

Self-funded Customers on the Advantage Prescription Drug List (PDL)

COLUMBUS STATE COMMUNITY COLLEGE - 0708233

Estimated Annual Savings for the PDL ¹ (reflected below)	Estimated PMPM Savings	Members Impacted ²
\$0	\$0.00	0

Your Prescription Drug List (PDL) Report serves as a summary of updates to your PDL and pharmacy benefit. In this report, you will find the details of the May 1, 2025 decisions and how they will affect you and your employees.

The May 1, 2025 PDL and pharmacy benefit updates remove considerable cost and waste out of the healthcare system while representing only a small percentage of prescriptions. UnitedHealthcare will send letters notifying any impacted members of the updates below and provide other medication options to discuss with their physician.

May 1, 2025 Key Therapeutic Class Changes

High-cost NSAIDs	High-cost brand and generic NSAIDs to be excluded and uptiered with low-cost over the counter and prescription options available.
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SUMMARY OF UPDATES

¹Overall savings, including clinical.

² Estimated potential member impact is based on July 2024 to October 2024 claims for our standard PDLs.

Please Note: You may need to add language to your Summary Plan Description (SPD) in order to implement some updates. Ask your UnitedHealthcare representative if you need assistance updating your SPD.

COLUMBUS STATE COMMUNITY COLLEGE - 0708233
May 1, 2025 PDL Impacted Medications Update
Self-funded Customers on the Advantage Prescription Drug List (PDL)

For more information, contact your UnitedHealthcare Representative.

Exclusions

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier ⁴
Diabetes	X Zituvinet (Sitagliptin/Metformin)	linagliptin/metformin (generic Kombiglyze XR), Alogliptin/Metformin, Jentadueto	0	\$0.00	\$0	\$3,609
Eye pain & inflammation	X Clobetasol ophthalmic suspension	prednisolone (generic Pred Forte), loteprednol 0.5% ophthalmic suspension (generic Lotemax), Lotemax Ointment, Maxidex, Vexol	0	\$0.00	\$0	\$2,472
Infections	X Sovuna	hydroxychloroquine (generic Plaquenil)	0	\$0.00	\$0	\$10,057
Muscle spasms	X baclofen 15 mg	baclofen 5 mg, 10 mg, 20 mg (generic Lioresal)	0	\$0.00	\$0	\$723
Muscle weakness due to potassium levels	X Ormalvi (brand only)	dichlorphenamide (generic Keveyis)	0	\$0.00	\$0	\$24,570
Nausea & vomiting	Marinol 5 mg, 10 mg (brand only)	dronabinol (generic Marinol)	0	\$0.00	\$0	\$27,361
	X ondansetron 16mg orally disintegrating tablet	ondansetron 4 mg, 8mg orally disintegrating tablet (generic Zofran ODT)	0	\$0.00	\$0	\$7,469
Pain and inflammation	X Kiprofen	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaïd), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	0	\$0.00	\$0	\$671
	X Tolectin 600 mg	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaïd), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	0	\$0.00	\$0	\$19,214
Pulmonary hypertension	X Opsynvi	tadalafil (generic Adcirca) with Opsumit	0	\$0.00	\$0	\$12,234
COPD	X Daliresp (brand only)	roflumilast (generic Daliresp)	0	\$0.00	\$0	\$4,075
Eye pain & inflammation	X Durezol (brand only)	difluprednate (generic Durezol)	0	\$0.00	\$0	\$1,067
Muscle weakness due to potassium levels	X Keveyis (brand only)	dichlorphenamide (generic Keveyis)	0	\$0.00	\$0	\$24,735
Nausea & vomiting	X Marinol 2.5mg (brand only)	dronabinol (generic Marinol)	0	\$0.00	\$0	\$6,712
Pain & inflammation	X tolmetin 400mg (generic Tolectin)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaïd), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	0	\$0.00	\$0	\$23,215
Ulcers, heartburn & reflux	X nizatidine (generic Axid) ⁵	OTC Pepcid AC, OTC Tagamet HB, OTC Zantac 360	0	\$0.00	\$0	\$492

Uptiers

Therapeutic Class		Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	
Bowel prep	2+3	PEG 3350 powder	OTC Miralax	0	\$0.00	\$0	
Pain & inflammation	1+3	meclufenamate sodium (generic Meclomen)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	0	\$0.00	\$0	

Additional Exclusions - Brand Exclusion Upon Generic Launch

Therapeutic Class		Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier ⁴
Cancer	X	Sprycel (brand only)	dasatinib (generic Sprycel)	0	\$0.00	\$0	\$3,512
Diabetes	X	Victoza (brand only)	liraglutide (generic Victoza)	0	\$0.00	\$0	\$518

THIS IS THE END OF YOUR IMPACTED MEDICATION REPORT

For more information please visit UHC.com/pharmacy or contact your UnitedHealthcare representative

PDL DECISION KEY

2→1	Down-Tier:	Moving to a lower tier for immediate cost savings.
2→3	Uptiers:	Moving to a higher tier because they offer less healthcare value.
3	New Benefit Coverage:	Medications either previously excluded at launch or new to the market that now have a tier placement.
X	Excluded from Coverage:	Offer limited value over existing covered options.
X	Continued Exclusion:	These exclusions will have limited-to-no member impact.

¹ Estimated potential member impact is based on July 2024 to October 2024 claims for our standard PDLs.

² Estimated PMPM savings may include other class dynamics and is based on July 2024 to October 2024 utilization. All annual cost savings noted are based on UnitedHealthcare claims data and are not guarantees. Actual savings may vary.

³ Estimated Annual Savings are based on annualized PMPM savings and total membership and are not guarantees. Actual savings may vary.

⁴ Estimated "Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier" is based on anticipated BOB Plan Paid Savings per Patient and may include various class dynamics (eg., pricing changes, utilization shifts and employee cost share differences). Actual savings may vary.

⁵ Medication previously a part of Legend Medication with OTC Equivalent program. Exclusion may not be new to plan.

COLUMBUS STATE COMMUNITY COLLEGE - 0708233**May 1, 2025 Clinical Program Update****Self-funded Customers on the Advantage Prescription Drug List (PDL)**

The medications below will be added to their respective programs on May 1, 2025

New QD Supply Limit Update

A supply limit is the largest quantity of medication covered per copayment or in a time period. The following medications will have a new supply limit.

Therapeutic Class	Drug Name	Quantity Limit	Members Impacted ¹
Duchenne muscular dystrophy	Emflaza 6 mg tablet ²	31 tablets per month	0
	Emflaza 18 mg tablet ²	31 tablets per month	0
	Emflaza 22.75 mg/mL suspension ²	5 bottles per month	0
	Emflaza 30 mg tablet ²	31 tablets per month	0
	Emflaza 36 mg tablet ²	31 tablets per month	0

THIS IS THE END OF YOUR CLINICAL PROGRAMS REPORT

For more information please visit UHC.com/pharmacy or contact your UnitedHealthcare representative

¹ Estimated potential member impact is based on July 2024 to October 2024 claims for our standard PDLs.

² Medication is typically excluded from coverage

February 1, 2025 Medical Benefit, Medical Necessity Updates

The medications below will be added/updated to these UHC Programs.

Prior Authorization updates

Tremfya® IV (guselkumab) is used to treat moderate to severe active ulcerative colitis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Tremfya® IV	NA	Yes

April 1, 2025 Medical Benefit, Medical Necessity Updates

The medications below will be added/updated to these UHC Programs.

Prior Authorization updates

PiaSky™ (crovalimab-akkz) is used to treat a rare blood disease that involves destruction of the red blood cells.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Blood Modifying Agents	PiaSky™	Empaveli, Fabhalta, Ultomiris	Yes

Tofidence™ (tocilizumab-bavi) is a biosimilar for Actemra used to treat auto-immune conditions such as rheumatoid arthritis or juvenile idiopathic arthritis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Tofidence™	Actemra, Tyenne	Yes

Tyenne® (tocilizumab-aazg) is a biosimilar for Actemra used to treat auto-immune conditions such as rheumatoid arthritis or juvenile idiopathic arthritis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Tyenne®	NA	Yes

Pyzchiva® (ustekinumab-ttwe) is a biosimilar for Stelara used to treat plaque psoriasis, psoriatic arthritis, Crohn's disease and ulcerative colitis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Pyzchiva®	NA	Yes

Selarsdi™ (ustekinumab-aekn) is a biosimilar for Stelara used to treat plaque psoriasis, psoriatic arthritis, Crohn's disease and ulcerative colitis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Selarsdi™	NA	Yes

Wezlana™ (ustekinumab-auub) is a biosimilar for Stelara used to treat plaque psoriasis, psoriatic arthritis, Crohn's disease and ulcerative colitis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements ¹
Inflammatory Conditions	Wezlana™	NA	Yes

¹Site of Care requirements will apply upon renewal of Prior Authorization

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