

Updates to your prescription benefits

Effective January 1, 2017

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 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
Cancer	imatinib (generic Gleevec)	1
Diabetes	Basaglar	3 until 3/31/2017 1 beginning 4/1/2017
Hemophilia	Kovaltry	2
	Novoeight	2
	Nuwiq	2
Inflammatory Bowel Disease	Uceris Foam	2
Inflammatory Conditions	Taltz	3
Multiple Sclerosis	Plegridy	3
Neutropenia	Zarxio	2
Pain	Belbuca	3
	Xtampza ER	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	Ventolin HFA	1 ▶ 2	N/A
Diabetes	Levemir	1 ▶ 2 (beginning 4/1/2017)	Basaglar
Hemophilia	Advate	2 ▶ 3	Kogenate FS, Kovaltry, Novoeight, Nuwiq
	Recombinate		
	Xyntha, Xyntha SoloFuse		
HIV	Complera	2 ▶ 3	See PDL for lower cost options
	Truvada		
Opioid Induced Constipation	Relistor	2 ▶ 3	Movantik
Skin Conditions	Fluoroplex 1%	2 ▶ 3	Carac

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	Epiduo Forte	tretinoin (generic Retin-A)
Cancer	Gleevec (Brand only)	imatinib (generic Gleevec)
Contraceptives	Ortho Tri-Cyclen Lo (Brand Only)	norgestimate/ethinyl estradiol, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinesa (generic for Ortho Tri-Cyclen Lo)
Diabetes	Lantus, Lantus Solostar (Excluded beginning 4/1/2017)	Basaglar, Levemir, Levemir FlexTouch
	Tresiba FlexTouch	
Glaucoma	bimatoprost 0.03% (generic Lumigan)	latanoprost (generic Xalatan), Lumigan 0.01%, Travatan Z
Hemophilia	Adynovate	Kogenate FS, Kovaltry, Novoeight, Nuwiq
	Helixate FS	
	Ixinity	BeneFIX, Rixubis
High Blood Pressure	Prestalia	amlodipine (generic Norvasc) plus perindopril (generic Aceon)

Therapeutic Use	Medication Name	Lower-Cost Options
HIV	nevirapine extended-release (generic Viramune XR)	nevirapine (generic Viramune)
	Viramune (Brand Only)	
Migraines	Onzetra Xsail	sumatriptan nasal spray (generic Imitrex)
	Sumavel DosePro	sumatriptan injection (generic Imitrex)
	Zecuity	sumatriptan injection, nasal spray, tablets (generic Imitrex)
	Zembrace SymTouch	sumatriptan injection (generic Imitrex)
Neutropenia	Granix	Zarxio
	Neupogen	
Pain	Butrans	morphine extended-release tablet (generic MS Contin), tramadol extended-release (generic Ultram ER), Belbuca
	Oxaydo	oxycodone immediate-release (generic Oxy IR)
	oxycodone extended-release (OxyContin Authorized Generic)	fentanyl transdermal patch 12, 25, 50, 75, 100 mcg/hr (generic Duragesic), morphine sulfate extended-release tablet (generic MS Contin), Nucynta ER, Opana ER, Xtampza ER
	OxyContin	
	Vivlodex	meloxicam (generic Mobic)
Skin Conditions	Prescription Emollients/Moisturizers	OTC Aquaphor, OTC Eucerin, OTC Lubriderm, OTC White Petroleum
	Neo-Synalar cream	OTC Triple Antibiotic Ointment plus fluocinolone 0.025% cream (generic Synalar)
Transplant	Envarsus XR	tacrolimus (generic Prograf)

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
Overactive Bladder	Oxytrol	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), Toviaz, Oxytrol OTC
Stroke & Heart Attack Prevention	Durlaza	OTC aspirin

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
Pain	Cyclobenzaprine Comfort Pac
	DermacinRx
	Ibuprofen Comfort Pac
	IC 400
	IC 800
	Leva Set
	Lidocaine/Prilocaine
	LP Lite Pak
	Meloxicam Comfort Pac
	Relador Pak
Skin Conditions	Beau RX
	Celacyn
	Lactic Acid (Brand and Generic)
	Lactic Acid Racemic
	Recedo
	Restizan
	Regenecare

Need more information?

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Call the toll-free number on the back of your health plan ID card to speak with a Customer Service representative.