



# 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.

### July 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
Infections	valacyclovir (generic Valtrex)	Generic	Tier 1	Advantage	July 27

#### 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 <sup>1</sup>	Current Brand Tier	Effective Date
Acne	clindamycin/tretinoin 1.2%/0.025% (generic Ziana) <sup>2</sup>	Excluded	Excluded	July 6
Cholesterol/Lipid Lowering	fenofibrate 40 mg, 120 mg tablet (generic Fenoglide) <sup>2</sup>	Excluded	Excluded	July 5
Edema	ethacrynic acid tablet (generic Edecrin)	Tier 3	Tier 3/4	July 27
Pain	oxycodone/acetaminophen solution (Roxicet)	Tier 2	Not Available	July 5
Parkinson Disease	pramipexole extended-release 3.75 mg (generic Mirapex ER) <sup>2</sup>	Excluded	Excluded	July 13
Ulcers, Heartburn & Reflux	omeprazole/sodium bicarbonate powder for oral suspension (generic Zegerid) <sup>2</sup>	Excluded	Excluded	July 20

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

<sup>2</sup>This 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.

## 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	Effective Date
Acne	Doryx MPC	Excluded	July 5
Inflammatory Conditions	Orencia Clickjet	Tier 3/4	June 27
Seizures	Fycompa suspension	Tier 3/4	June 22

## 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
IBS with Diarrhea	Viberzi <sup>3</sup>	Brand	Tier 3/4	Both	July 11

<sup>3</sup> Indicates medication is also included in Prior Authorization/Medical Necessity.

## 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 <sup>4</sup>	Alternatives	Effective Date
Cholesterol/Lipid Lowering	Repatha 420 mg/3.5 mL	Same active ingredient	Praluent	July 13
COPD	Bevespi Aerosphere	Same active ingredient	Anoro Ellipta, Utibron NeoHaler	July 5
Diabetes	Jentadueto XR	Same active ingredient	Jentadueto or metformin extended-release (generic Glucophage XR) plus Tradjenta	June 28
Dry Eyes	Xiidra	Unique active ingredient	OTC artificial tears, Restasis	July 15
Hemophilia	Vonvendi	Same active ingredient	Humate P, Wilate, Alphanate	July 6
Hepatitis C	Epclusa	Unique active ingredient	Varies by genotype: Harvoni, Sovaldi, Daklinza	June 30
	Viekira XR	Same active ingredient	Harvoni, Viekira Pak	July 28
Multiple Sclerosis	Zinbryta	Unique active ingredient	Avonex, Copaxone, Betaseron, Tecfidera	July 7

<sup>4</sup>UnitedHealthcare 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
Betaloan Suik	betamethasone 30 mg/ml injection & anesthetic spray kit	July 14
Cyclo/Gaba10/300 Pack	cyclobenzaprine 10 mg tablet & gabapentin 300 mg capsule	July 24
Dermacinrx Pak Cinlone	triamcinolone 40 mg/ml injection & lidocaine/prilocaine 2.5-2.5% cream kit	July 1
Diclofenac Sodium	diclofenac sodium 3% cream	July 25
Gialax Kit	peg 3350 & all sport mix	July 3
Lidopril 2.5-2.5% Cream	lidocaine-prilocaine 2.5-2.5% cream & occlusive dressing	July 19
Marnova Suik	bupivacaine 0.5% injection & anesthetic spray kit	July 14
Medroloan II Suik	methylprednisolone 40 mg/ml injection & anesthetic spray kit	July 14
Medroloan Suik	methylprednisolone 40 mg/ml injection & anesthetic spray kit	July 14
Prednisolone/Moxifloxacin	prednisolone-moxifloxacin 1-0.5% ophthalmic solution	July 24
Prednisolone/Moxifloxacin/Bromfenac	prednisolone-moxifloxacin-bromfenac 1-0.5-0.9% ophthalmic solution	July 24
Prednisolone/Moxifloxacin/Ketorolac	prednisolone-moxifloxacin-ketorolac 1-0.5-0.5% ophthalmic solution	July 24
Previdolrx Plus Analgesic Pak	diclofenac 75 mg tab & capsaicin 0.025% cream therapy pack	June 23
Toranova II	ketorolac 30 mg/ml injection & anesthetic spray kit	July 14
Toranova Suik	ketorolac 30 mg/ml injection & anesthetic spray kit	July 14
Triloan II Suik	triamcinolone acetate 40 mg/ml injection & anesthetic spray kit	July 14
Triloan Suik	triamcinolone acetate 40 mg/ml injection & anesthetic spray kit	July 14
Ticaspray	fluticasone nasal susp 50 mcg/act & sodium chloride 0.9% spray therapy pak	June 28
Xenaflamm	diclofenac 75 mg tab & capsaicin 0.025% cream therapy pack	June 28
Xilapak Kit	fluocinolone 0.01% solution & cleanser lotion & silicone tape kit	July 28

## 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
Pain	Livixil Pak	Excluded	1 kit per copayment	July 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
Dry Eyes	Xiidra	Exclude at Launch	July 26
Multiple Sclerosis	Zinbryta	Exclude at Launch	July 18
Seizures	Fycompa <sup>5</sup> suspension	Tier 3/4	July 11

<sup>5</sup> Indicates medication is also included in Medical Necessity. For members with both Notification and Medical Necessity in place, the Medical Necessity review will be applied.

## **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
IBS with Diarrhea	Viberzi	Tier 3/4	July 1
Seizures	Fycompa <sup>5</sup> suspension	Tier 3/4	July 11

<sup>5</sup> Indicates medication is also included in Notification. For members with both Notification and Medical Necessity in place, the Medical Necessity review will be applied.