

## Self-funded Customers on the Advantage Prescription Drug List (PDL)

**CITY OF HAMILTON - 0718120**

Estimated Annual Savings for the PDL <sup>1</sup> (reflected below)	Estimated PMPM Savings	Members Impacted <sup>2</sup>
\$23,350	\$1.49	7
Estimated Annual Savings for the Medical Benefit (reflected below) <sup>3</sup>		Members Impacted <sup>4</sup>
\$29,155		1

Your Prescription Drug List (PDL) Report serves as a summary of updates to your PDL and pharmacy benefit. In this report, you will find the details of the January 1, 2021 decisions and how they will affect you and your employees.

The January, 1 2021 PDL and pharmacy benefit updates remove considerable cost and waste out of the healthcare system while representing only a small percentage of prescriptions. UnitedHealthcare will send letters notifying any impacted members of the updates below and provide other medication options to discuss with their physician.

### January 1, 2021 Key Therapeutic Class Changes

<b>OTC Equivalent Exclusion Updates</b>	Why pay more for a prescription when there is a clinically-appropriate over the counter alternative.
<b>Multiple Sclerosis</b>	The relapsing forms of multiple sclerosis (MS) are the most common forms of MS. A new product, Bafiertam™ has recently received FDA approval joining Tecfidera® and Vumerity® to treat the relapsing forms of MS.
<b>Biosimilar Updates and Driving to Generic Alternatives for Oncology</b>	The continued development of new biosimilar medications is a key factor in long-term specialty cost management. We strive to provide coverage for biosimilars whenever possible to ensure a robust pipeline of future products.
<b>Beta-blockers</b>	This is a category of medications which has been available for many years to treat hypertension and other cardiovascular conditions. There are many inexpensive generic alternatives available. A recent evaluation of the category identified opportunities to reduce costs.

#### SUMMARY OF UPDATES

<sup>1</sup>Overall savings, including clinical.

<sup>2</sup>Estimated potential member impact is based on March to June 2020 claims for our standard Traditional, Advantage and Flex PDLs.

<sup>3</sup>Estimated medical savings may include other class dynamics and is based on average savings per utilizer. All annual cost savings noted are based on UnitedHealthcare claims data and are not guarantees. Actual savings may vary.

<sup>4</sup>Estimated potential member impact is based on January to March 2020 medical claims.

Please Note: You may need to add language to your Summary Plan Description (SPD) in order to implement some updates. Ask your UnitedHealthcare representative if you need assistance updating your SPD.

CITY OF HAMILTON - 0718120

**January 1, 2021 PDL Impacted Medications Update**  
**Self-funded Customers on the Advantage Prescription Drug List (PDL)**

For more information, contact your UnitedHealthcare Representative.

**Exclusions**

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
Allergies	X Zerviate 0.24%	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacaft	0	\$0.00	\$0
Cancer	X abiraterone 500mg (generic Zytiga)	Use 2 of the abiraterone 250mg (generic Zytiga)	0	\$0.00	\$0
Hemophilia	X Esperoct	Advate, Kogenate FS, Kovaltry, NovoEight, Nuwiq, Recombinate	0	\$0.00	\$0
Migraine	X Nurtec ODT	almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig), Ubrelyv	0	\$0.00	\$0
Neutropenia	X Nyvepria	Neulasta, Ziextenzo	0	\$0.00	\$0
Pain	X tramadol HCL 100mg	Use 2 of the tramadol 50 mg (generic Ultram)	0	\$0.00	\$0
Testosterone replacement	X Jatenzo	Androderm, Testim	0	\$0.00	\$0
Ulcers due to H. pylori	X Talicia	amoxicillin (generic Amoxil) + omeprazole (generic Prilosec) + rifabutin (generic Mycobutin) OR Omeclamox	0	\$0.00	\$0
Cancer	X Afinitor 2.5 mg, 5 mg, 7.5 mg tablet (brand only)	everolimus (generic Afinitor)	0	\$1.26	\$19,810
	X Zytiga 250mg (Brand only)	abiraterone 250mg (generic Zytiga)	0		
	X Zytiga 500mg	Use 2 of the abiraterone 250mg (generic Zytiga)	1		
COPD	X Incruse Ellipta	Spiriva Respimat/HandiHaler	0	\$0.00	\$0
Diabetes	X True Metrix Blood Glucose Meters	OneTouch Verio Blood Glucose Monitoring Systems, Contour Next Blood Glucose Monitoring Systems, Accu-Chek Guide/Guide Me Blood Glucose Monitoring Systems	1	\$0.00	\$0
	X True Metrix Blood Glucose Test Strips	OneTouch Verio Test Strips, OneTouch Ultra Blue Test Strips, Contour Next Test Strips, Accu-Chek Guide Test Strips			
	X 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	0		
	X Truetrack Blood Glucose Test Strips	OneTouch Verio Test Strips, OneTouch Ultra Blue Test Strips, Contour Next Test Strips, Accu-Chek Guide Test Strips			
High blood pressure	X Bystolic	atenolol (generic Tenormin), bisoprolol (generic Zebeta), metoprolol (generic Lopressor)	2	\$0.20	\$3,100
	X Inderal XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)	0	\$0.00	\$0
	X Innopran XL	propranolol (generic Inderal), propranolol extended-release (generic Inderal LA)	0		
Multiple sclerosis	X Tecfidera	Bafiertam	0	\$0.00	\$0
Muscle spasms	X cyclobenzaprine 7.5mg (generic Fexmid)	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)	0	\$0.00	\$0
	X Fexmid 7.5mg (cyclobenzaprine)	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)	0	\$0.00	\$0
Myasthenia gravis	X Mestinon 60 mg tablet (brand only)	pyridostigmine (generic Mestinon)	0	\$0.00	\$0

Osteoporosis	X	Forteo	Teriparatide, Tymlos	0	\$0.00	\$0
Pain	X	Zohydro ER (brand only)	hydrocodone extended-release capsule (generic Zohydro ER), morphine sulfate (generic MS Contin), Xtampza ER	0	\$0.00	\$0
Wilson's disease	X	Cuprimine (brand only)	penicillamine (generic Cuprimine, Depen Titratabs)	0	\$0.00	\$0

### New Benefit Coverage

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
Cancer	2 abiraterone 250 mg (generic Zytiga)	N/A			
Diabetes	3 Accu-Chek Guide Blood Glucose Meter	N/A			
	3 Accu-Chek Guide Blood Glucose Test Strips	N/A			
Multiple sclerosis	2 Bafiertam	N/A			
Neutropenia	3 Ziextenzo	N/A			

### Uptiers

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
Asthma	1→3 albuterol tablet	Ventolin HFA	0	\$0.00	\$0

### Additional Exclusions - Brand Exclusion Upon Generic Launch

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
HIV	X Truvada (Brand Only) <sup>4</sup>	emtricitabine-tenofovir disoproxil fumarate (generic Truvada)	N/A	N/A	N/A

### Additional Exclusions - Legend Medications with OTC Equivelant (LMwOE)

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
Allergies	X olopatadine 0.2% (generic Pataday) <sup>5</sup>	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacast	0	\$0.00	\$0
	X Pataday (olopatadine 0.2%) (brand only) <sup>5</sup>	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacast	0		
	X Patanol (brand only) <sup>5</sup>	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacast	0		
	X Pazeo <sup>5</sup>	OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine ophthalmic solution (generic Patanol), Lastacast	0		
Pain and Inflammation	X diclofenac sodium 1.5% topical solution (generic Pennsaid) <sup>5</sup>	OTC Voltaren Arthritis Pain 1% gel	0	\$0.03	\$440
	X Flector 1.3% patch <sup>5</sup>	OTC Voltaren Arthritis Pain 1% gel	0		
	X Pennsaid 2% solution <sup>5</sup>	OTC Voltaren Arthritis Pain 1% gel	0		
	X diclofenac 1% gel (generic Voltaren) <sup>5</sup>	OTC Voltaren Arthritis Pain 1% gel	3		
	X Voltaren 1% gel <sup>5</sup>	OTC Voltaren Arthritis Pain 1% gel	0		

### Drug Device Program

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted <sup>1</sup>	Estimated PMPM <sup>2</sup>	Estimated Annual Savings <sup>3</sup>
Asthma	X ProAir DigiHaler (albuterol)	Ventolin HFA	0	\$0.00	\$0

# THIS IS THE END OF YOUR IMPACTED MEDICATION REPORT

For more information please visit [UHC.com/pharmacy](http://UHC.com/pharmacy) or contact your UnitedHealthcare representative

## PDL DECISION KEY

2→1	<b>Down-Tier:</b>	Moving to a lower tier for immediate cost savings.
2→3	<b>Uptiers:</b>	Moving to a higher tier because they offer less healthcare value.
3	<b>New Benefit Coverage</b>	Medications either previously excluded at launch or new to the market that now have a tier placement.
X	<b>Excluded from Coverage:</b>	Offer limited value over existing covered options.
X	<b>Continued Exclusion:</b>	These exclusions will have limited-to-no member impact since the medication was excluded at launch.
SL	<b>Supply Limits:</b>	Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe.
STEP	<b>Step Therapy:</b>	Requires trial of a lower-cost option before receiving coverage for the more expensive medication.
MN	<b>Medical Necessity:</b>	Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.
R&S	<b>Refill &amp; Save:</b>	Provides members a discount on copayment for timely refills of select medications.

<sup>1</sup> Estimated potential member impact is based on March to June 2020 claims for our standard Traditional and Advantage PDLs.

<sup>2</sup> Estimated PMPM savings may include other class dynamics and is based on March to June 2020 utilization. All annual cost savings noted are based on UnitedHealthcare claims data and are not guarantees. Actual savings may vary.

<sup>3</sup> Estimated Annual Savings are based on annualized PMPM savings and total membership and are not guarantees. Actual savings may vary.

<sup>4</sup> Generic expected to launch October 2020. Impact and savings for this strategy was provided in the 9.1.20 cycle reporting.

<sup>5</sup> Customers with the Legend Medication with Over the Counter Equivalent (LMWOE) program cannot opt out.

**CITY OF HAMILTON - 0718120**

**January 1, 2021 Clinical Program Update  
Self-funded Customers on the Advantage Prescription Drug List (PDL)**

The medications below will be added to their respective programs on January 1, 2021.

**New QD Supply Limit Update**

A supply limit is the largest quantity of medication covered per copayment or in a time period. The following medications will have a new supply limit.

Therapeutic Class	Drug Name	Quantity Limit	Members Impacted <sup>1</sup>
Endocrine	Jynarque 15mg tablets	56 tablets per month	0
	Jynarque 30-15mg tablets	56 tablets per month	0
	tolvaptan 30mg (generic Samsca) tablets	62 tablets per month	0

**Revised QD Supply Limit Update**

A supply limit is the largest quantity of medication covered per copayment or in a time period. The following medications will have a revised supply limit.

Therapeutic Class	Drug Name	Quantity Limit	Members Impacted <sup>1</sup>
Inflammatory conditions	Dupixent 200mg/1.14mL pre-filled syringe	2 syringes per month	0
	Dupixent 300mg/2mL pre-filled syringe	2 syringes per month	1

**New Step Therapy**

With this program, members will need to try a lower-cost medication first, before a higher-cost medication may be covered.

Therapeutic Class	Drug Name	Step Sequence	Members Impacted <sup>1</sup>
Hemophilia	Esperoct <sup>2</sup>	Must try three of the following: (1) Advate (2) Kogenate FS (3) Kovaltry (4) NovoEight (5) Nuwiq (6) Recombinate	0
Migraines	Nurtec ODT <sup>2</sup>	Must try Ubrelyv plus two of the following: almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt/Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig)	0
Osteoporosis	Forteo <sup>2</sup>	Must try both: (1) Tymlos (2) Teriparatide	0
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)	0
Skin conditions - infections	Veregen	Must try one of the following: (1) imiquimod (generic Aldara) (2) podofilox (generic Condylox)	0

**THIS IS THE END OF YOUR CLINICAL PROGRAMS REPORT**

For more information please visit [UHC.com/pharmacy](http://UHC.com/pharmacy) or contact your UnitedHealthcare representative

<sup>1</sup> Estimated potential member impact is based on March to June 2020 claims for our standard Traditional and Advantage PDLs.

<sup>2</sup> Step Therapy only applies for groups who do not take Prior Authorization-Medical Necessity or Exclusions.

CITY OF HAMILTON - 0718120

**ASO ONLY**

**Accumulator Adjustment Program (Formerly named - Coupon Adjustment: Benefit Plan Protection)  
January 1, 2021**

For more information, contact your UnitedHealthcare Representative.

For January 1, 2021, ASO clients that have not previously turned on the Accumulator Adjustment program will have the ability to revisit this decision. The Accumulator Adjustment program is designed to provide a real-time solution that only includes the amount an employee has paid (i.e., does not include amounts that are paid by the pharmaceutical manufacturer's copay card program) towards an employee's deductible and out-of-pocket maximum at Optum Specialty Pharmacy. **If the below section shows N/A for Members Impacted and Estimated Savings this means the group already has this program turned on or is not an ideal candidate, and there is no action needed. If the below table is showing data for Members Impacted and Estimated Savings this means the group does not have the program turned on and an opportunity exists to adopt it.**

This is an opt-out program. All impacted groups will have this program turned on effective 1/1/21 unless they are opted-out. Opt-out decisions are to be sent to the email inbox [Accumulator-Decision@uhc.com](mailto:Accumulator-Decision@uhc.com). Please reference the 1/1/21 cycle cheat sheet and training slides for additional information.

Program	Estimated Plan Savings <sup>1</sup>	Members Impacted
Accumulator Adjustment	N/A	N/A

<sup>1</sup> Based on OptumRx and UHC member population analysis, Jan. – June, 2020, annualized.

**THIS IS THE END OF YOUR PHARMACY REPORT**

For more information please visit [UHC.com/pharmacy](http://UHC.com/pharmacy) or contact your UnitedHealthcare representative

CITY OF HAMILTON - 0718120

## January 1, 2021 Medical Benefit Medical Necessity Updates

The medications below will be added/updated to these UHC Programs.

### Preferred product and Prior Authorization Updates

Long acting granulocyte colony stimulating factors are used for the treatment for oncology chemotherapy protocols, and stimulate the growth of neutrophils, a type of white blood cell important in the body's fight against infection.  
**Starting January 1, 2021, a notification/ prior authorization will be required for Nyvepria, and this non-preferred medication will require step therapy. This change in utilization management will help drive to the lower cost medications for this class.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted <sup>1</sup>	Savings <sup>1</sup>
Long Acting Colony Stimulating Factors	Nyvepria	Ziextenzo Neulasta	N/A	N/A	\$13,894

### October 1, 2020 Medical Benefit Medical Necessity Updates

The medications below will be added/updated to these UHC Programs.

### Preferred product and Prior Authorization Updates

Rituximab products are used for for the treatment of certain autoimmune diseases and types of cancer.  
**Starting October 1, 2020, a notification/ prior authorization will be required for Nyvepria, and this non-preferred medication will require step therapy. There will also be a Site of Care requirement.**  
 \*Rituxan and Rituxan Hycela will become the non-preferred drugs, with step required through both Ruxience and Truxima.  
 \*Existing authorizations will be honored for oncology and non-oncology uses, and new strategy will be enforced upon re-authorization.  
 Members who are new to therapy will be subject to the preferred product strategy.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted <sup>2</sup>	Savings <sup>2</sup>
Oncology and Non-oncology - Injectable	Rituxan Rituxan Hycela	Ruxience Truxima	Yes	1	\$15,261

<sup>1</sup> Currently no utilization/member impact for Nyvepria. Savings assume increased utilization and better pricing for lower cost alternatives due to the PA on Nyvepria. This strategy only applies to clients that have the Core Medical Necessity/Specialty Guidance Program under the medical benefit in place.

<sup>2</sup> Rituxan annual member impact and savings are based Q120 patients and only apply to clients that have the Cancer Guidance Program and Specialty Guidance Program under the medical benefit in place.

CITY OF HAMILTON - 0718120

## January 1, 2021 Medical Benefit Medical Necessity Updates ASO Customers with Medical Necessity under the Medical Benefit

The medications below will be added/updated UHC Medical Necessity Program.

### Drugs Requiring Notification/Prior Authorization Update

Hyaluronic Acid drugs are used for the treatment of osteoarthritis of the knee and other joints.

**Starting January 1st, 2021, a notification/ prior authorization will be required for Euflexxa, Durolane, and Gelsyn-3. There will also be an update to the clinical drug policy to eliminate coverage for non-knee joints, and redefine medically necessary use to candidates not eligible for knee replacement surgery.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Sourcing Requirements	Site of Care Requirements	Members Impacted
Osteoarthritis	Euflexxa Durolane Gelsyn-3	N/A	N/A	N/A	Member Impact will be determined through reporting, and 60-day letters will be mailed.

Tecartus (KTE-X19 Car-T Therapy) is used for the treatment of cellular therapy for Mantle cell NHL.

**Starting January 1st, 2021, a notification/ prior authorization will be required for Tecartus.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Sourcing Requirements	Site of Care Requirements	Members Impacted
Oncology - Injectable	Tecartus	N/A	N/A	N/A	N/A. New to Market Drug.

Uplizna is used for the treatment of Neuromyelitis optica disorder.

**Starting January 1st, 2021, a notification/ prior authorization will be required for Uplizna.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Sourcing Requirements	Site of Care Requirements	Members Impacted
NMOSD	Uplizna	N/A	N/A	Yes	N/A. New to Market Drug.

Scenesse is a melanocortin 1 receptor (MC1-R) agonist indicated to increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria (EPP).

**Starting January 1st, 2021, a notification/ prior authorization will be required for Scenesse.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Sourcing Requirements	Site of Care Requirements	Members Impacted
Dermatology	Scenesse	N/A	N/A	N/A	N/A. New to Market Drug.

Viltepso is used to treat Duchenne muscular dystrophy (DMD) resulting from mutations amenable to exon 53 skipping.

**Starting January 1st, 2021, a notification/ prior authorization will be required for Viltepso, and this medication will have a Site of Care requirement.**

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Sourcing Requirements	Site of Care Requirements	Members Impacted
CNS Agents	Viltepso	N/A	N/A	Yes	N/A. New to Market Drug.

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