



Traditional PDL and Benefit Plan Updates Summary

For UnitedHealthcare pharmacy plans effective January 1, 2013 For Self-Funded Customers

There will be member mailings for all up-tiers, exclusions, medications included in notification and Cymbalta. Mailings for supply limits are noted.

New Tier Placements

Therapeutic Use	Medication Name	New Tier Placement	Effective Date
Cancer Pain	Lazanda	3	July 3, 2012
High Blood Pressure	Dutoprol	2	July 6, 2012
Pain	Sprix	3	January 1, 2013 or earlier

Up-Tiers





















Therapeutic Use	Medication Name	Tier Placement	Alternatives
Diabetes	Janumet	2 ▶ 3	Kombiglyze XR, Jentadueto
	Januvia	2 ▶ 3	Onglyza, Tradjenta
Osteoporosis	Actonel	2 ▶ 3	alendronate (generic Fosamax), ibandronate (generic Boniva)
Overactive Bladder	Enablex	2 ▶ 3	oxybutynin (generic Ditropan), oxybutynin sustained-release (generic Ditropan XL), trospium (generic Sanctura), Sanctura XR, Vesicare
Viral Infection	Condylox gel	2 ▶ 3	podofilox liquid (generic Condylox liquid)

Exclusions¹







Therapeutic Use	Medication Name	New Benefit Coverage ²	Alternatives
Acne	Clindagel	✘	clindamycin gel 1% (generic Cleocin-T)
Contraceptive	Generess FE	✘	Gildess FE, Junel FE, Microgestin FE (generics for Loestrin FE)
Depression	Oleptro	✘	trazodone (generic Desyrel)
Erectile Dysfunction	Staxyn	✘	Levitra, Viagra

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Exclusions¹ Continued

Therapeutic Use	Medication Name	New Benefit Coverage ²	Alternatives
Eye Allergies	Bepreve		OTC ketotifen (Zaditor), azelastine (generic Optivar), Lastacaft
	Optivar (brand only)		OTC ketotifen (Zaditor), azelastine (generic Optivar), Lastacaft
Eye Pain	Bromday		bromfenac (generic Xibrom), ketorolac (generic Acular)
Hepatitis C	Ribapak		ribavirin (generic Copegus, Rebetol)
High Blood Pressure	Exforge		<ul style="list-style-type: none"> amlodipine (generic Norvasc) plus losartan (generic Cozaar) amlodipine (generic Norvasc) plus Benicar or Micardis amlodipine (generic Norvasc) plus Diovan
	Exforge HCT		<ul style="list-style-type: none"> amlodipine (generic Norvasc) plus losartan/hydrochlorothiazide (generic Hyzaar) amlodipine (generic Norvasc) plus Benicar HCT or Micardis HCT amlodipine (generic Norvasc) plus Diovan HCT
High Cholesterol	Altoprev		lovastatin (generic Mevacor)
	Lipitor (brand only)		atorvastatin (generic Lipitor)
Inflammation	Flo-Pred		prednisolone (generic Prelone), Orapred, Pediapred
Nasal Allergies	Astelin (brand only)		azelastine nasal spray (generic Astelin), Astepro
Neuropathic Pain	Gralise		gabapentin (generic Neurontin)
Pain	ConZip		tramadol extended-release (generic Ultram ER), tramadol immediate-release (generic Ultram)
	Duexis		ibuprofen (generic Motrin) plus OTC famotidine (generic Pepcid AC)
	Lorzone		chlorzoxazone (generic Parafon Forte DSC)
	Skelaxin (brand only)		chlorzoxazone (generic Parafon Forte DSC), cyclobenzaprine (generic Flexeril), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Restless Legs Syndrome	Horizant		gabapentin (generic Neurontin)
Rosacea	Metrogel 1%		metronidazole gel 0.75% (generic Metrogel)
Skin Conditions	Trianex		triamcinolone (generic Aristocort)
	ProCort		hydrocortisone/pramoxine (generic Analpram E)
Ulcers, Heartburn, & Reflux	Zegerid capsule		OTC Zegerid, omeprazole (generic Prilosec), pantoprazole (generic Protonix)

Multiple Product Packaging Exclusions¹

Therapeutic Use	Medication Name	New Benefit Coverage ²	Alternatives
Acne	Sumaxin CP		sulfacetamide sodium/sulfur (generic Sulfatol)
Skin Conditions	Aqua Glycolic HC		hydrocortisone 2.5% (generic Hytone)
	Promiseb Complete Kit		Promiseb
Psoriasis	Uramaxin GT Kit		urea 40%
Rosacea	Rosadan Kit (gel)		metronidazole gel 0.75% (generic Metrogel)
Toenail Infections	Pedipirox-4		ciclopirox (generic Penlac)

1. For customers who cannot or do not participate in benefit coverage exclusions, these medications will move to the highest tier based on the benefit plan.

2. For customers that implemented the Exclude at Launch Program, the green icons indicate which exclusions were excluded at launch and will have minimal to no member impact.

Select Designated Pharmacy Program

Therapeutic Use	Medication Name	Tier as of Jan. 1, 2013	Alternatives
Depression	Cymbalta	Tier 3	Depression Diagnosis: citalopram (generic Celexa), fluoxetine (generic Prozac), sertraline (generic Zoloft), venlafaxine sustained-release (generic Effexor XR), Pristiq; Neuropathic Pain Diagnosis: gabapentin (generic Neurontin)
Diabetes	Janumet	Tier 3	Kombiglyze XR, Jentadueto
	Januvia	Tier 3	Onglyza, Tradjenta
	Janumet XR	Tier 3	Kombiglyze XR, Jentadueto
	Juvisync	Tier 3	simvastatin plus Onglyza or Tradjenta

Refill and Save Program

Therapeutic Use	Medication Name	Program Details
Depression	Cymbalta	Removed from Refill and Save Program; added to Select Designated Pharmacy Program

Notification

Therapeutic Use	Medication Name	Current Tier	Grandfathering
Hormone Therapy	Eligard	Tier 3	No
	leuprolide acetate (generic Lupron)	Tier 1	No
Inflammation/Other	Acthar	Tier 3	No
Seizures	Onfi	Tier 3	No











New Supply Limits

Therapeutic Use	Medication Name	New Supply Limit	Member Mailings	Overrides
Acne	Avita Cream 0.025%	20 grams per month	Yes	Yes
Nasal Allergies	Veramyst (50mcg/spray)	10 grams (1 bottle) per copayment	Yes	No
Blood Clot/Platelet Therapy	Effient 5mg, 10mg	31 tablets per month	Yes	No
Skin Conditions	Olux-E Foam 0.05%	50 grams per copayment	Yes	Yes
Emergency Contraceptive	ella 30mg	1 tablet per month	No	No
Topical infection	Zovirax Ointment 5%	15 grams per copayment	Yes	Yes

Modified Supply Limits

Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Grandfathering	Member Mailings	Overrides
Pain	Avinza	62 capsules per month	31 capsules per month	Yes	No	Yes
	Duragesic 12.5mcg/hr, 25mcg/hr, 50mcg/hr	22 patches per month	15 patches per month	Yes	No	Yes
	Duragesic 75mcg/hr, 100mcg/hr	22 patches per month	30 patches per month	Yes	No	Yes
	Embeda	93 capsules per month	62 capsules per month	Yes	No	Yes
	Exalgo	62 tablets per month	31 tablets per month	Yes	No	Yes
	Kadian	124 capsules per month	62 capsules per month	Yes	No	Yes
	MS Contin	186 tablets per month	93 tablets per month	Yes	No	Yes
	Opana	372 tablets per month	186 tablets per month	Yes	No	Yes
	Opana ER	124 tablets per month	62 tablets per month	Yes	No	Yes
	Oramorph SR	186 tablets per month	93 tablets per month	Yes	No	Yes
Testosterone Replacement	Oxycontin 10mg, 15mg, 20mg, 30mg, 40mg, 60mg	124 tablets per month	62 tablets per month	Yes	No	Yes
	AndroGel packets 2.5g	60 packets per month	30 packets per month	No	Yes	Yes

Decision Definitions Key

Key	Decision	Definition
	Down-tiers	Down-tiers refer to medications that move to a lower tier, which can occur at any time throughout the year to provide members with immediate cost savings.
	Up-tiers	Up-tiers refer to medications that move to a higher tier because they offer less health care value (either clinically and/or financially) than similar medications in their therapeutic classes.
	New Tier Placements	New tier placements occur for medications that have been previously excluded at launch, but now offer sufficient health care value to have a tier placement.
	Select Designated Pharmacy	The Select Designated Pharmacy Program is a 2004/2007 Rider capability. Members on the high-cost, maintenance drugs in this program will no longer be able to fill their prescription at retail and obtain network benefits. They will be given three options to save: move to lower cost retail options, move to mail, or both.
	Exclusions	We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members.
	Continued Exclusions (previously excluded at launch)	These exclusions will have little to no member impact since the medication has been excluded at launch.
	Multiple Product Packaging Exclusions	These medications contain two or more already available medications (packaged together), most are available generically or over-the-counter. The majority have been excluded at launch and will have little to no member impact.
	Notification	Notification requires physicians to provide additional clinical information to verify member benefit coverage.
	Refill and Save	This program encourages members to comply with their treatment regimen by rewarding them with a discount on their copayment for timely prescription refills.
	Supply Limits	Supply Limits establish the maximum quantity of drug that is covered per copay or in a specified timeframe.