



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.

March 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
Heart Failure	Corlanor	Brand	Tier 3*	Both	Mar. 1
Skin Conditions	fluocinolone 0.025% ointment (generic Synalar)	Generic	Tier 2	Advantage	Mar. 16

* Corlanor was downtiered from Tier 4 to Tier 3 on 4-Tier plans.

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
Infections	oxiconazole 1% cream (generic Oxistat)	Tier 3	Tier 3/4	Mar. 16
Overactive Bladder	darifenacin extended-release (generic Enablex)	Excluded ²	Excluded ²	Mar. 31

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

² 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.

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
Eye Pain & Inflammation	bromfenac 0.09% (generic Bromday)	Generic	Tier 3	Advantage	Mar. 17
			Tier 1	Traditional	Mar. 17

Heart Failure	Entresto	Brand	Tier 3/4	Both	Mar. 1
Mental Health	Rexulti	Brand	Tier 3/4	Both	Mar. 1
Paralysis secondary to potassium levels	Keveyis	Brand	Tier 2	Both	Mar. 1
Rosacea	Finacea Foam	Brand	Tier 3/4	Both	Mar. 1

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
ADHD	Adzenys XR	Modified version of same active ingredient	Adderall XR, Concerta, Metadate CD, Vyvanse	Mar. 18
Diabetes	Alogliptin (Nesina Authorized Generic)	Same active ingredient	Nesina	Mar. 23
	Alogliptin/Metformin (Kazano Authorized Generic)	Same active ingredient	Kazano	Mar. 23
	Alogliptin/Pioglitazone (Oseni Authorized Generic)	Same active ingredient	Oseni	Mar. 23
Hemophilia	Idelvion	Same active ingredient	Alprolix, BeneFIX, Rixubis	Mar. 4
High blood pressure	Metoprolol 37.5, 75 mg	Same active ingredient	metoprolol (25, 50, 100 mg strengths) (generic Lopressor)	Mar. 8
HIV	Odefsey	Modified version of same active ingredient	Complera	Mar. 8
Infections	Emverm	Unique active ingredient within an existing drug class	Albenza	Mar. 23
Migraines	Allzital	Same active ingredient	butalbital/acetaminophen 50mg/325mg (generic Phenrilin)	Mar. 2
	Zembrace	Same active ingredient	sumatriptan injection, nasal spray, tablets (generic Imitrex), Sumavel	Mar. 23
Rheumatoid Arthritis	Xeljanz XR	Same active ingredient	Cimzia, Humira, Simponi	Mar. 8
Seizures	Spritam	Same active ingredient	levetiracetam tablets, oral solution (generic Keppra)	Mar. 2

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
Aviptadil	Bulk Ingredient	Mar. 25
Retinaldehyde	Bulk Ingredient	Mar. 18

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
Convenience Pak	gabapentin 600mg tablet & lidocaine 5% ointment Therapy Pack	Mar. 16
IV Infusion Kit CPI	lidocaine-prilocaine 2.5-2.5% cream & sodium chloride 0.9% iv solution Kit	Mar. 10
Lorvatus PharmaPak	metaxalone 800mg tablet & diclofenac sodium 1.5% solution Kit	Mar. 11
Neoke MCT70 Powder	medium chain triglycerides oral powder	Mar. 23
Neoke ALCAR Powder	acetylcarnitine oral powder	Mar. 23
Previdolrx Analgesic Pak	diclofenac 75mg tablet-omeprazole 20mg capsule-capsicum 0.025% cream Therapy Pack	Mar. 2
SMARTRX GABA Kit	gabapentin 300mg oral capsule & lidocaine-menthol cream therapy pack	Mar. 21
Xrylix	diclofenac sodium 1.5% solution & adhesive sheets therapy pack	Mar. 15

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
Diabetes	Dexcom G5 Mobile Monitor (Receiver)	Tier 3	1 receiver/4 years	Mar. 1
	Dexcom Transmitter (G5)	Tier 3	2 transmitters/6 months	Mar. 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 Overdose	Vistogard	Exclude at Launch	Mar. 3
Rheumatoid Arthritis	Xeljanz XR	Exclude at Launch	Mar. 17

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
Diabetes	Dexcom G5 Mobile Monitor (Receiver) Dexcom Transmitter (G5)	Tier 3	Mar. 1
Heartburn, Reflux, Ulcers	Zegerid suspension ⁴	Tier 3/4	Mar. 1

⁴ This product will be excluded effective July 1, 2016.

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
Heartburn, Reflux, Ulcers	Zegerid suspension ^{4,5}	Trial of all: A prescription formulation of omeprazole, pantoprazole, rabeprazole	Mar. 1

⁴ This product will be excluded effective July 1, 2016.

⁵ 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.