

Advantage PDL and Benefit Plan Updates Summary

For UnitedHealthcare Pharmacy Plans

Effective January 1, 2012 for Fully Insured Customers

There will be member mailings for all up-tiers, exclusions, and medications included in the Select Designated Pharmacy Program.



Down-Tiers

Therapeutic Use	Medication Name	Tier Placement	Effective Date
Enzyme Deficiency	Carbaglu	3 ▶ 2	January 1, 2012 or earlier
Menstrual Bleeding	Lysteda	3 ▶ 2	January 1, 2012 or earlier
Pulmonary Arterial Hypertension	Letairis	3 ▶ 2	July 22, 2011

Up-Tiers

Therapeutic Use	Medication Name	Tier Placement	Alternatives
Acne	Retin-A Micro pump, tube	2 ▶ 3	tretinoin cream or gel (generic Retin-A)
High Blood Pressure	Azor (<i>amlodipine + Benicar</i>)	2 ▶ 3	<ul style="list-style-type: none"> amlodipine (generic Norvasc) + lisinopril (generic Prinivil, Zestril) amlodipine + losartan (generic Cozaar) amlodipine + ramipril (generic Altace) amlodipine + Benicar amlodipine + Micardis
High Cholesterol	fenofibrate	1 ▶ 2	n/a
	Niaspan	2 ▶ 3	lovastatin (generic Mevacor), pravastatin (generic Pravachol), simvastatin (generic Zocor)
	Simcor (<i>simvastatin + Niaspan</i>)	2 ▶ 3	lovastatin (generic Mevacor), pravastatin (generic Pravachol), simvastatin (generic Zocor)
Rheumatoid Arthritis / Crohn's Disease / Psoriasis	Humira	2 ▶ 3	Cimzia, Enbrel, Simponi, Stelara
Viral Infections	Zovirax cream and ointment	2 ▶ 3	n/a

New Tier Placements

Therapeutic Use	Medication Name	New Tier Placement	Effective Date
Oral Contraceptive	Lo Loestrin FE	3	On or before September 1, 2011

Generic Launch - Lipitor

Therapeutic Use	Medication Name	New Generic Tier Placement	Brand Tier Placement	Effective Date
High Cholesterol	atorvastatin (generic Lipitor)	3	Tier 2	November 30, 2011 ¹

Exclusions²

Therapeutic Use	Medication Name	New Benefit Coverage ³	Exclusion Based On ⁴	Alternatives
Acne	Pacnex HP		2004 Rider	OTC benzoyl peroxide
	Pacnex LP		2007 Rider	sodium sulfacetamide / sulfur (generic Sulfatol)
	Sumaxin TS		2007 Rider	clindamycin gel (generic Cleocin) + tretinoin gel (generic Retin A)
	Veltin		2007 Rider	clindamycin gel (generic Cleocin) + tretinoin gel (generic Retin A)
Benign Prostatic Hyperplasia	Jalyn (<i>tamsulosin + Avodart</i>)		2007 Rider	<ul style="list-style-type: none"> tamsulosin (generic Flomax) + finasteride (generic Proscar) tamsulosin + Avodart
Chest Pain	nitroglycerin spray (generic Nitrolingual)		2007 Rider	Nitrostat, Nitromist
	Nitrolingual pump spray		2007 Rider	
Eye Infections	Tobradex ST		2007 Rider	tobramycin / dexamethasone suspension (generic Tobradex)
High Blood Pressure	Amturnide (<i>amlodipine + hydrochlorothiazide + Tekturna</i>)		2007 Rider	<ul style="list-style-type: none"> amlodipine (generic Norvasc) + hydrochlorothiazide (generic Hydrodiuril) + lisinopril (generic Prinivil, Zestril) amlodipine + hydrochlorothiazide + ramipril (generic Altace) amlodipine + losartan / hydrochlorothiazide (generic Hyzaar) amlodipine + Benicar HCT amlodipine + Micardis HCT amlodipine + Tekturna HCT
	Tekamlo (<i>amlodipine + Tekturna</i>)		2007 Rider	<ul style="list-style-type: none"> amlodipine (generic Norvasc) + lisinopril (generic Prinivil, Zestril) amlodipine + losartan (generic Cozaar) amlodipine + ramipril (generic Altace) amlodipine + Tekturna
	Tribenzor (<i>amlodipine + hydrochlorothiazide + Benicar</i>)		2007 Rider	<ul style="list-style-type: none"> amlodipine (generic Norvasc) + hydrochlorothiazide (generic Hydrodiuril) + lisinopril (generic Prinivil, Zestril) amlodipine + hydrochlorothiazide + ramipril (generic Altace) amlodipine + losartan / hydrochlorothiazide (generic Hyzaar) amlodipine + Benicar HCT amlodipine + Micardis HCT
	Tricor 48mg, 145 mg		2007 Rider	fenofibrate, Antara, Lipofen
Trilipix		2007 Rider		

1. This change is dependent on the launch of the generic which is anticipated to be November 30, 2011. If there is a delay in the launch date, the decision will be re-evaluated.

Exclusions (continued)

Migraines	Alsuma		2007 Rider	
	sumatriptan auto-injection (generic Alsuma)		2007 Rider	sumatriptan injection (generic Imitrex), Sumavel Dosepro
Nausea	Zuplenz		2007 Rider	ondansetron ODT (generic Zofran ODT), ondansetron tablet (generic Zofran)
Oral Contraceptive	Beyaz		2007 Rider	Yaz + folic acid (OTC)
	Safyral		2007 Rider	Yasmin + folic acid (OTC)
Pain	Cocet Plus		2007 Rider	acetaminophen / codeine (generic Tylenol #3)
Psoriasis / Other Skin Conditions	Umecta emulsion, foam, suspension			
	Umecta Nail Kit		2007 Rider	urea 40% (generic Carmol 40)
	Uramaxin GT			
	Umecta PD			
Sleep Aid	Silenor		2007 Rider	doxepin (generic Sinequan), zaleplon (generic Sonata), zolpidem (generic Ambien)
Ulcers, Heartburn & Reflux	omeprazole / sodium bicarbonate capsules (generic Zegerid)		2004 Rider	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Zegerid
Viral Infections	Xerese		2007 Rider	Zovirax cream or ointment

Multiple Product Packaging Exclusions

Therapeutic Use	Medication Name	New Benefit Coverage ²	Exclusion Based On ³	Alternatives
Acne	Clindacin PAC		2007 Rider	clindamycin (generic Cleocin)
	Morgidox		2007 Rider	doxycycline (generic Monodox, Vibramycin)
Asthma	Asmalpred Plus		2007 Rider	prednisolone (generic Orapred)
Dermatitis	Analpram Advanced Kit		2007 Rider	hydrocortisone / pramoxine cream (generic Analpram E)
	Desonil Kit		2007 Rider	desonide cream or ointment (generic Desowen)
	Pediaderm TA		2007 Rider	triamcinolone cream (generic Aristocort)
Diaper Rash	Pediaderm AF		2007 Rider	nystatin cream (generic Mycostatin)
Fungal Infections	Ciclodan		2007 Rider	ciclopirox 8% topical solution (generic Penlac)
	Ketocon		2007 Rider	ketoconazole cream (generic Nizoral)
	Terbinex		2007 Rider	terbinafine (generic Lamisil)
Infections	Centany AT		2007 Rider	mupirocin ointment (generic Bactroban)

Multiple Product Packaging Exclusions (continued)

Muscle Relaxant	Comfort Pac Tizanadine		2007 Rider	tizanadine (generic Zanaflex)
Psoriasis	Clobeta		2007 Rider	clobetasol cream or ointment (generic Temovate)
	Keralyt Scalp Kit		2007 Rider	salicylic acid shampoo (generic Salex), salicylic acid gel (generic Stridex)

2. For customers who cannot or do not participate in benefit coverage exclusions, these medications will move to the highest tier based on the benefit plan.

3. For customers that implemented the Exclude at Launch Program, the green icons indicate which exclusions were excluded at launch and will have minimal to no member impact.

4. 2004 Rider exclusions are based on availability of over-the-counter (OTC) equivalents or OTC therapeutic equivalents. 2007 Rider exclusions are based on whether the medication contains an active ingredient available in and therapeutically equivalent to another covered drug or a medication that contains an active ingredient which is a modified version of and therapeutically equivalent to another covered medication.

Select Designated Pharmacy Program

Therapeutic Use	Medication Name	Tier as of January 1, 2012	Alternatives
High Blood Pressure	Tekturna	Tier 3	lisinopril (generic Prinivil, Zestril), losartan (generic Cozaar), ramipril (generic Altace), Benicar, Micardis
	Tekturna HCT (hydrochlorothiazide + Tekturna)	Tier 3	<ul style="list-style-type: none"> lisinopril (generic Prinivil, Zestril) + hydrochlorothiazide (generic Hydrodiuril) ramipril (generic Altace) + hydrochlorothiazide losartan/ hydrochlorothiazide Benicar HCT Micardis HCT

ProgressionRx (2007 Rider)

Therapeutic Use	Medication	Current Tier Placement	Step 1 Medication	Grandfathering	Program Information
Multiple Sclerosis	Gilenya	Tier 3	Avonex, Betaseron, Copaxone, Rebif	Yes	n/a
Rheumatoid Arthritis / Crohn's Disease	Humira	Tier 3	Varies by Diagnosis: Cimzia, Enbrel, Simponi, Stelara	Yes	n/a
Sleep Aid	Ambien CR zolpidem ER (generic Ambien CR)	Tier 3	zaleplon (generic Sonata), zolpidem (generic Ambien)	Yes	Moving from Step 1 to Step 2

Notification

Therapeutic Use	Medication Name	Current Tier	Grandfathering
Immune Modulator	Arcalyst	Tier 2	No

New Supply Limits

Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Mailings	Overrides
Attention Deficit Hyperactivity Disorder (ADHD)	Focalin XR 40 mg	n/a	31 capsules per month	Member	No
Chest Pain	Nitrolingual Pump Spray 4.9 grams	n/a	1 bottle (4.9gram)	Member	No
	Nitromist lingual aerosol	n/a	1 bottle (8.5 grams)	Member	No
Diabetes	Symlin	n/a	4 pens per month	Member	No
	Victoza	n/a	3 pens per month	Member	No
Skin Lesions	Aldara cream	n/a	12 packets	Member	Yes
Testosterone Replacement	Androderm (2.5mg/24HR)	n/a	31 patches per month	Member	Yes
	Androderm (5mg/24HR)	n/a	31 patches per month	Member	No
Viral Infections	Zovirax cream	n/a	2 grams	Member	No

Modified Supply Limits











Therapeutic Use	Medication Name	Current Supply Limit	New Supply Limit	Mailings	Overrides
Asthma	Xopenex Inhalation Solution 0.31 mg/3mL, 0.63mg/3ml, 1.25mg/3mL	4 cartons (96 vials)	1 carton (24 vials)	Member	No
Attention Deficit Hyperactivity Disorder (ADHD)	Metadate CD 20mg, 30mg	62 capsules	31 capsules	Member	Yes
	Metadate CD Dosepack 20mg	60 capsules or 2 dosepacks	30 capsules or 1 dosepack	Member	Yes
Diabetes	Ritalin LA 10mg	62 capsules	31 capsules	Member	Yes
	Avandaryl 4/1mg, 4/2mg	62 tablets	31 tablets	Member	No
Growth Hormones⁵	Genotropin Miniquick 0.8mg,1mg,1.8mg,2mg	84 cartridges	28 cartridges	Member	Yes
	Genotropin Miniquick 1.2mg,1.4mg,1.6mg	84 cartridges	56 cartridges	Member	Yes
	Gentropin 5mg	27 cartridges	21 cartridges	Member	Yes
	Gentropin 12mg	11 cartridges	9 cartridges	Member	Yes
	Humatrope 5mg	27 cartridges	21 cartridges	Member	Yes
	Humatrope 6mg	23 cartridges	17 cartridges	Member	Yes
	Humatrope 12mg	11 cartridges	9 cartridges	Member	Yes
	Humatrope 24mg	6 cartridges	5 cartridges	Member	Yes
	Norditropin 5mg	27 cartridges/pens	21 cartridges/pens	Member	Yes
	Norditropin 10mg	14 cartridges/pens	11 cartridges/pens	Member	Yes
	Notrditropin 15mg	9 cartridges/pens	7 cartridges/pens	Member	Yes
	Norditropin 30mg	5 cartridges/pens	4 cartridges/pens	Member	Yes
	Nutropin AQ NuSpin 5mg/2ml	27 devices	21 devices	Member	Yes
	Nutropin AQ NuSpin 10mg/2ml	14 devices	11 devices	Member	Yes
	Nutropin AQ NuSpin 20mg/2ml	7 devices	6 devices	Member	Yes
	Nutropin AQ 10mg/2ml	14 vials/pens	11 vials/pens	Member	Yes
	Nutropin AQ 20mg/2ml	7 vials/pens	6 devices	Member	Yes
Nutropin 5mg	27 vials	21 vials	Member	Yes	
Nutropin 10mg	14 vials	11 vials	Member	Yes	

Modified Supply Limits (continued)

	Ominitrope 5.8mg	23 vials	18 vials	Member	Yes
	Ominitrope 5mg/1.5mL	30 cartridges	21 cartridges	Member	Yes
	Ominitrope 10mg/1.5mL	15 cartridges	11 cartridges	Member	Yes
	Saizen 5mg	27 vials	21 vials	Member	Yes
	Tev Tropin 5mg	27 vials	21 vials	Member	Yes
Psychosis	Abilify 10mg, 15mg	42 tablets	31 tablets	Member	Yes
	Seroquel XR 150mg	62 tablets	31 tablets	Member	Yes
	Seroquel XR 200mg	93 tablets	31 tables	Member	Yes

5. Note: many benefit plans exclude coverage for growth hormones. The SPD or Rider should be consulted to determine if coverage is provided for growth hormones.

Decision Definitions Key

Key	Decision	Definition
	Down-tiers	Down-tiers refer to medications that move to a lower tier, which can occur at any time throughout the year to provide members with immediate cost savings.
	Up-tiers	Up-tiers refer to medications that move to a higher tier because they offer less health care value (either clinically and/or financially) than similar medications in their therapeutic classes.
	New Tier Placements	New tier placements occur for medications that have been previously excluded at launch, but now offer sufficient health care value to have a tier placement.
	Select Designated Pharmacy	The Select Designated Pharmacy Program is a 2004/2007 Rider capability. Members on the high-cost, maintenance drugs in this program will no longer be able to fill their prescription at retail and obtain network benefits. They will be given three options to save: move to lower cost retail options, move to mail, or both.
	Exclusions	We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. Multiple Product Packaging Exclusions are medications that contain two or more already available medications (packaged together), most are available generically or over-the-counter.
	Continued Exclusions (previously excluded at launch)	These exclusions will have little to no member impact since the medication has been excluded at launch.
	Refill and Save	This program encourages members to comply with their treatment regimen by rewarding them with a discount on their copayment for timely prescription refills.
	ProgressionRx (Step Therapy)	ProgressionRx directs members to try a lower-cost medication (known as Step 1) before progressing to a higher-cost alternative (known as Step 2).
	Notification	Notification requires physicians to provide additional clinical information to verify member benefit coverage.
	Supply Limits	Supply Limits establish the maximum quantity of drug that is covered per copay or in a specified timeframe.