



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.

December 2015

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.

Down-tiers

Down-tiers refer to medications that move to a lower tier, making them more affordable for members. Down-tiers occur throughout the year, helping members take immediate advantage of the cost savings.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
ADHD	guanfacine extended-release (generic Intuniv)	Generic	Tier 2	Advantage	Dec. 8
Alzheimer's Disease	memantine (generic Namenda)	Generic	Tier 2	Advantage	Dec. 8
Bile Acid Disorders	Cholbam	Brand	Tier 2	Both	Dec. 11
High Blood Pressure	amlodipine/valsartan tablet (generic Exforge)	Generic	Tier 2	Advantage	Dec. 8
	amlodipine/benazapril (generic Lotrel)	Generic	Tier 1	Advantage	Dec. 8
Infections	cefдинir capsule (generic Omnicef)	Generic	Tier 1	Advantage	Dec. 8
Pain	celecoxib (generic Celebrex)	Generic	Tier 2	Advantage	Dec. 23

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	olopatadine ophthalmic solution (generic Patanol)	Excluded	Excluded	Dec. 14
Benign Prostatic Hyperplasia	dutasteride/tamsulosin (generic Jalyn)	Excluded	Excluded	Dec. 1
HIV/AIDS	nevirapine extended-release (generic Viramune XR) 100 mg	Tier 2	Tier 3/4	Dec. 1
Infections	linezolid oral suspension (generic Zyvox)	Tier 2	Tier 3/4	Dec. 1
Testosterone Therapy	testosterone 1% pump (generic AndroGel)	Excluded	Excluded	Dec. 1

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

Brand Launches

New brand name medications launch throughout the year. Our PDL Management Committee thoroughly reviews each medication before placing it in its final tier.

Therapeutic Use	Medication Name	New Tier Placement ¹	Effective Date
Iron Chelator	Ferriprox 100 mg/mL solution	Tier 2	Nov. 30

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
Cholesterol/Lipid Lowering	Praluent	Brand	Tier 2	Both	Dec. 15
	Repatha	Brand	Tier 3/4	Both	Jan. 1
Hepatitis C	Technivie	Brand	Tier 3/4	Both	Dec. 11

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 ²	Alternatives	Effective Date
Cancer	Ninlaro	New active ingredient within an existing drug class	Novel Agent	Nov. 30
Elevated Potassium Levels	Veltassa	New active ingredient within an existing drug class	sodium polystyrene sulfonate (generic Kayexalate)	Dec. 1
Hemophilia	Adynovate	Same active ingredient	Advate, Eloctate, Helixate FS, Kogenate FS, Recombinate, Xyntha, Xyntha Solofuse	Nov. 30
	Coagadex	New active ingredient within a new drug class	Novel Agent	Nov. 30
Mental Health	molindone (generic Moban)*	New active ingredient within a new drug class	haloperidol (generic Haldol), fluphenazine (generic Prolixin), risperidone (generic Risperdal)	Nov. 22
Opioid Overdose	Narcan Nasal Spray	Same active ingredient	naloxone injection (generic Narcan)	Dec. 9
Pain	Belbuca	Same active ingredient	tramadol extended-release (generic Ultram XR), fentanyl patch (generic Duragesic), Butrans	Nov. 23
	Vivlodex	Same active ingredient	meloxicam (generic Mobic)	Nov. 30

²UnitedHealthcare 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.

* Relaunch of an old drug

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
Benzodox Therapy Pack	doxycycline 100 mg & benzoyl peroxide 4.4% pack	Nov. 23
CyclobenzaprinePax	cyclobenaprine 10 mg tab & capsaicin-menthol 0.0375-5% patch therapy pack	Nov. 23
DermacinRx Ticanase Pak	fluticasone nasal susp 50 mcg & sodium chloride 2.7% spray therapy pack	Dec. 1
DS Prep 1%-0.13% Pak	diclofenac 1% gel & benzalkonium 0.13% wipe therapy pack	Dec. 10
JTT Physicians Kit	triamcinolone 40 mg/mL & lidocaine 1% & ammonia inhalation kit	Dec. 10
NaproxenPax	naproxen 500mg tab & capsaicin-menthol 0.0375-5% patch therapy pack	Nov. 23
Pramlyte	escitalopram 10 mg tab & methylfolate-B12-B6-D cap therapy pack	Dec. 7
SanadermRx Skin Repair Kit	triamcinolone 0.1% cream & dimethicone 5% cream & silicone tape	Nov. 16
Sumachip	sumatriptan 100 mg tab & capsaicin-menthol 0.0375% disk therapy pack	Dec. 7
Whytederm Surgipak	chlorhexidine solution-mupirocin ointment-dimethicone cream-silicone tape kit	Nov. 30

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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	Cotellic	Tier 3	Nov. 24
	Ninlaro	Excluded at Launch	Dec. 9
	Tagrisso	Tier 3	Nov. 24

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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
Cholesterol/Lipid Lowering	Juxtapid*	Tier 3/4	Dec. 1
	Kynamro*	Tier 3/4	Dec. 1
Hypoparathyroidism	Natpara*	Tier 3/4	Dec. 1

* Notification also applies

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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
Acne	Epiduo Forte 0.3%/2.5% Gel	Excluded at Launch	45 g per copay	Dec. 1
Asthma/COPD	Breo Ellipta 200/25 mcg	Tier 3	1 inhaler (60 blisters) per month	Dec. 1
Cancer	Iressa 250 mg Tablet	Tier 3	31 tablets per month	Dec. 1
	Odomzo 200 mg Capsule	Tier 3/4	31 capsules per month	Dec. 1
Cough & Cold	Hycofenix 2.5/30/200 mg per 5 mL Solution	Excluded at Launch	120 mL per copay	Dec. 1
	Tuzistra XR 14.7-2.8 mg/ 5 mL Suspension	Excluded at Launch	120 mL per copay	Dec. 1
Diabetes	Humalog KwikPen 200 units/mL Prefilled Pen	Tier 2	25 pens per copay	Dec. 1
High Blood Pressure	Prestalia (all strengths)	Excluded at Launch	31 tablets per month	Dec. 1
Mental Health	Rexulti (all strengths)	Excluded at Launch	31 tablets per month	Dec. 1
Phenylketonuria	Kuvan Powder 500 mg	Tier 2	124 packets per month	Dec. 1

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	Repatha	Praluent	Dec. 15
Diabetes	Glyxambi*	All of the following: metformin OR Sulfonylurea (e.g., glimepiride), OR Thiazolidinedione (e.g., pioglitazone), AND Jardiance (empagliflozin) AND Tradjenta (linagliptin)	Dec. 1

* Medication is excluded from coverage