

Summary – UnitedHealthcare Prescription Drug List Changes

Effective January 1, 2011

Changes apply to **bolded** drug names.

Prescription Drug List Uptier Changes Effective January 1, 2011

Brand Name	Generic Name	Use	Current Status	Status Effective 1/1/11	Change	Effective Date
OneTouch Test Strips	Not Applicable	Diabetes Monitoring	Tier 2	Tier 3	Uptier	1/1/11
FastTake Test Strips	Not Applicable	Diabetes Monitoring	Tier 2	Tier 3	Uptier	1/1/11
SureStep Test Strips	Not Applicable	Diabetes Monitoring	Tier 2	Tier 3	Uptier	1/1/11
Tretin – X 0.0375% cream	Tretinoin	Skin Disease	Tier 2	Tier 3	Uptier	1/1/11
Benicar/ Benicar HCT	Olmesartan/ Olmesartan HCTZ	Hypertension	Tier 2	Tier 3	Uptier	1/1/11
Frova	Frovatriptan	Migraine	Tier 1	Tier 2	Uptier	1/1/11
Maxalt/Maxalt MLT	Rizatriptan	Migraine	Tier 1	Tier 2	Uptier	1/1/11
Zomig/Zomig ZMT	Zolmitriptan	Migraine	Tier 1	Tier 2	Uptier	1/1/11
Prevpac	Amoxicillin/ Clarithromycin/ Lansoprazole	Gastrointestinal	Tier 2	Excluded	Uptier	1/1/11
Protonix	Pantoprazole	Gastrointestinal	Tier 3	Excluded	Uptier	1/1/11
Relpax	Eletriptan	Migraine	Tier 1	Tier 3	Uptier	1/1/11
Anzemet	Dolasetron	Antiemetic	Tier 2	Tier 3	Uptier	1/1/11
Azor	Amlodipine / Olmesartan	Hypertension	Tier 2	Tier 3	Uptier	1/1/11
Noritate	Metronidazole	Antibacterial	Tier 2	Tier 3	Uptier	1/1/11

Changes apply to **bolded** drug names.

Prescription Drug List Uptier Changes Effective January 1, 2011 (continued)

Brand Name	Generic Name	Use	Current Status	Status Effective 1/1/11	Change	Effective Date
Patanase	Olapatadine	Antihistamine	Tier 2	Tier 3	Uptier	1/1/11
Quixin	Levofloxacin	Ophthalmic	Tier 2	Tier 3	Uptier	1/1/11

Prescription Drug List Downtier Changes Effective January 1, 2011

Brand Name	Generic Name	Use	Current Status	Status Effective 1/1/11	Change	Effective Date
Ascensia Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Ascensia Autodisc Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Breeze2 Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Contour Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Contour TS Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Elite Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11
Elite XL Test Strips	Not Applicable	Diabetes Monitoring	Tier 3	Tier 2	Downtier	1/1/11

Changes apply to **bolded** drug names.

Medications Excluded at Launch¹

Brand Name	Generic Name	Use	Reason for Exclusion
Exalgo	Hydromorphone extended release	Pain Management	Multiple extended release products available at preferred status to treat pain
Vimovo	Naproxen / Esomeprazole / Magnesium	Pain Management	Multiple preferred NSAIDs and Proton Pump Inhibitors available
Oravig	Miconazole Buccal	Infectious Disease	Multiple preferred products available to treat oral thrush
Actoplus Met XR	Metformin / Pioglitazone extended release	Diabetes	Multiple preferred products available to treat diabetes.
Oleptro	Trazodone extended release	Central Nervous System	Multiple preferred products available within this therapeutic class
Jalyn	Tamsulosin / Dutasteride	Benign Prostatic Hypertrophy	Multiple preferred products available within this therapeutic class
Natazia	Dienogest / Estradiol Valerate	Contraceptive	Multiple cyclic oral contraceptives available at preferred status
Pancreaze	Pancrelipase	Digestive Aid	Preferred products available (Creon)
Zuplenz	Ondansetron soluble film	Nausea / Vomiting	Multiple preferred products available within this therapeutic class
Tribenzor	Amlodipine / HCTZ / Olmesartan	Cardiovascular	Multiple preferred products available within this therapeutic class

¹ Exclude at Launch status subject to change. After further evaluation at the Pharmacy and Therapeutics committee, these medications may be tiered or remain permanently excluded.

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Drug Limitation Changes (Notification, Step Therapy, Quantity Limit) between July 1, 2010 and January 1, 2011

Brand Name	Generic Name	Use	New Edit
Femara	Letrozole	Oncology	Notification
Accutane	Isotretinoin	Skin Disease	Notification
Androderm	Testosterone	Hormone Replacement	Notification
Androgel	Testosterone	Hormone Replacement	Notification
Testim	Testosterone	Hormone Replacement	Notification
Striant	Testosterone	Hormone Replacement	Notification
Ketek	Telithromycin	Infectious Disease	Notification
Emend	Aprepitant	Nausea / Vomiting	Notification
Oxsoralen Ultra	Methoxsalen	Skin Disease	Notification
8-MOP	Methoxsalen	Skin Disease	Notification
Celebrex	Celecoxib	Inflammation	Notification
Zortress	Everolimus	Oncology / Immunosuppression	Notification
Mirapex ER	Pramipexole extended release	Central Nervous System	Step Therapy, QL
Requip XL	Ropinirole extended release	Central Nervous System	Step Therapy, QL
Tasigna 150 mg	Nilotinib	Oncology	Notification, QL
OneTouch Test Strips	Not Applicable	Diabetic Monitoring	Notification
FastTake Test Strips	Not Applicable	Diabetic Monitoring	Notification
SureStep Test Strips	Not Applicable	Diabetic Monitoring	Notification

AE = Age Edit; QL = Maximum amount of medication allowed within a certain period of time or per prescription