FIRST REPORT MANAGED CARE

FORMULARY FRONTLINES®

Comparative Review of Ulcerative Colitis/Inflammatory Bowel Disease Therapeutics Coverage Across 3 Major Health Plans

Ulcerative colitis (UC), one of the two primary forms of inflammatory bowel disease (IBD), remains an area of significant unmet need despite one of the fastest-growing therapeutic pipelines in specialty medicine. Although numerous advanced therapies are now available, many patients continue to experience inadequate response or loss of response over time, necessitating treatment switching and access to multiple therapeutic options.[1]

The treatment paradigm has evolved substantially over the past decade. The American Gastroenterological Association (AGA) Living Clinical Practice Guideline recommends earlier use of advanced therapies for adults with moderate-to-severe UC rather than a traditional step-up approach following failure of 5-aminosalicylates. The guideline also recognizes multiple effective therapeutic classes—including tumor necrosis factor (TNF)-α inhibitors, integrin receptor antagonists, Janus kinase (JAK) inhibitors, sphingosine-1-phosphate (S1P) receptor modulators, and interleukin (IL)-23 inhibitors—allowing treatment selection to be individualized based on patient characteristics and prior therapy exposure.[1]

The expanding number of approved treatment options has increased complexity for payers. Rather than simply determining whether a therapy is covered, formulary strategies increasingly differentiate products through preferred biosimilars, tier placement, prior authorization, quantity limits, dispensing limits, and specialty pharmacy requirements. Recent US Food and Drug Administration (FDA) approvals, including the IL-23 inhibitor OMVOH (mirikizumab-mrkz) for adults with moderately to severely active UC, further illustrate the rapid evolution of this therapeutic category.[2]

This Formulary Frontlines report compares coverage across Blue Cross Blue Shield (BCBS) FEP Blue Standard, Cigna Healthcare Standard 3-Tier, and UnitedHealthcare to evaluate how three major health plans are managing access within one of specialty pharmacy's fastest-evolving therapeutic categories.

Aminosalicylates (5-Aminosalicylic Acid [5-ASA] Agents)

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Mesalamine	1	BCBS[3,a]	
Balsalazide	1	BCBS[3,a]	
APRISO	3	BCBS[3,a]	
PENTASA	2	BCBS[3,a]	
Mesalamine	3	UnitedHealthcare[4,b]	QL (or DL, QL depending on dosage and administration)
Balsalazide	4	UnitedHealthcare[4,b]	DL
APRISO	4	UnitedHealthcare[4,b]	QL
PENTASA	4	UnitedHealthcare[4,b]	DL, QL
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Mesalamine	1	Cigna[5,c]	
Balsalazide	1	Cigna[5,c]	
APRISO	3	Cigna[5,c]	
PENTASA	3	Cigna[5,c]	

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; DL, dispensing limit; QL, quality limit.

Across the three health plans evaluated, aminosalicylates remain broadly accessible and continue to serve as the foundation of therapy for patients with mild-to-moderate UC. Generic agents, including mesalamine and balsalazide, receive the most favorable formulary positioning overall, reflecting their long-established role in treatment and relatively low cost. BCBS and Cigna both place these generics on Tier 1 without additional utilization management requirements, reinforcing their status as preferred first-line therapies.[3,5]

UnitedHealthcare employs a more restrictive formulary strategy within this class. While mesalamine remains covered, it is positioned on Tier 3 and is subject to quantity limits for certain formulations. Balsalazide is placed on Tier 4 with dispensing limits, and branded products such as APRISO and PENTASA receive higher-tier placement accompanied by dispensing and/or quantity limits.[4] This approach suggests a greater emphasis on utilization management and cost containment, even among conventional therapies that have been available for decades.

Overall, *First Report Managed Care's* analysis found relatively little variation between BCBS and Cigna, both of which prioritize broad access to generic 5-ASA therapies while reserving higher tiers for branded formulations. UnitedHealthcare, however, consistently applies less favorable tier placement and additional utilization management requirements across the class, illustrating a more aggressive strategy to encourage lower-cost utilization while managing pharmacy expenditures.

Corticosteroids

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Prednisone	1	BCBS[3,a]	
UCERIS (budesonide MMX)	3	BCBS[3,a]	
Budesonide Rectal Foam	1	BCBS[3,a]	
Hydrocortisone Rectal	1	BCBS[3,a]	
Prednisone Oral Solution	2	UnitedHealthcare[4,b]	
Prednisone Oral Tablet	1	UnitedHealthcare[4,b]	
Hydrocortisone Rectal	2	UnitedHealthcare[4,b]	
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Prednisone	1	Cigna[5,c]	
UCERIS TABLET	3	Cigna[5,c]	PA, QL
Budesonide Rectal Foam	1	Cigna[5,c]	
Hydrocortisone Rectal	1	Cigna[5,c]	

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; QL, quantity limit.

Across the three health plans evaluated, corticosteroids remain broadly accessible, reflecting their established role as short-term induction therapy for active UC. Generic corticosteroids—including prednisone and rectal hydrocortisone formulations—receive favorable formulary placement across all plans, while branded formulations are subject to greater management.[3-5]

BCBS and Cigna both place UCERIS (budesonide MMX) on Tier 3, although Cigna additionally applies prior authorization and quantity limits.[3,5] UnitedHealthcare maintains preferred access to prednisone tablets but assigns higher tier placement to select formulations, including prednisone oral solution and rectal hydrocortisone.[4]

The review suggests that payer management within the corticosteroid class is focused primarily on higher-cost branded formulations, while preserving broad access to low-cost generic therapies that remain standard of care for induction treatment.

Tumor Necrosis Factor (TNF)-α Inhibitors

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Adalimumab biosimilars	4	BCBS[3,a]	PA
Simponi	4/5 (depending on dosage)	BCBS[3,a]	PA
Adalimumab biosimilars	5	UnitedHealthcare[4,b]	PA, DL (or PA, DL, QL depending on kit prescribed)
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Humira	2	Cigna[5,c]	SP, PA, QL
Adalimumab biosimilars	2	Cigna[5,c]	SP, PA, QL
Simponi	2/3 (depending on dosage)	Cigna[5,c]	SP, PA, QL

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; SP, specialty medication; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

Anti-TNF agents remain a cornerstone of treatment for moderate-to-severe UC, but formulary management varies considerably across the three health plans evaluated. All plans require prior authorization for these high-cost biologics; however, tier placement and preferred product strategies differ, reflecting varying approaches to balancing access and specialty pharmacy costs.[3-5]

Cigna provides the broadest access, placing both Humira and adalimumab biosimilars on Tier 2 with specialty pharmacy requirements, prior authorization, and quantity limits. Simponi is also favorably positioned, although certain dosage forms are assigned to Tier 3.[5] In contrast, BCBS places adalimumab biosimilars on Tier 4 and Simponi on Tier 4 or 5 depending on dosage, while UnitedHealthcare assigns adalimumab biosimilars to Tier 5 with additional dispensing limits and, for some kits, quantity limits.[3,4]

Integrin Receptor Antagonists

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Entyvio	5	BCBS[3,a]	PA
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Entyvio	2	Cigna[5,b]	SP, PA, OC

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; SP, specialty medication; PA, prior authorization; DL, dispensing limit; OC, optional coverage.

Integrin receptor antagonists continue to play an important role in the management of moderate-to-severe UC and are recommended by the AGA as one of several advanced therapeutic options for appropriate patients. Specifically, vedolizumab is identified among the higher-efficacy therapies that may be considered early in the treatment algorithm for biologic-naïve patients.[1] However, according to the *First Report Managed Care* analysis, is not covered among the three plans reviewed.[3-5]

As the only integrin receptor antagonist included in the evaluated formularies, Entyvio (vedolizumab) demonstrates notable variation in payer management. Both BCBS and Cigna provide coverage with prior authorization requirements, reflecting the need to ensure appropriate use of this advanced biologic therapy.[3,5]

Cigna places Entyvio on Tier 2 with specialty pharmacy designation, prior authorization, and optional coverage requirements, whereas BCBS assigns the therapy to Tier 5 with prior authorization.[3,5] Overall, the analysis suggests that although both plans recognize Entyvio as an important treatment option for moderate-to-severe UC, Cigna provides more favorable formulary positioning, while BCBS applies higher cost-sharing through specialty tier placement.

Interleukin-23 (IL-23) Inhibitors

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Skyrizi	4	BCBS[3,a]	PA
Omvoh	5	BCBS[3,a]	PA
Skyrizi	5	UnitedHealthcare[4,b]	PA, DL, QL
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Skyrizi	2	Cigna[5,c]	SP, PA, QL
Omvoh	2	Cigna[5,c]	SP, PA, QL

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; SP, specialty medication; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

IL-23 inhibitors represent one of the newest mechanisms of action approved for UC and continue to expand treatment options for patients with moderate-to-severe disease. The AGA Living Guideline includes mirikizumab among the recommended advanced therapies for UC, while recognizing that other IL-23 inhibitors such as risankizumab may demonstrate higher efficacy in certain patient populations.[1] However, according to the *First Report Managed Care* analysis, neither drugs are covered across the three plans evaluated.

Formulary positioning across all three plans evaluated varies considerably, reflecting different approaches to managing these high-cost biologic therapies.[3-5]

Cigna provides the most favorable access, placing both Skyrizi and Omvoh on Tier 2 with specialty pharmacy requirements, prior authorization, and quantity limits.[5] BCBS places Skyrizi on Tier 4 and Omvoh on Tier 5, both requiring prior authorization, while UnitedHealthcare assigns Skyrizi to Tier 5 with prior authorization, dispensing limits, and quantity limits.[3,4]

Overall, *Fist Report Managed Care's* analysis suggests that Cigna offers the broadest access within the IL-23 inhibitor class, whereas BCBS and UnitedHealthcare rely on higher specialty tier placement and additional utilization management to help control costs associated with newer biologic therapies.

Janus Kinase (JAK) Inhibitors

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Rinvoq	4	BCBS[3,a]	PA
Xeljanz	5	BCBS[3,a]	PA
Rinvoq	5	UnitedHealthcare[4,b]	PA, DL, QL
Xeljanz	5	UnitedHealthcare[4,b]	PA, DL, QL
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Rinvoq	2	Cigna[5,c]	SP, PA, QL
Xeljanz	2	Cigna[5,c]	SP, PA, QL

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; SP, specialty medication; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

JAK inhibitors have become increasingly important for patients with moderate-to-severe UC who have experienced inadequate response to biologic therapy or prefer oral treatment over injectable agents.[1]

Across the three health plans evaluated, both Rinvoq and Xeljanz are covered, although formulary positioning and utilization management vary considerably.[3-5]

Cigna provides the most favorable access, placing both agents on Tier 2 with specialty pharmacy requirements, prior authorization, and quantity limits.[5] In comparison, BCBS assigns Rinvoq to Tier 4 and Xeljanz to Tier 5, each requiring prior authorization, while UnitedHealthcare places both therapies on Tier 5 with prior authorization, dispensing limits, and quantity limits.[3,4]

Overall, *First Report Managed Care's* analysis suggests that Cigna offers the most favorable formulary positioning within the JAK inhibitor class, whereas BCBS and UnitedHealthcare apply higher specialty tier placement and additional utilization management to balance access with the costs associated with advanced oral therapies.

Sphingosine-1-Phosphate (S1P) Receptor Modulators

Tier 1-5 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Zeposia	4	BCBS[3,a]	PA
Tier 1-3 Plan			
Drug	**Tier**	**Plan**	**Requirements/Limits**
Velsipity	2	Cigna[5,b]	SP, PA, QL
Zeposia	2	Cigna[5,b]	SP, PA

[a]Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[3]

[b]Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

Abbreviations: BCBS, Blue Cross Blue Shield; SP, specialty medication; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

S1P receptor modulators are among the newest oral advanced therapies approved for moderate-to-severe UC and are recommended by the AGA as treatment options for appropriate patients.[1] Across the evaluated formularies, coverage and formulary positioning differ between plans.[3,5]

Cigna provides the broadest access within this class, placing both Velsipity and Zeposia on Tier 2 with specialty pharmacy requirements and prior authorization, while applying quantity limits to Velsipity.[5] In contrast, BCBS includes Zeposia on Tier 4 with prior authorization, indicating higher cost-sharing relative to Cigna.[3]

Overall, FRMC's analysis suggests that Cigna offers more favorable formulary positioning for S1P receptor modulators, whereas BCBS applies higher tier placement to the agent included on its formulary. As this therapeutic class continues to evolve, formulary positioning may shift as additional clinical experience and real-world evidence become available.

Bottom Line

Despite an expanding treatment landscape, UC remains a disease in which individualized therapy selection is critical. Current AGA guidance emphasizes earlier use of advanced therapies and recognizes multiple mechanisms of action as clinically appropriate treatment options rather than reliance on a single preferred class.[1]

Across the three health plans evaluated, *First Report Managed Care's* analysis found that conventional therapies—including aminosalicylates and corticosteroids—remain broadly accessible, with relatively little variation in formulary placement. In contrast, the greatest differences emerged among advanced therapies, where tier placement and utilization management varied substantially across plans.

Among the evaluated formularies, Cigna consistently provided the most favorable access to advanced therapies, frequently placing biologics and targeted oral agents on Tier 2 while relying on specialty pharmacy requirements, prior authorization, and quantity limits to manage utilization. BCBS generally adopted a moderate approach, placing many advanced therapies on Tier 4 or Tier 5 with prior authorization but maintaining broad coverage across therapeutic classes. UnitedHealthcare applied the most restrictive utilization management, frequently assigning therapies to higher specialty tiers while incorporating dispensing limits and quantity limits in addition to prior authorization requirements.

First Report Managed Care's analysis suggests that although all three health plans recognize the clinical importance of providing access to multiple mechanisms of action for UC, they employ distinctly different formulary strategies to manage specialty drug utilization. As additional therapies and biosimilars continue to enter the market, formulary differentiation will likely be driven less by whether therapies are covered and more by how plans structure access through tier placement and utilization management.

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