






Updates to your prescription benefits

Effective July 1, 2015

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.

 Tier 1 Your lowest-cost medications	 Tier 2 Your midrange-cost medications	 Tier 3 Your highest-cost medications
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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
Elevated Phosphorus Levels	Velphoro	3 > 2
Pulmonary Arterial Hypertension	Opsumit	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
COPD	Incruse Ellipta	2
	Spiriva Respimat	3
Diabetes	Trulicity	3
Fungal Infections	Kerydin	3
Hemophilia	Eloctate	3
Rheumatoid Arthritis (or other indications)	Rasuvo	3

Medications moving to a higher tier⁺

The below medications will continue to be covered by IACT Medical Trust, but may be at a higher tier level than the current coverage. The majority of these medications have a lower cost option available.

Therapeutic Use	Medication Name	Lower-Cost Options
Acne	Avar	sulfacetamide sodium/sulfur
	Avar LS	
	Plexion	
	Riax	tretinoin (generic Retin-A), OTC benzoyl peroxide
Birthmark (hemangioma)	Hemangeol	propranolol tablet (generic Inderal), propranolol oral solution (generic Inderal)
Cough & Cold	Vituz	chlorpheniramine/hydrocodone/pseudoephedrine (generic Zutripro), guaifenesin/codeine solution (generic Cheratussin), hydrocodone/chlorpheniramine (generic Tussionex)
Fungal Infections	Ecoza foam	OTC Lamisil AT, OTC Lotrimin, OTC Lotrimin AF, econazole (generic Spectazole), ketoconazole (generic Nizoral), terbinafine (generic Lamisil)
Growth Hormone	Saizen	Nutropin, Nutropin AQ, Nutropin AQ NuSpin
	Tev-Tropin	
Headaches	Prodrin (Brand Only)	isometheptene/caffeine/acetaminophen 65/20/325 mg (generic Prodrin)
High Blood Pressure	Diovan (Brand Only)	losartan (generic Cozaar), valsartan (generic Diovan), Benicar
Infections	Minocin (Brand only)	minocycline capsule (generic Dynacin, Minocin)
Mental Health	Versacloz	clozapine (generic Clozaril), clozapine orally disintegrating tablet (generic Fazaclo)
Narcotic Overdose	Evzio	naloxone (generic Narcan)
Pain	Celebrex (Brand Only)	celecoxib (generic Celebrex), diclofenac (generic Voltaren), ibuprofen (generic Motrin), meloxicam (generic Mobic), naproxen (generic Naprosyn)
	Exalgo (Brand Only)	fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release (generic MS Contin), Nucynta ER, Opana ER
	Pennsaid 2% solution	Voltaren Gel
Rheumatoid Arthritis	Otrexup	methotrexate tablets, Rasuvo
Seizures	Qudexy XR (topiramate extended-release products by Upsher-Smith)	topiramate immediate-release (generic Topamax)
Severe Allergic Reactions	Adrenacllick (brand and generic)	EpiPen, EpiPen Jr.
Skin Conditions	Keralac	urea 40% cream
	Ovace Plus	sulfacetamide sodium
	Protopic (Brand Only)	tacrolimus ointment (generic Protopic)
	Vytone	iodoquinol/hydrocortisone 1% cream, Dermazene cream
Testosterone Replacement	Vogelxo (testosterone products by Upsher-Smith)	Androderm, Testim
Viral Infection	Sitavig	acyclovir capsule/tablet (generic Zovirax), famciclovir tablet (generic Famvir), valacyclovir (generic Valtrex), OTC Abreva
Warts	UltraSal-ER	OTC salicylic acid
	Virasal	
Wilson's Disease	Cuprimine	Depen



For more information

Visit myuhc.com or call the toll-free number on the back of your health plan ID card.

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



Updates to your prescription benefits

Effective July 1, 2015

The following clinical program updates will take place on July 1, 2015. This information will help you make informed decisions about your choice of prescription medications.

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. Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe.

Therapeutic Use	Medication Name	New or Revised Supply Limit
Acne	Retin-A 0.1% cream	20g per copay
	Tretin-X 0.075% cream	35g per copay
Chest Pain	Nitromist 400mcg/ spray	1 bottle (4.1gm)
Diabetes	Apidra Humalog Humulin Lantus Levemir Novolin Novolog	25 cartridges per copay 25 pens per copay 7 vials per copay
	Humulin R (20mL)	4 vials per copay
	Invokamet 50/500mg, 50/1000mg, 150/500mg, 150/1000mg tablet	62 tablets per month
Erectile Dysfunction	Caverject Impulse 10mcg, 20mcg kit	3 Kits per month
Inflammatory Conditions	Humira 10mg syringes	2 syringes per month
	Humira Crohn's Disease/Ulcerative Colitis Starter Package	6 pens (1 starter kit per year)
	Humira Psoriasis Starter Package	4 pens (1 starter kit per year)
	Humira Pediatric Crohn's Disease Starter Package (6 count)	6 syringes (1 starter kit per year)
	Humira Pediatric Crohn's Disease Starter Package (3 count)	3 syringes (1 starter kit per year)
Pain	Butrans 7.5 mcg/hr patch	4 patches per month
	Trezix 16 mg/320.5 mg/30 mg capsules	386 capsules per month
Skin conditions	Regranex 0.01% gel	30g per copay
Ulcers, Heartburn, Reflux	Nexium 2.5mg Packet	31 packets per month

MN Medical Necessity

Medical Necessity evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require Medical Necessity for coverage including use of lower cost alternatives prior to coverage for certain indications.

Therapeutic Use	Medication Name
Pain*	Embeda
	Hysingla
	MS Contin (Brand Only)

The Medical Necessity Program was modified for the following medications to incorporate the use of lower cost alternatives prior to coverage for certain indications.

Therapeutic Use	Medication Name
Pain*	Avinza
	Exalgo
	Kadian
	Nucynta ER
	Opana ER
	OxyContin
	oxymorphone hcl ER (generic Opana ER)
	Zohydro ER

*Patients using for pain associated with cancer diagnoses will not be required to move to lower-cost alternatives in order to receive coverage for the Step 2 medication.