## **UnitedHealthcare Community Plan PDL Modifications**

10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/	1/1/2015 1/1/2015 1/1/2015 1/1/2015 1/1/2015	Drug Name Arnuity Ellipta Incruse Ellipta Anoro Ellipta  Nutropin injection  Reyataz Powder Packet 50 mg  Ibrance tablet	Generic Name Fluticasone furoate inhalation Umeclidinium inhalation Umeclidinium/vilanterol  Somatropin  Atazanavir sulfate  Palbociclib	Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition	Added as alternative for asthma treatment Added as alternative for chronic obstructive pulmonary disease (COPD) treatment Added as alternative for COPD treatment. Added as alternative for growth failure treatment in children due to growth hormone deficiency (GHD), Turner Syndrome and chronic kidney disease. Treatment up to time of renal transplantation and adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy. Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)- positive, HER2-negative advanced breast cancer treatment in post-menopausal women. Prior
10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/ 10/1/2015 11/	1/1/2015 1/1/2015 1/1/2015 1/1/2015 1/1/2015	Incruse Ellipta  Anoro Ellipta  Nutropin injection  Reyataz Powder Packet 50 mg	Umeclidinium inhalation  Umeclidinium/vilanterol  Somatropin  Atazanavir sulfate	Addition  Addition  Addition  Addition	Added as alternative for chronic obstructive pulmonary disease (COPD) treatment Added as alternative for COPD treatment. Added as alternative for growth failure treatment in children due to growth hormone deficiency (GHD), Turner Syndrome and chronic kidney disease. Treatment up to time of renal transplantation and adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy. Added as alternative for HIV-1 infection treatment. Added as alternative for estrogen receptor (ER)-positive, HER2-negative advanced breast cancer
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10/1/2015 11/ 10/1/2015 11/	1/1/2015	Reyataz Powder Packet 50 mg	Atazanavir sulfate	Addition	children due to growth hormone deficiency (GHD), Turner Syndrome and chronic kidney disease. Treatment up to time of renal transplantation and adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy.  Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)- positive, HER2-negative advanced breast cancer
10/1/2015 11/ 10/1/2015 11/	1/1/2015	Reyataz Powder Packet 50 mg	Atazanavir sulfate		Turner Syndrome and chronic kidney disease. Treatment up to time of renal transplantation and adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy.  Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)-positive, HER2-negative advanced breast cancer
10/1/2015 11/ 10/1/2015 11/	1/1/2015	Reyataz Powder Packet 50 mg	Atazanavir sulfate		Treatment up to time of renal transplantation and adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy.  Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)-positive, HER2-negative advanced breast cancer
10/1/2015 11/ 10/1/2015 11/	1/1/2015	Reyataz Powder Packet 50 mg	Atazanavir sulfate		adults with either childhood-onset or adult onset GHD. Prior authorization required. Available through specialty pharmacy.  Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)-positive, HER2-negative advanced breast cancer
10/1/2015 11/ 10/1/2015 11/	1/1/2015	50 mg			GHD. Prior authorization required. Available through specialty pharmacy.  Added as alternative for HIV-1 infection treatment.  Added as alternative for estrogen receptor (ER)-positive, HER2-negative advanced breast cancer
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10/1/2015 11/	1/1/2015	50 mg			Added as alternative for estrogen receptor (ER)- positive, HER2-negative advanced breast cancer
10/1/2015 11/	1/1/2015			Addition	positive, HER2-negative advanced breast cancer
	1/1/2015	Ibrance tablet	Palbociclib	Addition	positive, HER2-negative advanced breast cancer
	1/1/2015	Ibrance tablet	Palbociclib		treetment in past managed divisions Bridge
	1/1/2015	ibrance tablet	Faibociclib		
				1	authorization required. Available through specialty
			i		pharmacy.
10/1/2015 11/				Addition	Added as alternative for deleterious or suspected
10/1/2015 11/					deleterious germline BRCA-mutated advanced
10/1/2015 11/		Lynparza capsule	Olaprib		ovarian cancer treatment. Prior authorization
10/1/2015 11/					required. Available through specialty pharmacy.
	1/1/2015			A 1 Pc	
				Addition	Added as alternative for locally recurrent or
		Lenvima capsule	Levatinib		metastatic, progressive, radioactive iodine- refractory differentiated thyroid cancer treatment.
		Lenvina dapadie	Levatinis		Prior authorization required. Available through
10/1/2015 11/	1/1/2015				specialty pharmacy.
				Addition	Added as alternative for multiple myeloma
		Farydak capsule	Panobinostat		treatment. Prior authorization required. Available
10/1/2015 11/	1/1/2015				through specialty pharmacy.
		Marragatile tablet	Nalawaral	Addition	Added as alternative for opiate agonist-induced
10/1/2015 11/	1/1/2015	Movantik tablet	Naloxegol		constipation treatment in patients with chronic non- cancer pain. Prior authorization required.
10/1/2013				Addition	Added as alternative for hyperprolactinemia
10/1/2015 11/	1/1/2015	Dostinex* tablet	Cabergoline	/ tadition	treatment
				Addition	Added as alternative for acromegaly treatment.
		Somavert injection	Pegvisomant		Prior authorization required. Available through
10/1/2015 11/	1/1/2015			A 1 1111	specialty pharmacy.
				Addition	Added as alternative for chemotherapy-induced neutropenia, neutropenia, and peripheral blood
		Zarxio	Filgrastim		stem cell mobilization. Prior authorization required.
10/1/2015 11/		Granix	TBO-Filgrastim		Available through specialty pharmacy.
				Deletion	Alternatives including Arnuity Ellipta and Asmanex
		Flovent HFA	Fluticasone propionate		available on PDL. Current users will not be
10/1/2015 11/	1/1/2015	Flovent Diskus	Fluticasone propionate		grandfathered.
				Deletion	Alternatives including Arnuity Ellipta and Asmanex
10/1/2015 11/	1/1/2015	QVAR	Reclamathasana dipranianata		available on PDL. Current users will not be grandfathered.
10/1/2015 11/	1/1/2010	WYAIN	Beclomethasone dipropionate	Deletion	Alternatives including Arnuity Ellipta and Asmanex
				Doignon	available on PDL. Current users will not be
10/1/2015 11/	1/1/2015	Pulmicort Flexhaler	Budesonide inhalation		grandfathered.
				Deletion	Alternatives including Breo Ellipta and Dulera
		Advair Diskus	Fluticasone/salmeterol		available on PDL. Current users will not be
10/1/2015 11/	1/1/2015	Advair HFA	Fluticasone/salmeterol		grandfathered.
				Deletion	Alternatives including Breo Ellipta and Dulera
10/1/2015 11/	1/1/2015	Symbicort	Budesonide/ formoterol		available on PDL. Current users will not be grandfathered.
10/1/2013 11/		Spiriva Handihaler	Tiotropium inhalation	Deletion	Alternatives including Incruse Ellipta available on
10/1/2015 11/		Spiriva Respimat	Tiotropium inhalation	Dolotion	PDL. Current users will not be grandfathered.
		Tudorza Pressair	Aclidinium inhalation	Deletion	Alternatives including Incruse Ellipta available on
10/1/2015 11/	1/1/2015				PDL. Current users will not be grandfathered.
10/1/00:=		Norditropin injection	Somatropin	Deletion	Alternatives including Nutropin available on PDL.
10/1/2015 11/	1/1/2015	ттогангорит шјесноп	Comanopin		Current users will not be grandfathered.
10/1/2015	1/1/2015	Relistor injection	Methylnaltrexone	Deletion	Alternatives including Movantik available on PDL.
10/1/2015 11/	1/1/2015	Parlodel* tablets and	•	Deletion	Current users will be grandfathered.  Alternatives including Cabergoline available on
10/1/2015 11/		capsules	Bromocriptine	Deletion	PDL. Current users will be grandfathered.
. 3, ., 2010		Neupogen injection	:	Deletion	Alternatives including Zarxio and Granix available
10/1/2015 11/	1/1/2015	- F - 9 - 1 - 19 - 19 - 1	Filgrastim		on PDL. Current users will be grandfathered.
		Asmanex HFA	Mometasone inhalation	Addition	Added as an alternative for asthma treatment.

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7/1/2015	8/1/2015			Addition	Added for idiopathic pulmonary fibrosis treatment.
					Prior authorization required. Available through specialty pharmacy.
		Esbriet	Pirfenidone capsule		
7/1/2015	8/1/2015			Addition	
7/1/2015	8/1/2015			Addition	Added for idiopathic pulmonary fibrosis treatment.
		Ofev	Nintedanib		Prior authorization required. Available through specialty pharmacy.
7/1/2015	8/1/2015	Aldara*	Imiquimod 5% cream	Addition	Added as alternative for external genital and perianal warts treatment (i.e., condylomata acuminata) due to human papillomavirus infection,
7/1/2015	8/1/2015	Testosterone* 1% Topical Gel	Testosterone gel topical tube, packet, and pump bottle	Addition	Added as alternative for hypogonadism treatment. Prior authorization required.
7/1/2015	8/1/2015	Pravachol*	Pravastatin	Deletion	Alternatives including atorvastatin, simvastatin, and lovastatin available on PDL. Current users <b>will</b> be grandfathered.
7/1/2015	8/1/2015	Androgel 1.62%	Testosterone Gel	Deletion	Alternative including testosterone topical gel available on PDL. Current users will <b>not</b> be grandfathered.
7/1/2015	8/1/2015	Androderm Patch	Testosterone transdermal patch	Deletion	Alternative including testosterone topical gel available on PDL. Current users will <b>not</b> be grandfathered.
7/1/2015	8/1/2015	Augmentin 125 mg/ 5 ml Suspension	Amoxicillin and K clavulanate 125mg-31.25mg/ 5 ml suspension	Deletion	Alternatives including Amoxicillin and K clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400 mg-57 mg/5 ml, and 600-42.9 mg/5ml available on PDL.
7/1/2015	8/1/2015	Spectazole 1% topical cream	Econazole 1% topical cream	Deletion	Alternatives including topical ketoconazole, clotrimazole, miconazole, nystatin, and terbinafine available on PDL.
4/1/2015	5/1/2015	Triumeq Tablet	Abacavir/dolutegravir/lamivudin e tablet	Addition	Added as alternative agent for treatment of HIV
4/1/2015	5/1/2015	Zydelig Tablet	Idelalisib Tablet	Addition	Added as alternative agent for treatment of Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma and Folicular B cell Non-Hodgkin Lymphoma. Prior authorization required. Available through specialty pharmacy.
4/1/2015	5/1/2015	Spiriva Respimat	Tiotropium Respimat	Addition	Added as alternative formulation for treatment of COPD
4/1/2015	5/1/2015	Jardiance Tablet	Empaglilozin Tablet	Addition	Added as alternative agent for treatment of type 2 diabetes mellitus. Step therapy applies.
4/1/2015	5/1/2015	Invokana Tablet	Canagliflozin Tablet	Addition	Added as alternative agent for treatment of type 2 diabetes mellitus. Step therapy applies.
4/1/2015	5/1/2015	Invokamet Tablet	Canagliflozin/Metformin Tablet	Addition	Added as alternative agent for treatment of type 2 diabetes mellitus. Step therapy applies.
4/1/2015	5/1/2015	Tanzeum Injection	Albiglutide Injection	Addition	Added as alternative agent for treatment of type 2 diabetes mellitus. Step therapy applies.
4/1/2015	5/1/2015	Duavee Tablet	Conjugated Estrogen/bazedoxifene tablet	Addition	Added as alternative formulation for treatment of postmenopausal osteoporosis prophylaxis and vasomotor symptoms.
4/1/2015	5/1/2015	Cimzia Injection	Certolizumab Pegol Injection	Addition	Added as alternative agent for treatment of rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and Crohn's Disease. Prior authorization required. Available through specialty pharmacy.
4/1/2015	5/1/2015	Byetta Injection	Exenatide Injection	Deletion	Alternative agents available on PDL including Tanzeum and Victoza. Current users will not be grandfathered. We will notify members and send them information on what to do to continue taking this medication.
4/1/2015	5/1/2015	Nicotrol Inhaler	Nicotine Inhaler	Deletion	Alternative formulations available on PDL including nicotine gum, patch and lozenge. Current users will not be grandfathered. We will notify members and send them information on what to do to continue taking this medication

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4/1/2015	5/1/2015		T	Deletion	Alternative formulations available on PDL including
4/1/2013		Nicotrol nasal spray	Nicotine Nasal Spray	Deletion	nicotine gum, patch and lozenge. Current users will not be grandfathered. We will notify members and send them information on what to do to continue taking this medication.
4/1/2015	5/1/2015	Enbrel Injection	Entanercept Injection	Deletion	Alternative agents available on PDL including Cimzia and Humira. Current users will be grandfathered.
12/1/2014	1/1/2015	Tradjenta tablet	Linagliptin	Addition	Added as an alternative agent for treating type 2 diabetes mellitus. Step therapy applies.
12/1/2014	1/1/2015	Jentadueto tablet	Linagliptin/Metformin	Addition	Added as an alternative agent for treating type 2 diabetes mellitus. Step therapy applies.
12/1/2014	1/1/2015	Isentress Oral Suspension	Raltegravir suspension	Addition	Added as an alternative formulation for treating HIV infection. Prior authorization required for members 2 years of age or older.
12/1/2014	1/1/2015	Naloxone 0.4 mg/ml injection*	Naloxone	Addition	Added as alternative agent for treating opiate agonist overdose administered as injection or nasal atomizer.
12/1/2014	1/1/2015	Zykadia capsule	Ceritinib	Addition	Added as an alternative agent for treating ALK-positive non-small cell lung cancer in patients who have progressed on or are intolerant to crizotinib. Prior authorization required. Available through specialty pharmacy.
12/1/2014	1/1/2015	ProAmantine tablet*	Midodrine	Addition	Added as an alternative agent for treating symptomatic orthostatic hypotension. Step therapy applies.
12/1/2014	1/1/2015	Nexium 24HR OTC capsule	Esomeprazole OTC	Addition	Added as an alternative formulation for treating gastroesophageal reflux disease. Prior authorization required.
12/1/2014	1/1/2015	Pulmicort Respules	Budesonide suspension for nebulizer	Modification	Prior authorization required for members 5 years or older. Current users will not be grandfathered. Alternative formulations are available on the PDL including Flovent, Qvar, Asmanex, and Pulmicort Flexhaler with or without spacer and/or mask. Notification provided to members on needed to continue medication.
12/1/2014	1/1/2015	Januvia tablet	Sitagliptin	Deletion	Alternative formulations are available on the PDL including Tradjenta, Onglyza, Kombiglyze XR, and Jentadueto. Current users will not be grandfathered. We will notify members and provide information on what they need to do to stay on this medication.
12/1/2014	1/1/2015	Janumet tablet	Sitagliptin/Metformin	Deletion	Alternative formulations are available on the PDL including Tradjenta, Onglyza, Kombiglyze XR, and Jentadueto. Current users will not be grandfathered. We will notify members and provide information on what they need to do to stay on this medication.
12/1/2014	1/1/2015	Janumet XR tablet	Sitagliptin/Metformin ER	Deletion	Alternative formulations are available on the PDL including Tradjenta, Onglyza, Kombiglyze XR, and Jentadueto. Current users will not be grandfathered. We will notify members and provide information on what they need to do to stay on this medication.
12/1/2014	1/1/2015	Cleocin Vaginal* Suppository 100 mg	Clindamycin vaginal suppository	Deletion	Alternative formulations and agents are available on the PDL including metronidazole 0.75% vaginal gel and clindamycin 2% vaginal cream. Current users will not be grandfathered. We will notify members and provide information on what they need to do to stay on this medication.
12/1/2014	1/1/2015	Terazol 3 Vaginal* Suppository 80 mg	Terconazole vaginal suppository	Deletion	Alternative formulations and agents are available on the PDL including terconazole vaginal cream and miconazole vaginal cream. Current users will not be grandfathered.
12/1/2014	1/1/2015	Tev-Tropin	Somatropin	Deletion	Alternative formulations are available on the PDL including Norditropin. Current users will not be grandfathered. We will notify members and provide information on what they need to do to stay on this medication.