



PDL Tracker

Prescription Drug List and Benefit Plan Update



This information only applies to UnitedHealthcare commercial clients whose pharmacy benefit administrator is OptumRx. It does not apply to direct OptumRx commercial business, non-HMO legacy PacifiCare or UnitedHealthcare public sector integrated commercial business administered by OptumRx prior to Jan. 1, 2013.

April 2016

The **PDL Tracker** provides a recap of changes outside our January 1 and July 1 pharmacy benefit updates. Member communications will be sent if noted below.

Generic Launches

New generic medication launches occur throughout the year. On our Advantage PDL, we have the ability to place any drug in any tier. This approach allows us to make tier placement decisions based on a medication's overall health care value, not its classification as brand or generic.

Therapeutic Use	Medication Name	New Tier Placement ¹	Current Brand Tier	Effective Date
Allergies	mometasone (generic Nasonex)	Excluded ²	Excluded ²	April 4
Eye Conditions	cyclopentolate 0.5% ophthalmic solution (generic Cyclogyl)	Tier 1	Tier 3/4	April 6
Migraines	frovatriptan (generic Frova)	Tier 3	Tier 3/4	April 6
Sleep	zolpidem sublingual tablet (generic Intermezzo)	Excluded ²	Excluded ²	April 4

¹New generic tier placements only apply to the Advantage PDL. These generics are placed in Tier 1 on the Traditional PDL.

²This medication is excluded for the majority of benefit plans where the generic followed the brand exclusion. For customers not participating in exclusions or the Exclude at Launch Program, this medication may be in the highest tier.

New Benefit Coverage

New tier placements occur for brand and generic medications that have been previously excluded or part of the Exclude at Launch program.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Narcolepsy	modafinil (generic Provigil)	Generic	Tier 3	Advantage	April 1
			Tier 1	Traditional	

Exclude at Launch (only applies to customers who have implemented Exclude at Launch)

The Exclude at Launch Program enables us to immediately exclude upon launch a high-cost medication from benefit coverage, eliminating unnecessary costs for you and allowing appropriate clinical programs to be implemented which minimizes any disruption for your employees. For clients that do not participate in the Exclude at Launch Program these medications will be placed on the highest tier.

Therapeutic Use	Medication Name	Clinical Rationale ³	Alternatives	Effective Date
Acne	Aczone 7.5%	Same active ingredient	tretinoin (generic Retin-A), clindamycin (generic Cleocin T), erythromycin (generic T-Stat),	April 17

Aczone 5%, Differin 0.1% cream/gel

Cancer	Venclexta	Unique active ingredient within a new drug class	Novel Agent	April 14
Dermatitis	Sernivo spray	Same active ingredient	betamethasone lotion (generic Diprosone)	April 6
	Ultravate 0.5% lotion	Same active ingredient	halobetasol 0.5% cream (generic Ultravate), betamethasone 0.05% augmented lotion (generic Diprolene), clobetasol 0.05% solution, gel (generic Temovate)	April 11
Hemophilia	Kovaltry	Same active ingredient	Advate, Helixate FS, Kogenate FS, Recombinate, Xyntha, Xyntha Solofuse	March 21
HIV	Descovy	Modified version of same active ingredient	Truvada	April 7
Infections	Impavido	Unique active ingredient within a new drug class	Novel Agent	April 17
Inflammatory Conditions	Taltz	Unique active ingredient within an existing drug class	Humira, Stelara	March 23
Pain	diclofenac 1% topical gel (generic Voltaren)	Same active ingredient	Voltaren gel	April 11

³UnitedHealthcare uses pre-defined criteria to determine if a newly launched medication should be excluded; these criteria include drugs that utilize a new mechanism of action that would benefit from a clinical program and drugs that contain the same or a modified version of the active ingredient of a covered medication or be in a class with OTC therapeutic equivalent.

Bulk Chemical Exclusions

As a way to address increasing compound medication costs, UnitedHealthcare pharmacy has excluded a number of compound medication ingredients. For states or groups that do not exclude, a member must go through the notification / prior authorization program in order to receive benefit coverage.

Product	Dosage Form	Effective Date
Bromfenac powder	Bulk Ingredient	April 21

Non-FDA Approved Medications

There are several prescription medications marketed that are not approved by the U.S. Food & Drug Administration (FDA). In order to ensure coverage is provided for FDA-approved medications, UnitedHealthcare excludes medications that are not approved by the FDA.

Brand Name	Generic Name	Effective Date
Accuaine	lidocaine 1% injection & pentafluoropropane-tetrafluoroethane & ultrasound gel kit	April 18
Dermawerx SDS Pak	triamcinolone 0.1% cream & dimethicone 5% cream & silicone tape	April 4

Diclotral Pak	diclofenac 1.5% solution & capsaicin 0.025% cream therapy pack	April 4
Inflamma-K Kit	diclofenac sodium 1.5% solution & camphor 3.1%/menthol 6%/methyl salicylate 10% patch kit	March 30
Vopac MDS Kit	diclofenac sodium 1.5% solution kit	April 20

SL Supply Limits

Supply Limits will be applied to new medications when other medications in their therapeutic class already have these clinical programs in place. This immediate action will help avoid member disruption. Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe.

Therapeutic Use	Medication Name	Current Tier	New Supply Limit	Effective Date
Cancer	Cotellic	Tier 3	63 tablets	April 1
	Ninlaro	Tier 3	3 capsules	April 1
	Tagrisso	Tier 3	31 tablets	April 1
COPD	Seebri Neohaler	Exclude at Launch	1 inhaler (62 capsules)	April 1
	Utibron Neohaler	Exclude at Launch	1 inhaler (62 capsules)	April 1
Endocrine	Natpara	Tier 3	2 cartridges	April 1
Enzyme Replacement Therapy	Strensiq	Tier 3	12 vials	April 1
Nausea & Vomiting	Varubi	Exclude at Launch	2 tablets	April 1
Pain	Oxaydo	Exclude at Launch	372 tablets	April 1
Paralysis Secondary to Potassium Levels	Keveyis	Tier 2	124 tablets	April 1
Sexual Dysfunction	Addyi	Exclude at Launch	31 tablets	April 1
Stroke & Heart Attack Prevention	Durlaza	Exclude at Launch	31 capsules	April 1

N Prior Authorization/Notification

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Cancer	Venclexta	Exclude at Launch	April 26
Infections	Impavido	Exclude at Launch	April 27
Inflammatory Conditions	Taltz	Exclude at Launch	April 8

MN Prior Authorization/Medical Necessity

Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Cancer Pain	Lazanda ⁴	3	April 1
Pulmonary Arterial Hypertension	Uptravi ⁴	Exclude at Launch	April 1

⁴Indicates medication is also included in Notification. For members with both Notification and Medical Necessity in place, the Medical Necessity review will be applied.

STEP Step Therapy

For customers with Step Therapy, the following Step 2, or target, medications will be included in the current Step Therapy Program. New users will be directed to first try a Step 1 medication before benefit coverage is available.

Therapeutic Use	Target medication	Step 1 Medication(s)	Effective Date
Cholesterol/Lipid Lowering	Praluent ⁵	Try both: Zetia and atorvastatin (generic Lipitor) or Crestor	April 1
Hepatitis C	Daklinza ⁵	Harvoni	April 1

⁵Indicates medication is also included in Medical Necessity. For members with both Step Therapy and Medical Necessity in place, the Medical Necessity review will be applied.