Updates to your prescription benefits

Effective January 1, 2016

Within the Prescription Drug List (PDL), medications are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference this chart as you review the following updates. Most options listed are available in Tier 1, your lowest cost option.



If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to discuss the listed lower-cost option(s) that may also treat your condition with your doctor. Most options listed are available in Tier 1, your lowest-cost tier, and may have a clinical program in place.

Medications Moving to a Lower Tier

The following medications are moving to a lower tier, making them more affordable.

| Therapeutic Use | Medication Name | Tier Placement |
|-----------------|--------------------|----------------|
| Cancer | Xeloda | 3)1 |
| COPD | Striverdi Respimat | 3)2 |

Medications With New Benefit Coverage

The following medications were previously not covered under most benefit plans and are now eligible for coverage.

| Therapeutic Use | Medication Name | Tier Placement |
|-----------------|-------------------------|----------------|
| Asthma | Arnuity Ellipta | |
| Blood Clots | Savaysa 3 | |
| Constipation | Movantik [*] 2 | |
| Gout | Mitigare | |
| HIV | Evotaz 2 | |
| Pain | Zohydro ER [*] | |
| Skin Conditions | Soolantra | 3 |

^{*} Step therapy or Prior Authorization is required prior to coverage

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Medications Moving to a Higher Tier

Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

| Therapeutic Use | Medication Name | Tier Placement | Lower-Cost Options |
|------------------------------|---------------------------------|----------------|--|
| Asthma/COPD | Foradil | 2)3 | Striverdi Respimat |
| Blood Clots | Coumadin | 2)3 | warfarin (generic Coumadin) |
| Cancer | Targretin [*] | 2)3 | Valchlor |
| COPD | Spiriva HandiHaler | 2)3 | Incruse Ellipta, Tudorza Pressair |
| Elevated Phosphate Levels | Fosrenol | 2)3 | calcium acetate (generic Phoslo), Renvela, Velphoro |
| | Renagel | 2)3 | calcium acetate (generic Phoslo), Renvela, Velphoro |
| Growth Hormones | Saizen [*] | 2)3 | Nutropin, Nutropin AQ, Nutropin AQ NuSpin |
| Heart Failure | Lanoxin 0.125 mg and 0.25 mg | 2)3 | digoxin (generic Lanoxin) |
| Heart Rhythm | Multaq* | 2)3 | amiodarone (generic Cordarone, Pacerone) |
| Hepatitis C | Olysio* | 2 > 3 | Harvoni |
| Hormone Replacement | Divigel | 2)3 | estradiol tablet (generic Estrace), Vivelle-Dot |
| Pain | Oxycontin* | 2)3 | fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER |
| Seizures | Dilantin | 2)3 | phenytoin (generic Dilantin) |
| | Tegretol | 2)3 | carbamazepine (generic Tegretol) |
| Wilson's Disease | Cuprimine ^{▲*} | 2)3 | Depen |

Medications typically excluded from pharmacy benefit coverage

Medications Excluded from Benefit Coverage⁺

We evaluate medications based on their total value, including how a medication works and how much it costs. When several medications work in the same way, we may choose to exclude the higher-cost option. The medications listed below will no longer be covered under many of our pharmacy benefit plans.

| Therapeutic Use | Medication Name | Lower-Cost Options |
|-----------------|--|--|
| Acne | Differin 0.3% gel (brand only) | adapalene gel (generic Differin), tretinoin (generic Retin-A) |
| | Onexton | clindamycin topical solution (generic Cleocin T) + OTC benzoyl peroxide or clindamycin/benzoyl peroxide 1.2%-5% (generic Duac) |
| Allergies | Karbinal ER | carbinoxamine tablets (generic Palgic) |
| | Zyrtec oral solution (brand and generic) | OTC Children's Zyrtec Allergy Syrup |
| Cancer | capecitabine (generic Xeloda) | Xeloda |
| Cancer Pain | Subsys | fentanyl citrate lozenges (generic Actiq), Lazanda |
| Constipation | PCP 100 Kit | metoclopramide (generic Reglan) + OTC medications for constipation |

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| | Afrezza | Humalog | |
|------------------------------|--|--|--|
| | Accu-Chek Diabetic Meters and Test Strips | OneTouch Diabetic Meters and Test Strips | |
| | Contour Diabetic Meters and Test Strips | OneTouch Diabetic Meters and Test Strips | |
| | Fortamet (brand and generic) | metformin (generic Glucophage), metformin extended- release (generic Glucophage XR) | |
| Diabetes | FreeStyle Diabetic Meters and Test Strips | OneTouch Diabetic Meters and Test Strips | |
| | Glumetza | metformin (generic Glucophage), metformin extended- release (generic Glucophage XR) | |
| | Glyxambi | Jardiance + Tradjenta | |
| | Unistrip Diabetic Test Strips | OneTouch Diabetic Test Strips | |
| | Xigduo XR | Invokamet | |
| Court | colchicine capsule (Mitigare authorized generic) | Mitigare | |
| Gout | Colcrys (brand and authorized generic) | Mitigare | |
| Hepatitis C | Moderiba Tablet, Pak | ribavirin (generic Copegus) | |
| Infections | Acticlate | doxycycline hyclate (generic Vibramycin, Vibra-Tabs) | |
| Marking C. | Glatopa (generic Copaxone) | Copaxone, Avonex, Betaseron, Tecfidera | |
| Multiple Sclerosis | Plegridy | Avonex, Copaxone, Betaseron, Tecfidera | |
| Opioid Dependence | Bunavail | Zubsolv | |
| Pain | Hysingla ER | fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER | |
| | Xartemis XR | oxycodone/acetaminophen (generic Percocet) | |
| Skin Conditions | fluorouracil 0.5% cream (Carac authorized generic) | Carac | |
| | Natesto | Androderm, Testim | |
| Testosterone Replacement | testosterone gel (Androgel authorized generic) | Androderm, Testim | |
| | testosterone gel (Testim authorized generic) | Androderm, Testim | |
| Thyroid Hormone Replacement | Tirosint | levothyroxine, Synthroid | |
| Ulcers, Heartburn, Reflux | Esomeprazole Strontium | omeprazole (generic Prilosec), pantoprazole (generic Protonix), OTC Nexium, OTC Prevacid, OTC Prilosec | |

⁺ For New Jersey fully-insured members this program is referred to as First Start.

Need more information?



Contact your UnitedHealthcare representative with any questions about the Jan. 1, 2016 pharmacy updates.

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