

2023 UnitedHealthcare Medicare Advantage Prescription Drug Plans

Medicare Advantage Prescription Drug core formulary and Chronic Special Needs Plan formulary improvements

UnitedHealthcare MAPD (Core) formulary and Chronic SNP formulary – Downtiering/Additions			
Drug name	Common use	2023 tier	UM edit*
Cardiovascular downtiers			
Clopidogrel	Antiplatelet	1	QL
Doxazosin	Hypertension/Prostate health (BPH)	1	-
Ezetimibe	Cholesterol	1	QL
Hydralazine	Heart failure/Hypertension	1	-
Isosorbide mononitrate	Angina	1	-
Isosorbide mononitrate ER	Angina	1	-
Labetolol	Heart rate/Hypertension	1	-
Nifedipine ER	Hypertension	1	QL
Potassium chloride ER & CR	Cardiovascular/Potassium supplement	2	-
Propranolol	Hypertension/Migraines	1	-
Spirolactone	Heart failure/Hypertension	1	-
Multiple disease state downtiers			
Brimonidine ophthalmic	Glaucoma	1	-
Dorzolamide/Timolol ophthalmic	Glaucoma	1	-
Fluoxetine capsules	Depression	1	-
Methotrexate	Rheumatoid arthritis	1	-
Oxybutynin ER	Overactive bladder	1	QL
Terazosin	Prostate health (BPH)	1	-
Topiramate	Seizures/Migraines	1	-
Celecoxib	Osteoarthritis	2	QL
Dutasteride	Prostate health (BPH)	2	QL

UnitedHealthcare MAPD (Core) formulary and Chronic SNP formulary – Downtiering/Additions

Drug name	Common use	2023 tier	UM edit*
Raloxifene	Osteoporosis	2	QL
Dental downtiers			
Chlorhexidine gluconate	Antibiotic, oral rinse	1	-
Lidocaine viscous	Pain, oral topical	1	-
Sodium fluoride (Various formulations)	Fluoride	1	-
Periogard	Antibiotic, oral rinse	1	-
Formulary additions			
Desloratadine	Respiratory	3	-
Levalbuterol HFA inhaler	Respiratory	3	-
Tolterodine	Overactive bladder	3	-
Trospium	Overactive bladder	3	-

Chronic SNP formulary – Additional improvements specific for C-SNP members

Drug name	Common use	2023 tier	UM edit*
C-SNP-only downtiers			
Chlorthalidone	Hypertension/Edema	1	-
Eplerenone	Heart failure/Hypertension	2	-
Fenofibrate	High cholesterol	1	-
Fenofibrate micronized	High cholesterol	1	-
Fenofibric acid DR	High cholesterol	1	-
Gemfibrozil	High cholesterol	1	-
Prasugrel	Antiplatelet	1	QL
Sotalol	Antiarrhythmic	1	-

* QL = Quantity Limit, PA = Prior Authorization, ST = Step Therapy