



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.

January 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
Contraceptive	ethinyl estradiol/norgestimate (generic Ortho Tri-Cyclen Lo)	Tier 3	Tier 3	Jan. 11
Depression	trimipramine (generic Surmontil)	Tier 3	Tier 3/4	Jan. 21
Diabetes	repaglinide/metformin (Prandimet)	Tier 3	Tier 3/4	Jan. 11
High Blood Pressure	eprosartan (generic Teveten)	Tier 3	Tier 3/4	Jan. 21
Irritable Bowel Syndrome	phenobarbital/atropine/scopolamine/hyoscyamine (eg: B-Donna) (generic Donnatal)	Tier 3	Tier 3/4	Jan. 21

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
Cancer	Alecensa	Tier 3/4	Dec. 18

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
Asthma	ProAir Respiclick	Brand	Tier 3	Both	Jan. 12
Cancer	Ninlaro	Brand	Tier 3/4	Both	Jan. 15
Heart Failure	Corlanor	Brand	Tier 3/4	Both	Jan. 11

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Enzyme Replacement Therapy	Strensiq	Brand	Tier 3/4	Both	Jan. 19
Pain	acetaminophen/caffeine/dihydrocodeine 320.5mg-30mg-16mg (generic Trezix)	Generic	Tier 1	Both	Jan. 21

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
Pulmonary Arterial Hypertension	Upravi	New Active Ingredient within an existing drug class	sildenafil citrate tablets (generic Revatio), Adcirca, Adempas, Letairis, Opsumit, Tracleer	Dec. 29
Skin Conditions	Enstilar Foam	Same Active Ingredient	calcipotriene/betamethasone ointment (generic Taclonex), Taclonex Suspension	Jan. 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.

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
Sodium 3-hydroxybutyrate powder	Bulk Ingredient	Jan. 19

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
Dermawerx Surgical Plus Pak	chlorhexidine 4% solution-mupirocin 2% ointment-dimethicone 5% ointment-tape Kit	Dec. 20
Inflammacin	diclofenac 75 mg tab & capsaicin 0.025% cream therapy Pack	Jan. 1
Nyata Kit	nystatin powder 100,000 Unit/GM & exfoliating agent Kit	Dec. 24

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
Infections	Minocin 50 mg	Excluded	1 kit per copay	Jan. 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	Alecensa	Tier 3/4	Dec. 28
Heart Rhythm	Multaq	Tier 3/4	Jan. 1
Pulmonary Arterial Hypertension	Upravi	Excluded at Launch	Jan. 6

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
HIV	Genvoya	Triumeq	Jan. 1