

# Pharmacy Benefit Coverage Updates

## January 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 UnitedHealthcare Commercial benefit plans **effective January 1, 2019** as well as an overview of the My ScriptRewards program, which is a pilot program that provides additional benefits to members who fill certain high-value medications.

### 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 January 1, 2019.

Therapeutic Use	Medication	Tier
Colonoscopy Preparation	Clenpiq™	3
COPD	Seebri™ Neohaler®	3
	Trelegy® Ellipta®	3
Diabetes	Glyxambi® <sup>1*</sup>	2
	Ozempic®	3
	Tresiba®	2
Multiple Sclerosis	glatiramer acetate (Mylan only generic Copaxone®) <sup>1</sup>	2
Opioid-Induced Constipation	Symprioic® <sup>1</sup>	2

### Tier Updates and Lower Cost Alternatives

Some medications will change tiers on January 1, 2019. Medications may move from a higher to a lower tier or from a lower to a higher tier.

Therapeutic Use	Medication	Tier	Lower-Cost Options
COPD	Spiriva®	3 ▶ 2	N/A
Diabetes	Levemir®	2 ▶ 3	Basaglar®, Tresiba
HIV	Cimduo	3 ▶ 2	N/A
	Symfi	3 ▶ 2	
	Symfi Lo	3 ▶ 2	
Pain & Inflammation	ketoprofen extended-release (generic Oruvail®)	1 ▶ 3	ibuprofen (generic Motrin®), ketoprofen (generic Orudis®), naproxen (generic Aleve®, Naprosyn®)

## Exclusions<sup>2,3</sup>

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

Therapeutic Use	Medication	Lower-Cost Options
Acne	Ximino™	minocycline immediate-release capsules (generic Minocin®)
Diabetes	Admelog®	Humalog® vial, Humalog KwikPen®
	Apidra®	
	Farxiga®	Invokana® <sup>1*</sup> , Jardiance® <sup>1*</sup>
	Fiasp®	Humalog vial, Humalog KwikPen
	Novolin® 70/30	Humulin® 70/30 vial, Humulin 70/30 KwikPen
	Novolin N	Humulin N vial, Humulin N KwikPen
	Novolin R	Humulin R vial
	NovoLog®	Humalog® vial, Humalog KwikPen
	NovoLog Mix 70/30	Humalog 75/25 vial, Humalog 75/25 KwikPen
	Qtern®	Glyxambi® <sup>1</sup>
	Segluromet™	Invokamet®, Invokamet XR, Synjardy®, Synjardy XR
Steglatro™	Invokana <sup>1</sup> , Jardiance <sup>1</sup>	
Steglujan™	Glyxambi <sup>1</sup>	
Elevated Phosphate Levels	Renvela® tablets (Brand Only)	sevelamer tablets (generic Renvela)
Gaucher Disease	Zavesca® (Brand Only)	miglustat (generic Zavesca)
Glaucoma	Vyzulta™	latanoprost (Xalatan®), Lumigan®, Travatan Z®
Hemophilia	Rebiny®	Alprolix®, Benefix®, Idelvion®, Rixubus®
HIV	Atripla®	Cimduo™, Isentress®, Juluca®, Symfi™, Symfi Lo, Tivicay®, Triumeq® <sup>4</sup>
	Norvir® tablets (Brand Only)	ritonavir tablets (generic Norvir)
Multiple Sclerosis	Copaxone	glatiramer acetate (generic Copaxone) <sup>1</sup>
Nasal Polyps	Xhance™	fluticasone (generic Flonase®)
Nausea and vomiting associated with pregnancy	Bonjesta®	OTC doxylamine (Unisom®) + pyridoxine (Vitamin B6)
	Diclegis®	

<b>Neuropathic Pain</b>	Lyrica <sup>®</sup> CR	gabapentin (generic Neurontin <sup>®</sup> ), duloxetine (generic Cymbalta <sup>®</sup> ), amitriptyline (generic Elavil <sup>®</sup> ), Lyrica <sup>1</sup>
<b>Opioid-Induced Constipation</b>	Movantik <sup>®</sup>	Symproic <sup>1</sup>
<b>Oral Steroid</b>	Decadron <sup>®</sup> (Brand Only)	dexamethasone
<b>Pain &amp; Inflammation</b>	fenoprofen (generic Nalfon <sup>®</sup> )	ibuprofen (generic Motrin), naproxen (generic Aleve, Naprosyn)
	Fenortho <sup>™</sup>	
	Nalfon	
<b>Plaque Psoriasis</b>	Impoz <sup>™</sup>	betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF <sup>®</sup> ), fluocinonide 0.05% cream (generic Lidex <sup>®</sup> cream)
<b>Saliva Substitutes</b>	Caphosol <sup>®</sup>	OTC Biotene <sup>®</sup>
	Neutrasal <sup>®</sup>	
	Salivamax <sup>™</sup>	
<b>Seizures</b>	Sabril <sup>®</sup> powder pack (Brand Only)	vigabatrin powder pack (generic Sabril) <sup>1</sup>

## Step Therapy Changes

Step therapy requires members to try a lower-cost medication (step 1) before coverage is approved for a higher-cost medication (step 2).

Therapeutic Use	Medication	Step 1 Medication(s)
<b>Constipation</b>	Amitiza <sup>®</sup>	Must try one of the following depending on diagnosis: (1) Linzess <sup>®</sup> (2) Symproic
<b>COPD</b>	Seebri Neohaler	Must try two of the following: (1) Spiriva Handihaler or Respimat (2) Incruse <sup>®</sup> Ellipta (3) Tudorza <sup>®</sup> Pressair <sup>®</sup>

## Prior Authorization - Medical Necessity Changes

Prior Authorization - Medical Necessity reviews evaluate the clinical appropriateness of a medication for the condition being treated, type of medication, frequency of use and duration of therapy. The following medication will now require Medical Necessity for coverage.

Therapeutic Use	Medication
<b>Opioid-Induced Constipation</b>	Movantik

## My ScriptRewards

Starting Oct. 15, 2018, we introduced My ScriptRewards, a pilot approach to help improve access to clinically appropriate and affordable treatment regimens for UnitedHealthcare Commercial plan members. HIV is the first medication category to be part of the My ScriptRewards program. My ScriptRewards will provide select lower-cost combination antiretroviral therapies at \$0 out-of-pocket and members who fill the \$0 cost share combination products will be eligible for up to \$500 annually in prepaid debit cards to offset other medical expenses.

Here's how it works:

- We'll send members who could benefit from My ScriptRewards a letter letting them know about the program.
- Members taking Cimduo™ will pay \$0 cost share regardless of additional therapy medications. When Cimduo is used in combination with either Isentress®/Isentress HD or Tivicay®, claims for these medications will process at \$0 cost share. Members won't have copays even when they're meeting their deductible.
- After filling a \$0 two-drug combination treatment regimen, members can go to [myscriptrewards.com](http://myscriptrewards.com) or call 877-636-9712 and register for a My ScriptRewards prepaid debit card with their name, UnitedHealthcare member ID number, date of birth, email address and mailing address.
- One month after therapy begins we'll send these members a \$250 debit card. If the member is still filling their prescribed \$0 regimen six months later, we'll send them another \$250 debit card. The debit cards can be used for medical and other healthcare related expenses and will be locked to merchant codes within those fields.

<sup>1</sup> Step therapy or prior authorization may be required prior to coverage.

\*May require the use of metformin prior to therapy

<sup>2</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>3</sup> For benefits that don't exclude, step therapy or prior authorization may be required.

<sup>4</sup> More than one alternative may be required to be taken in combination. Select alternatives are part of My ScriptRewards. Medications in My ScriptRewards are subject to change.