✓	✓	✓	✓
Diabetes	Lyumjev & Lyumjev Kwikpen	Humalog & Humalog Kwikpen				✓
Gastrointestinal	mesalamine ER capsule (generic Apriso)	Apriso	✓	✓	✓	✓
Hepatitis C	Epclusa	Mavyret, Vosevi	✓	✓	✓	✓
	sofosbuvir/velpatasvir (Authorized Generic Epclusa)	Mavyret, Vosevi	✓	✓	✓	
Migraine	Qulipta	Nurtec				✓
	Ubrelvy	Nurtec				✓

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Therapeutic use	Non-Formulary Medication	Alternative treatment option(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Movement Disorders	Austedo	tetrabenazine (generic Xenazine)				✓
Multiple Sclerosis	Avonex & Avonex Pen	betaseron, glatirimer (generic Copaxone)	✓	✓	✓	
	Ocrevus	Kesimpta	✓	✓		
	Rebif & Rebif Rebidose	betaseron, glatiramer (generic Copaxone)	✓	✓	✓	
Narcolepsy	sodium oxybate (Authorized Generic Xyrem)	Lumryz	✓	✓	✓	✓
Pain & Inflammation	codeine	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	
	hydromorphone ER (generic Exalgo)	Alternatives vary by diagnosis, talk to provider to determine best option	✓	✓	✓	
	levorphanol (Levo-Dromoran)	Alternatives vary by diagnosis, talk to provider to determine best option				✓
Renal	Veltassa	sodium polystyrene (SPS), Lokelma				✓
Respiratory agents	Advair Diskus & HFA	Symbicort, wixela diskus (generic Advair Diskus)	✓	✓	✓	
	fluticasone/salmeterol HFA (generic Advair HFA)	Symbicort, wixela diskus (generic Advair Diskus)	✓	✓	✓	✓
	Nucala	Fasenra	✓	✓	✓	✓
Thyroid	Euthyrox					✓
	Levo-T					✓
	Levoxyl	levothyroxine (generic Synthroid)				✓
	Synthroid					✓
	Unithroid					✓



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Non-Formulary Medications with generic alternatives

Many times, medications that are moved to non-formulary status are interchangeable at the pharmacy for their brand or generic equivalent, resulting in no member disruption. Letters will be sent to members for chronic medications to let them know of the generic equivalent.

Therapeutic use	Non-Formulary Medication	Generic equivalent Alternative treatment option	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Cancer	Votrient	pazopanib	✓	✓	✓	
Cardiovascular	Demser	metirosine	✓	✓	✓	
	Nitrostat	nitroglycerin	✓	✓	✓	
	Pacerone	amiodarone	✓	✓	✓	✓
	Rectiv	nitroglycerin ointment 4%	✓	✓	✓	✓
Hormone	Korlym	mifepristone	✓	✓	✓	✓
Ophthalmic agents	Prolensa 0.07%	Bromfenac 0.07%	✓	✓	✓	✓
Psychiatry	Risperdal Consta	risperidone ER	✓	✓	✓	✓
	Viibryd	vilazodone	✓	✓	✓	✓
Respiratory	Perforomist	formoterol	✓	✓	✓	✓



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Product Discontinuations

The following medications are being discontinued by their manufacturer and will therefore be removed from the UnitedHealthcare Medicare Advantage and Prescription Drug Plan formularies.

Therapeutic use	Non-Formulary Medication	Alternative treatment option(s)	Formularies Impacted			
			MAPD	C-SNP	Pref.	Saver
Diabetes	Levemir	Lantus, Toujeo Solostar/Max Solostar, Tresiba ²	✓	✓	✓	✓
	Levemir Flexpen/Flextouch	Lantus Solostar, Toujeo Solostar/Max Solostar, Tresiba Flextouch ²	✓	✓	✓	✓
Respiratory	Armonair Digihaler	Pulmicort Flexhaler				✓
	Advair Diskus	Wixela, fluticasone-salmeterol diskus (generic Advair diskus)	✓	✓	✓	
	Flovent Diskus	Arnuity Ellipta, QVAR Redihaler	✓	✓	✓	
	Flovent HFA	Pulmicort Flexhaler				✓
	Proair Digihaler	Ventolin HFA, albuterol sulfate HFA	✓	✓	✓	✓

²Tresiba and Tresiba Flextouch are alternative treatment options only on MAPD, C-SNP and Preferred formularies.

