

Updates to your prescription benefits

Effective January 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	 Tiers 2 and 3 Your mid-range cost medications	 Tier 4 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
Cancer	Xeloda	4 ▶ 1
COPD	Striverdi Respimat	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	Arnuity Ellipta	3
Blood Clots	Savaysa	4
Constipation	Movantik*	2
Gout	Mitigare	2
HIV	Evotaz	2
Pain	Zohydro ER*	4
Skin Conditions	Soolantra*	4

* Step therapy or Prior Authorization is required prior to coverage

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	Foradil	2 ▶ 3	Striverdi Respimat
Cancer	Gilotrif*	3 ▶ 4	N/A
	Zydelig*		N/A
Elevated Phosphate Levels	Fosrenol	2 ▶ 3	calcium acetate (generic Phoslo), Renvela, Velphoro
	Renagel	2 ▶ 3	calcium acetate (generic Phoslo), Renvela, Velphoro
Hormone Replacement	Divigel	2 ▶ 3	estradiol tablet (generic Estrace), Vivelle-Dot
Lipid/Cholesterol Lowering	Lescol XL*	3 ▶ 4	atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), simvastatin (generic Zocor)
Pulmonary Arterial Hypertension	Orenitram*	3 ▶ 4	N/A
Stroke and Heart Attack Prevention	Zontivity*	3 ▶ 4	clopidogrel (generic Plavix)

* Step therapy or Prior Authorization is required prior to coverage

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
Acne	Differin 0.3% gel (brand only)	adapalene 0.3% gel (generic Differin 0.3%), tretinoin (generic Retin-A), Differin 0.1% gel
	Onexton	clindamycin topical solution (generic Cleocin T) + OTC benzoyl peroxide or clindamycin/benzoyl peroxide 1.2%-5 (generic Duac)
Allergies	Karbinal ER	carbinoxamine tablets (generic Palgic)
	Zyrtec oral solution (brand and generic)	OTC Children's Zyrtec Allergy Syrup
Cancer	capecitabine (generic Xeloda)	Xeloda
Cancer Pain	Subsys	fentanyl citrate lozenges (generic Actiq), Lazanda
Constipation	PCP 100 Kit	metoclopramide (generic Reglan) + OTC medications for constipation

Diabetes	Afrezza	Humalog
	Accu-Chek Diabetic Meters and Test Strips	OneTouch Diabetic Meters and Test Strips
	Contour Diabetic Meters and Test Strips	OneTouch Diabetic Meters and Test Strips
	Fortamet (brand and generic)	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
	FreeStyle Diabetic Meters and Test Strips	OneTouch Diabetic Meters and Test Strips
	Glumetza	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
	Glyxambi	Jardiance + Tradjenta
	UniStrip Diabetic Test Strips	OneTouch Diabetic Test Strips
	Xigduo XR	Invokamet
Gout	colchicine capsule (Mitigare authorized generic)	Mitigare
	Colcrys (brand and authorized generic)	Mitigare
Hepatitis C	Moderiba Tablet, Pak	ribavirin (generic Copegus)
Infections	Acticlate	doxycycline hyclate (generic Vibramycin, Vibra-Tabs)
Multiple Sclerosis	Glatopa (generic Copaxone)	Copaxone, Avonex, Betaseron, Tecfidera
	Plegridy	Avonex, Copaxone, Betaseron, Tecfidera
Opioid Dependence	Bunavail	Zubsolv
Pain	Hysingla ER	fentanyl transdermal patch (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER
	Xartemis XR	oxycodone/acetaminophen (generic Percocet)
Skin Conditions	fluorouracil 0.5% cream (Carac authorized generic)	Carac
Testosterone Replacement	Natesto	Androderm, Testim
	testosterone gel (Androgel authorized generic)	Androderm, Testim
	testosterone gel (Testim authorized generic)	Androderm, Testim
Thyroid Hormone Replacement	Tirosint	levothyroxine, Synthroid
Ulcers, Heartburn, Reflux	Esomeprazole Strontium	omeprazole (generic Prilosec), pantoprazole (generic Protonix), OTC Nexium, OTC Prevacid, OTC Prilosec

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

Need more information?



Contact your UnitedHealthcare representative with any questions about the January 1, 2016 pharmacy benefit updates.