



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.

February 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.

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
Skin Conditions	halobetasol 0.05% cream, ointment	Generic	Tier 2	Advantage	Feb. 29

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
Diabetes	metformin extended-release (generic Glumetza)	Excluded	Excluded	Feb. 15
Skin Infections	naftifine 2% cream (generic Naftin)	Excluded	Excluded	Feb. 15

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

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
Allergies	olopatadine 0.1% ophthalmic solution (generic Patanol)	Generic	Tier 3	Advantage	Feb. 29
			Tier 1	Traditional	
Arrhythmias	Sotylize	Brand	Tier 3/4	Both	Feb. 16

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
ADHD	Dyanavel XR	Modified Version of Same Active Ingredient	Adderall XR, Concerta, Metadate CD, Vyvanse	Jan. 26
	Quillichew ER	Same Active Ingredient	Adderall XR, Concerta, Metadate CD, Vyvanse	Jan. 27
Cancer	imatinib (generic Gleevec)	Same Active Ingredient	Gleevec	Jan. 27
Chemotherapy Toxicity	Vistogard	New Active Ingredient in a new drug class	Novel Agent	Feb. 24
Hepatitis C	Zepatier	New Active Ingredient within an existing drug class	Harvoni	Feb. 1
Mental Health	Vraylar	New Active Ingredient within an existing drug class	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), ziprasidone (generic Geodon)	Feb. 23
Metabolic Modifier	Xuriden	New Active Ingredient in a new drug class	Novel Agent	Feb. 5

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.

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
Ala-Quin	clioquinol-hydrocortisone 3-0.5% cream	Feb. 1
Alcortin A	iodoquinol - hydrocortisone -aloe polysaccharide 1-2-1% gel	Feb. 1
Aloquin	iodoquinol-aloe polysaccharides 1.25-1% gel	Feb. 1
Avidoxy DK Kit	doxycycline 100mg tab & sunscreen & salicylic acid 2% wash kit	Feb. 1
Cyclobenzaprine Comfort Pac	cyclobenzaprine 10mg tab & liniment topical gel kit	Feb. 1
Dermasorb AF	clioquinol-hydrocortisone 3-0.5% cream & emollient liquid kit	Feb. 1
Dermovix	allantoin-petrolatum 2-30% patch	Feb. 1

Ibuprofen Comfort Pac	ibuprofen 800mg tab & liniment topical gel kit	Feb. 1
Interarticular Joint Kit	triamcinolone 40mg/ml & lidocaine 1% & ammonia inhalation kit	Feb. 1
JTT Physicians Kit	triamcinolone 40mg/ml & lidocaine 1% & ammonia inhalation kit	Feb. 1
Lido-K 3% Lotion	lidocaine 3% lotion	Feb. 1
Lido-RX 4-0.1% Cream	lidocaine 4%-capsaicin cream 0.1%	Feb. 24
Meloxicam Comfort Pac	meloxicam 15mg tab & liniment topical gel kit	Feb. 1
Minocin Kit	minocycline 100mg cap & acne care products kit	Feb. 1
Physicians EZ Use Joint Tunnel & Trigger Kit	triamcinolone 40mg/ml & lidocaine 1% & ammonia inhalation kit	Feb. 1
Prozena	lidocaine 4% patch	Feb. 1
Renuu NL	allantoin-petrolatum 2-30% patch	Feb. 1
Rexaphenac	diclofenac sodium 1% cream	Feb. 1
Rosula	sulfacetamide sodium/sulfur 10-4.5% wash	Feb. 1
Rosula	sulfacetamide sodium/sulfur 10-5% cleansing cloth	Feb. 1
Targadox	doxycycline hyclate 50mg tab	Feb. 1
Urevaz	urea 44% cream	Feb. 1
Vytone	iodoquinol-hydrocortisone in aloe vehicle 1-1.9% cream	Feb. 1

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
Bile Acid Disorder	Cholbam 50 & 250mg	Tier 2	124 capsules per month	Feb. 1
Cancer	Lonsurf 15 mg/6.14 mg & 20 mg/8.19 mg	Tier 3/4	80 tablets per 21 days	Feb. 1
Cough & Cold	Flowtuss 2.5 mg/200 mg	Excluded at Launch	120 mL per copay	Feb. 1
Diabetes	Synjardy 5 mg/500mg, 5mg/1000 mg, 12.5mg/500mg, 12.5mg/1000mg	Excluded at Launch	62 tablets per month	Feb.. 1
Hepatitis C	Zepatier 50 mg-100 mg	Excluded at Launch	84 Tablets/ 720 days	Feb. 1
Migraine	Zecuity 6.5 mg/4h	Excluded at Launch	4 patches per copay	Feb. 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
Chemotherapy Toxicity	Vistogard	Excluded at Launch	Mar. 3
Metabolic Modifier	Xuriden	Excluded at Launch	Feb. 16

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
Hepatitis C	Zepatier**	Excluded at Launch	Feb. 1

**Indicates medication is in both Notification and Medical Necessity.

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
Hepatitis C	Zepatier***	Harvoni	Feb. 1
Mental Health	Rexulti	Varies by Diagnosis	Feb. 1

***Indicates 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.