

Pharmacy Benefit Coverage Updates

July 1, 2019



UnitedHealthcare routinely evaluates prescription benefit coverage to help ensure we offer members affordable and effective medication options. Medications may change in cost or coverage. The following summary highlights Prescription Drug List (PDL) updates for most UnitedHealthcare Commercial benefit plans **effective July 1, 2019**

Medications with New Benefit Coverage

The following medications were not previously covered under most UnitedHealthcare Commercial benefit plans and are now eligible for coverage on or before July 1, 2019.

| Therapeutic Use | Medication | Tier |
|----------------------------|---|------|
| Colonoscopy Preparation | Plenvu™ | 3 |
| Dyspareunia | Imvexxy™* | 3 |
| Erectile Dysfunction | tadalafil (generic Cialis®)* | 3 |
| Hyperkalemia | Lokelma™ ¹ | 3 |
| Inflammatory Bowel Disease | mesalamine suppositories (generic Canasa) | 2 |

Tier Updates

The following medications will change tiers on July 1, 2019.

| Therapeutic Use | Medication | Tier |
|------------------|------------------------|-------|
| Hepatitis C | Zepatier™ ¹ | 3 ▶ 2 |
| Thrombocytopenia | Mulpleta® ¹ | 3 ▶ 2 |

Exclusions^{2,3}

The following medications will no longer be covered under our pharmacy benefit plans effective July 1, 2019.

| Therapeutic Use | Medication | Alternative Treatment Option(s) |
|----------------------|---|--|
| Cancer | Yonsa® ^{1,4} | Zytiga® ¹ |
| Contraceptive | Balcoltra™ ⁴ | levonorgestrel 0.1 mg/ethinyl estradiol 0.02 mg (generics for Alesse®) |
| Erectile Dysfunction | Cialis® (brand only) ^{1a} | tadalafil (generic Cialis) ^{1a*} |
| | Levitra® (brand only) | vardenafil (generic Levitra)* |
| Glaucoma | Rhopressa® ⁴ | latanoprost (Xalatan®), timolol (generic Timoptic®), Lumigan®, Travatan Z® |
| Headache | Butalbital/Acetaminophen 50/300 mg capsule ⁴ | butalbital/acetaminophen 50 mg/325 mg tablet (generic Phrenilin®) |

| Therapeutic Use | Medication | Alternative Treatment Option(s) |
|----------------------------|--|--|
| Hereditary Angioedema | Cinryze ^{®1} | Haegarda ^{®1} , Takhzyro ^{®1} |
| HIV | Symtuza ^{™4} | Prezcobix [®] plus Cimduo [™] , Prezcobix plus Descovy [®] |
| Hypercholesterolemia | Zypitamag ^{™1,4} | atorvastatin (generic Lipitor [®]), lovastatin (generic Mevacor [®]), pravastatin (generic Pravachol [®]), rosuvastatin (generic Crestor [®]), simvastatin (generic Zocor [®]) |
| Inflammatory Bowel Disease | Canasa [®] (brand only) | mesalamine suppositories (generic Canasa) |
| Migraine Prevention | Ajovy ^{™1,4} | Aimovig ^{™1} , Emgality ^{™1} |
| Multiple Sclerosis | Ampyra [®] (brand only) ¹ | dalfampridine (generic Ampyra) ¹ |
| Nocturia | Noctiva ^{™1,4} | Nocdurna ^{®1} |
| Oral Steroid | Decadron [®] Elixir (brand only) ⁴ | dexamethasone elixir (generic Decadron) |
| Pain | acetaminophen/caffeine/dihydrocodeine 325 mg/30 mg/16 mg (i.e., Panlor [®] , Dvorah [™]) ⁴ | acetaminophen/codeine (generic Tylenol with codeine), Trezix [™] |
| | Lodine [®] (brand only) ⁴ | etodolac (generic Lodine) |
| | Nalocet ^{®4} /Primlev [™] | oxycodone/acetaminophen (generic Percocet [®]) |
| | RoxyBond ^{™4} | oxycodone immediate-release (generic Roxicodone [®]) |
| Pulmonary Hypertension | Adcirca [®] (brand only) ¹ | tadalafil (generic Adcirca) ¹ |
| Sickle Cell Disease | Siklos ^{®4} | hydroxyurea (generic Hydrea [®]), Droxia [®] |
| Skin Conditions | Atopaderm [™] | OTC Aquaphor [®] , OTC Eucerin [®] , OTC Lubriderm [®] , OTC white petrolatum |
| | Ceramax cream | None available |
| Wilson's disease | trientine (generic Syprine [®]) ^{1,4} | Syprine ¹ |

Prior Authorization – Notification Changes

Prior Authorization – Notification requires additional clinical information to verify member's benefit coverage.

| Therapeutic Use | Medication |
|-------------------|----------------------|
| Enzyme Deficiency | Sucraid [®] |

*Coverage for sexual dysfunction medications is determined by the member's prescription drug benefit plan.

¹ Step therapy or prior authorization may be required prior to coverage.

² Select indications/strengths may require the prior use of an alpha-adrenergic blocking agent or a 5-alpha-reductase inhibitor

³ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

⁴ For benefits that do not exclude, step therapy or prior authorization may be required.

⁴ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefits.