



# Updates to your prescription benefits

January 1, 2021

## Essential 4-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference the chart to the right as you review the following updates to the PDL.

 <b>Tier 1</b> Lowest-cost medications	 <b>Tier 2 and 3</b> Mid-range cost	 <b>Tier 4</b> Highest-cost
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## Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic Use	Medication Name	Tier Placement
Cancer	abiraterone 250 mg (generic Zytiga) <sup>1</sup>	3
Diabetes	Accu-Chek Guide/Guide Me Blood Glucose Meter and Test Strips	3
Multiple Sclerosis	Bafiertam <sup>1</sup>	3
Neutropenia	Ziextenzo <sup>1</sup>	4

## Prescription drugs moving to a higher tier

The following medications are 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	albuterol tablet <sup>1</sup>	Tier 1 to Tier 3	Ventolin HFA

## Prescription drugs excluded from benefit coverage<sup>2</sup>

We evaluate prescription drugs based on their total value, including how a drug works and how much it costs. When several drugs work in the same way, we may choose to exclude the higher-cost option. Effective January 1, 2021, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check which drugs your plan covers and if there are any actions you need to take.

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
<b>Allergies</b>	Zerviate 0.24% <sup>3</sup>	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacaft
<b>Asthma</b>	ProAir Digihaler (albuterol) <sup>3</sup>	Ventolin HFA
<b>Cancer</b>	abiraterone 500 mg (generic Zytiga)	Use 2 of the abiraterone 250 mg (generic Zytiga)
<b>Cancer</b>	Afinitor 2.5 mg, 5 mg, 7.5 mg tablet (brand only)	everolimus (generic Afinitor)
<b>Cancer</b>	Zytiga 250 mg (brand only)	abiraterone 250 mg (generic Zytiga)
<b>Cancer</b>	Zytiga 500 mg	Use 2 of the abiraterone 250 mg (generic Zytiga)
<b>COPD</b>	Incruse Ellipta	Spiriva Respimat/HandiHaler
<b>Diabetes</b>	True Metrix and Truetrack Blood Glucose Meters	OneTouch Verio Blood Glucose Monitoring Systems, Contour Next Blood Glucose Monitoring Systems, Accu-Chek Guide/ Guide Me Blood Glucose Monitoring Systems
<b>Diabetes</b>	True Metrix and Truetrack Blood Glucose Test Strips	OneTouch Verio Test Strips, OneTouch Ultra Blue Test Strips, Contour Next Test Strips, Accu-Chek Guide Test Strips
<b>Hemophilia</b>	Esperoct <sup>3</sup>	Advate, Kogenate FS, Kovaltry, NovoEight, Nuwiq, Recombinate
<b>High Blood Pressure</b>	Bystolic	atenolol (generic Tenormin), bisoprolol (generic Zebeta), metoprolol (generic Lopressor)
<b>HIV</b>	Truvada (brand only)	emtricitabine-tenofovir disoproxil fumarate (generic Truvada)
<b>Migraine</b>	Nurtec ODT <sup>3</sup>	frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/ Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig), Ubrelvy
<b>Multiple Sclerosis</b>	Tecfidera	dimethyl fumarate (generic Tecfidera), Bafiertam
<b>Muscle Spasms</b>	cyclobenzaprine 7.5 mg (Fexmid)	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)
<b>Myasthenia Gravis</b>	Mestinon 60 mg tablet (brand only)	pyridostigmine (generic Mestinon)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Neutropenia	Nyvepria <sup>3</sup>	Neulasta, Ziextenzo
Pain	tramadol HCL 100 mg <sup>3</sup>	Use 2 of the tramadol 50 mg (generic Ultram)
Pain	Zohydro ER (brand only)	hydrocodone extended-release capsule (generic Zohydro ER), morphine sulfate (generic MS Contin), Xtampza ER
Pain & Inflammation	diclofenac 1% gel (Voltaren)	OTC Voltaren Arthritis Pain 1% gel
Testosterone Replacement	Jatenzo <sup>3</sup>	Androderm, Testim
Ulcers due to H. pylori	Talicia <sup>3</sup>	amoxicillin (generic Amoxil) + omeprazole (generic Prilosec) + rifabutin (generic Mycobutin) OR Omeclamox
Wilson's Disease	Cuprimine (brand only)	penicillamine (generic Cuprimine, Depen Titratabs)

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

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

<sup>3</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

# Essential 4-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective January 1, 2021.

## N Prior Authorization – Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

Therapeutic Use	Medication Name
Diabetes	Adlyxin
Diabetes	Bydureon/Bydureon BCise
Diabetes	Byetta
Diabetes	Ozempic
Diabetes	Rybelsus
Diabetes	Trulicity
Diabetes	Victoza

## MN Medical Necessity

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require Medical Necessity for coverage.

Therapeutic Use	Medication Name
Asthma	albuterol tablets

## ST Step Therapy<sup>1</sup>

The medications below will be added to the Step Therapy program. You must try one or more other medications before the medication below may be covered.

Therapeutic Use	Medication Name	Step 1 Medication
Hemophilia	Esperoct <sup>2</sup>	Must try three of the following: (1) Advate (2) Kogenate FS (3) Kovaltry (4) NovoEight (5) Nuwiq (6) Recombinate
Migraines	Nurtec ODT <sup>2</sup>	Must try Ubrelvy plus two of the following: almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig)
Osteoporosis	Forteo <sup>2</sup>	Must try both: (1) Tymlos (2) Teriparatide
Pain	levorphanol tartrate	Must try three of the following: (1) hydromorphone (generic Dilaudid) (2) morphine immediate-release (3) oxycodone (generic Roxicodone) (4) oxymorphone (generic Opana)
Skin Conditions - Infections	Veregen	Must try one of the following: (1) imiquimod (generic Aldara) (2) podofilox (generic Condylox)

## SL Supply Limits

Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the Supply Limits program.

Therapeutic Use	Medication Name	New Supply Limit	Revised Supply Limit
Endocrine	Jynarque 15 mg Therapy Pack	56 tablets per month	
Endocrine	Jynarque 30/15 mg Therapy Pack	56 tablets per month	
Endocrine	tolvaptan 30 mg (generic Samsca) tablets	62 tablets per month	
Inflammatory Conditions	Dupixent 200 mg/1.4mL pre-filled syringe		2 syringes/month
Inflammatory Conditions	Dupixent 300 mg/2mL pre-filled syringe		2 syringes/month

<sup>4</sup> Referred to as First Start in New Jersey.

<sup>5</sup> Typically excluded from coverage. For benefits that do not exclude, step therapy or prior authorization may be required.

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UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

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**Phone:** Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)  
**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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