



P.O. Box 30449
Salt Lake City, UT 84130-0449

May 31, 2013

Ms. Debra Lansey
American College of Physicians
190 North Independence Mall West
Philadelphia, PA 19106

Re: Pharmacy Benefit Coverage Changes – Effective July 1, 2013

Dear Ms. Lansey:

Effective July 1, 2013, certain medications on the enclosed document will no longer be covered under our pharmacy benefit plans. Our pharmacy benefit allows the exclusion of a medication if it includes the same active ingredient or a modified version of an active ingredient and is therapeutically equivalent to a covered prescription medication or is therapeutically equivalent to an OTC product.

The UnitedHealth Group National Pharmacy and Therapeutics (P&T) Committee has concluded that these identified medications are therapeutically equivalent to medications that we cover or are therapeutically equivalent to an over-the-counter (OTC) medication. We define therapeutically equivalent as providing essentially the same therapeutic outcome and adverse event profile.

The UnitedHealthcare Prescription Drug List (PDL) Management Committee, comprised of senior physicians and business leaders, makes tier decisions and changes to the PDL based on a review of clinical, economic and pharmacoeconomic evidence. They assign medications to tiers that correspond to pharmacy copayments, with tier 1 being the lowest and tier 3 the highest copayment level for most of our members. The enclosed table lists the most recent changes to our PDL and includes alternative medication options.

Three Additional Changes

1. We will implement a supply limit program for liraglutide (Victoza®) that covers a 1.2 mg once daily dose (two pens per month). Patients who need a dose of 1.8 mg daily must demonstrate that they have tried the 1.2 mg once daily dose but did not achieve optimal glycemic control before coverage will be granted for the 1.8 mg once daily dose (three pens per month).
2. We will add buprenorphine transdermal patch (Butrans®) and tofacitinib (Xeljanz) to coverage review and step therapy programs that require members to try a more cost-effective medication before coverage is provided for the higher-cost medication.
 - UnitedHealthcare members prescribed the buprenorphine transdermal patch will be required to first try either the tramadol extended release (generic Ultram® ER) or

The coverage and tiering decisions described herein apply to UnitedHealthcare commercial members and some of its affiliated commercial businesses. It does not apply to members in commercial benefit plans insured or administered by OptumRx or to members in Medicare or Medicaid benefit plans administered by UnitedHealthcare Medicare Solutions or UnitedHealthcare Community Plan®.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

UHC1882i_20130412

fentanyl transdermal patch (generic Duragesic®) before coverage will be authorized for buprenorphine transdermal patch.

- UnitedHealthcare members prescribed tofacitinib will be required to first try certolizumab (Cimzia®), etanercept (Enbrel®) or golimumab (Simponi®) before coverage will be authorized for tofacitinib.

3. We will implement notification/prior authorization programs for the isotretinoin medications Absorica and generic accutane and the HIV medications Stribild and Truvada to ensure we provide coverage for uses indicated in the United States Food and Drug Administration approved labeling and other indications supported by published clinical evidence.

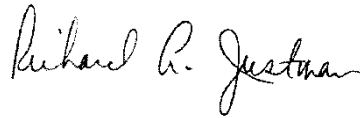
Because of these decisions, physicians may need to change prescriptions and our members may want to switch to alternative medications. Therefore, we have launched a comprehensive communications campaign to make sure physicians and members are aware of the changes and have time to adjust their medications before the changes go into effect.

If you have any questions, please contact Susan Maddux at susan_v_maddux@uhc.com or 314-592-7531. Thank you.

Sincerely,



Susan V. Maddux, Pharm.D.
Chief Pharmacy Officer



Richard A. Justman, M.D.
National Medical Director

The coverage and tiering decisions described herein apply to UnitedHealthcare commercial members and some of its affiliated commercial businesses. It does not apply to members in commercial benefit plans insured or administered by OptumRx or to members in Medicare or Medicaid benefit plans administered by UnitedHealthcare Medicare Solutions or UnitedHealthcare Community Plan®.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

UHC1882i_20130412



Pharmacy Benefit Changes and Alternatives – Effective July 1, 2013

Effective July 1, 2013, the medications listed on the attached table will no longer be covered under our pharmacy benefit plans.

Category	Medication	Pharmacy coverage effective July 1, 2013	Alternative(s)
Acne	Sumadan®	Excluded	sulfacetamide sodium/sulfur
Allergies/asthma	Singulair® Chewable Tablet (brand only)	Excluded	montelukast chewable tablet (generic Singulair)
Allergies/asthma	Singulair Tablet (brand only)	Excluded	montelukast (generic Singulair)
BPH	Flomax® (brand only)	Excluded	tamsulosin (generic Flomax)
Breast cancer	Soltamox®	Excluded	tamoxifen (generic Nolvadex)
Cancer pain	Actiq® (brand only)	Excluded	fentanyl lozenge (generic Actiq)
Depression	Effexor® XR (brand only)	Excluded	venlafaxine extended-release capsule (generic Effexor XR)
Depression	Lexapro® (brand only)	Excluded	escitalopram (generic Lexapro)
Depression	Prozac (brand only)	Excluded	fluoxetine (generic Prozac)
Depression	Wellbutrin® SR (brand only)	Excluded	bupropion sustained-release (generic Wellbutrin SR)
Depression	Wellbutrin XL (brand only)	Excluded	bupropion extended-release (generic Wellbutrin XL)
Depression	Zoloft® (brand only)	Excluded	sertraline (generic Zoloft)
Dermatitis	Synalar® TS	Excluded	fluocinolone (generic Synalar)
Glaucoma	Cosopt® PF	Excluded	dorzolamide/ timolol (generic Cosopt)
H. Pylori infections	Omeclamox-Pak™	Excluded	omeprazole (generic Prilosec®) + clarithromycin (generic Biaxin®) + amoxicillin (generic

The coverage and tiering decisions described herein apply to UnitedHealthcare commercial members and some of its affiliated commercial businesses. It does not apply to members in commercial benefit plans insured or administered by OptumRx or to members in Medicare or Medicaid benefit plans administered by UnitedHealthcare Medicare Solutions or UnitedHealthcare Community Plan®.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

UHC1882i_20130412

			Amoxil®) or PrevPac®
High blood pressure	Azor®	Excluded	eprosartan (generic Teveten®), losartan (generic Cozaar®), Benicar® or Micardis® + amlodipine (generic Norvasc®)
High blood pressure	Diovan® HCT (brand only)	Excluded	valsartan/hydrochlorothiazide (generic Diovan HCT)
Infections	Monodox® (brand only)	Excluded	doxycycline hyclate (generic Vibramycin®), doxycycline monohydrate (generic Monodox)
Infections	Valtrex® (brand only)	Excluded	valacyclovir (generic Valtrex)
Inflammatory bowel disease	Entocort® EC (brand only)	Excluded	budesonide (generic Entocort EC)
Lice	Natroba™ (brand only)	Excluded	malathion (generic Ovide), permethrin (generic Elimite), spinosad (generic Natroba)
Nasal antihistamines	Astepro®	Excluded	azelastine (generic Astelin®)
Nasal antihistamine/steroid	Dymista™	Excluded	azelastine (generic Astelin), fluticasone (generic Flonase®)
Osteoporosis	Binosto™	Excluded	alendronate (generic Fosamax®)
Pain	Percocet® (brand only)	Excluded	acetaminophen/oxycodone (generic Percocet)
Sedative/hypnotic	Ambien® (brand only)	Excluded	zolpidem (generic Ambien)
Sedative/hypnotic	Ambien CR (brand only)	Excluded	zolpidem (generic Ambien)
Sedative/hypnotic	Intermezzo®	Excluded	zolpidem (generic Ambien)
Platelet inhibitor	Plavix® (brand only)	Excluded	clopidogrel (generic Plavix)
Proton pump inhibitor	Protonix® (brand only)	Excluded	pantoprazole (generic Protonix)
Wart removal	Virasal®	Excluded	OTC salicylic acid

Several medications will change tiers on the new PDL. They may move from a higher to a lower tier to make them more affordable for members or from a lower to a higher tier when they are more expensive and lower cost alternatives are available. Below is a summary of the tier changes and a list of lower cost alternatives for tier 3 medications.

Tier Changes and Lower Cost Alternatives

Category	Medication	Change in coverage	Lower cost alternative(s)
----------	------------	--------------------	---------------------------

The coverage and tiering decisions described herein apply to UnitedHealthcare commercial members and some of its affiliated commercial businesses. It does not apply to members in commercial benefit plans insured or administered by OptumRx or to members in Medicare or Medicaid benefit plans administered by UnitedHealthcare Medicare Solutions or UnitedHealthcare Community Plan®.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

UHC1882i_20130412

		status	
Acromegaly	Somatuline® Depot	Tier 2 → tier 3	octreotide (generic Sandostatin®)
Cancer pain	Subsys	Excluded → tier 3	n/a
HIV related complication	Serostim®	Tier 2 → tier 3	oxandrolone (generic Oxandrin®)
Migraine	Relpax®	Tier 1 → tier 2	naratriptan (generic Amerge®), sumatriptan succinate (generic Imitrex®)
Narcolepsy	Xyrem®	Tier 2 → tier 3	methylphenidate (generic Ritalin®), methylphenidate extended-release (generic Ritalin LA), Adderall® XR, Vyvanse®
Nasal steroids	Nasonex®	Tier 2 → tier 3	fluticasone (generic Flonase®), Omnaris, Zetonna
Nasal steroids	Omnaris	Tier 3 → tier 2	n/a
Nasal steroids	Zetonna	Tier 3 → tier 2	n/a
Overactive bladder	trospium extended-release (generic Sanctura® XR)	Tier 2 → tier 3	oxybutynin (generic Ditropan®), oxybutynin extended-release (generic Ditropan XL), trospium (generic Sanctura)
Overactive bladder	Vesicare®	Tier 2 → tier 3	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), trospium (generic Sanctura)
Pain	oxymorphone extended release 7.5 & 15 mg (generic Opana® ER)	Tier 2 → tier 3	Opana ER
Pulmonary arterial hypertension	Adcirca®	Tier 2 → tier 3	sildenafil (generic Revatio®)
Thrombocytopenia	Promacta®	Tier 2 → tier 3	prednisone, dexamethasone
Transplant	Myfortic®	Tier 2 → tier 3	mycophenolate (generic Cellcept®)
Transplant	Neoral®	Tier 2 → tier 3	cyclosporine modified (generic Neoral)
Transplant	Sandimmune®	Tier 2 → tier 3	cyclosporine (generic Sandimmune)

The coverage and tiering decisions described herein apply to UnitedHealthcare commercial members and some of its affiliated commercial businesses. It does not apply to members in commercial benefit plans insured or administered by OptumRx or to members in Medicare or Medicaid benefit plans administered by UnitedHealthcare Medicare Solutions or UnitedHealthcare Community Plan®.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

UHC1882i_20130412