

Updates to your prescription benefits

Effective July 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.

 Tier 1 Your lowest-cost medications	 Tier 2 Your mid-range 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. Down-tiers occur throughout the year, helping members take immediate advantage of the cost savings.

Therapeutic Use	Medication Name	Tier Placement
Cancer	Targetin Capsules	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/COPD	Symbicort	3
	Seebri NeoHaler	2
	Utibron NeoHaler	2
Cough/Cold	Obredon	3
Narcolepsy	modafanil (generic Provigil)	3

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	Ventolin HFA	1 ▶ 2	None available
Infections	clindamycin 2% vaginal cream (generic Cleocin)	1 ▶ 2	clindamycin capsules (generic Cleocin), metronidazole tablets (generic Flagyl)
	metronidazole 0.75% vaginal gel (generic Metrogel-Vaginal)	1 ▶ 2	
	Vandazole	1 ▶ 2	
Opioid Induced Constipation	Relistor	2 ▶ 3	Movantik
Pain	Trezix, acetaminophen/caffeine/dihydrocodeine	1 ▶ 3	acetaminophen/codeine (generic Tylenol with Codeine)
Skin Conditions	clobetasol 0.05% cream (generic Temovate)	1 ▶ 2	None available
	clobetasol 0.05% emollient cream (generic Temovate-E)	1 ▶ 2	
	clobetasol 0.05% gel (generic Temovate)	1 ▶ 2	
	clobetasol 0.05% ointment (generic Temovate)	1 ▶ 2	
	econazole cream (generic Spectazole)	1 ▶ 3	ciclopirox (generic Loprox), ketoconazole (generic Nizoral), OTC Lamisil AT, OTC Lotrimin, OTC Lotrimin AF

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
ADHD	Aptensio XR	Concerta, Metadate CD
	Evekeo	amphetamine/dextroamphetamine immediate-release (generic Adderall), dextroamphetamine immediate-release (generic Dexedrine)
Allergies	Pazeo	OTC ketotifen (Zaditor), azelastine (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacast

Therapeutic Use	Medication Name	Lower-Cost Options
	Namzaric	donepezil (generic Aricept) plus memantine (generic Namenda)
COPD	Stiolto Respimat	Anoro Ellipta, Utibron NeoHaler
Cough/Cold	FlowTuss	guaifenesin/codeine solution (Cheratussin AC)
	Hycofenix	
	Tuzistra XR	hydrocodone polistirex/chlorpheniramine polistirex (generic Tussionex Pennkinetic), Z-Tuss AC
Diabetes	Toujeo Solostar	Lantus, Levemir
Hemophilia	Novoeight	Advate, Helixate FS, Kogenate FS, Recombinate
Hormone Replacement	estradiol transdermal patches (generic for Vivelle-Dot)	Vivelle-Dot

Therapeutic Use	Medication Name	Lower-Cost Options
Pain	Disalcid (Brand only)	salsalate (generic Disalcid)
	Embeda	fentanyl transdermal patch (12, 25, 50, 75, 100 mcg/hr only) (generic Duragesic), morphine sulfate extended-release (generic MS Contin), Opana ER, Nucynta ER
	fentanyl transdermal patch 37.5, 62.5, 87.5 mcg/hr only (Select strengths only)	fentanyl transdermal patch (12, 25, 50, 75, 100 mcg/hr only) (generic Duragesic)
	Tivorbex	diclofenac (generic Voltaren), ibuprofen (generic Motrin), indomethacin capsule (generic Indocin), meloxicam (generic Mobic), naproxen (generic Naprosyn)
Parkinson's Disease	Rytary	carbidopa/levodopa extended-release tablet (generic Sinemet CR), carbidopa/levodopa (generic Sinemet)
Rosacea	doxycycline delayed-release capsule (Oracea authorized generic)	minocycline (generic Minoicin), doxycycline hyclate (generic Morgidox, Vibramycin), doxycycline monohydrate 50 mg and 100 mg (generic Monodox), Oracea

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Clinical Programs

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Legend Medications with Over-the-Counter Equivalents

Prescription medications containing the same active ingredient available in an over-the counter product may be excluded from coverage.

Therapeutic Use	Medication Name	Lower-Cost Options
Pain	Duexis	ibuprofen (generic Motrin) plus OTC famotidine (generic Pepcid AC)
Ulcers, Heartburn, & Reflux	Vimovo	OTC naproxen plus OTC omeprazole (generic Prilosec)

Non-FDA approved medications excluded from coverage

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.

Therapeutic Use	Medication Name
Irritable Bowel Syndrome	Donnatal
	Donnatal Extentabs
Neuropathy	Active Pac / Gabapentin Kit
Skin Conditions	Salex Kit
	Salex Shampoo

Need more information?

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SL Supply Limits

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

Therapeutic Use	Medication Name	New or Revised Supply Limit
Stroke & Heart Attack Prevention	Brilinta 60 mg	60 tablets per month
Vitamin	Mephyton 5 mg	5 tablets per copay

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. See Step Therapy section for more information on the lower-cost alternatives.

Therapeutic Use	Medication Name
Opioid-Induced Constipation	Relistor
Seizures	Felbatol (Brand only) Felbamate (Generic)
	Mysoline (Brand only) Primidone (Generic)
	lamotrigine extended-release (generic Lamictal XR)

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