

September 1, 2020 PDL Pharmacy Benefit Updates



Agenda and Featured Presenters



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- Decision Summary
- Key Pharmacy Benefit Updates
 - HIV medication changes
 - Diabetes update
 - Asthma changes
 - New Strategic Exclusions
- Additional Advantage and Traditional PDL Pharmacy Benefit Updates
 - Clinical Program Updates
- Prescription Drugs with OTC Equivalent Exclusions & Flex Bolt On Strategy

Decisions Definition Key



Key	Decision	Definition
2→1	Down-tiers	Down-tiers refer to medications that move to a lower tier, which can occur at any time throughout the year to provide consumers with immediate cost savings.
2→3 3→4	Up-tiers	Up-tiers refer to medications that move to a higher tier because they offer less health care value (either clinically and/or financially) than similar medications in their therapeutic classes.
3	New Benefit Coverage	New tier placements occur for medications that have been previously excluded at launch or excluded, but now offer sufficient health care value to have a tier placement.
X	Exclusions	We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our clients while preserving affordable choices for consumers.
X	Continued Exclusions (previously excluded at launch)	These exclusions will have little to no consumer impact since the medication has been excluded at launch.
STEP	Step Therapy	Step Therapy directs consumers to try a lower-cost medication (known as Step 1) before progressing to a higher-cost alternative (known as Step 2).
SL	Supply Limits	Supply Limits establish the maximum quantity of drug that is covered per cost share or in a specified timeframe.
MN	Prior Authorization/ Medical Necessity	Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.
N	Notification	Notification requires physicians provide additional clinical information to verify consumer benefit coverage.
R&S	Refill and Save	Members can save money on their cost share for select drugs if they remain adherent and refill on time. Program eligibility may vary.

Summary of Pharmacy Benefit Updates



		UnitedHealthcare PDL	
		Advantage	Traditional
2→1	Down-Tiers	4	4
2→3/4	Up-Tiers	3	1
3	New Tier Placements (previously excluded from coverage)	1	1
X	Strategic Exclusions ¹	11	11
X	Continued Exclusions ¹ (previously excluded at launch)	13	13
X	Bulk Ingredient Exclusions	0	0
SL	New / Revised Supply Limits ¹	5	5
MN	Medical Necessity ¹	4	4
STEP	Step Therapy ¹	8	8
N	Notification ¹	2	2

¹ Applies to customers who implement Exclusions, Step Therapy, Medical Necessity, Notification or Supply Limits

2→1

In addition, 15 other consumer positive changes (downtiers, new tier placements) have already been implemented prior to release of this September PDL update.

Specialty medications

HIV Pre-Exposure Prophylaxis (PrEP)



PrEP to prevent HIV infection will be covered at \$0 cost-share starting July 1.

- In June 2019, the U.S. Preventive Services Task Force (USPSTF) issued a grade A recommendation that **providers offer pre-exposure prophylaxis (PrEP)** with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.
- Under the Patient Protection and Affordable Care Act (PPACA), any services recommended by the USPSTF with a grade of A or B must be **made available to members at \$0 cost share.**
- This change is **effective July 1, 2020** for fully insured and self-funded business.¹

Truvada® and generic Viread® (tenofovir disoproxil fumarate) will be covered at \$0 cost-share for most plans starting July 1

7/1/20 HCR Update	
Truvada	\$0 with HCR PA
generic Viread	

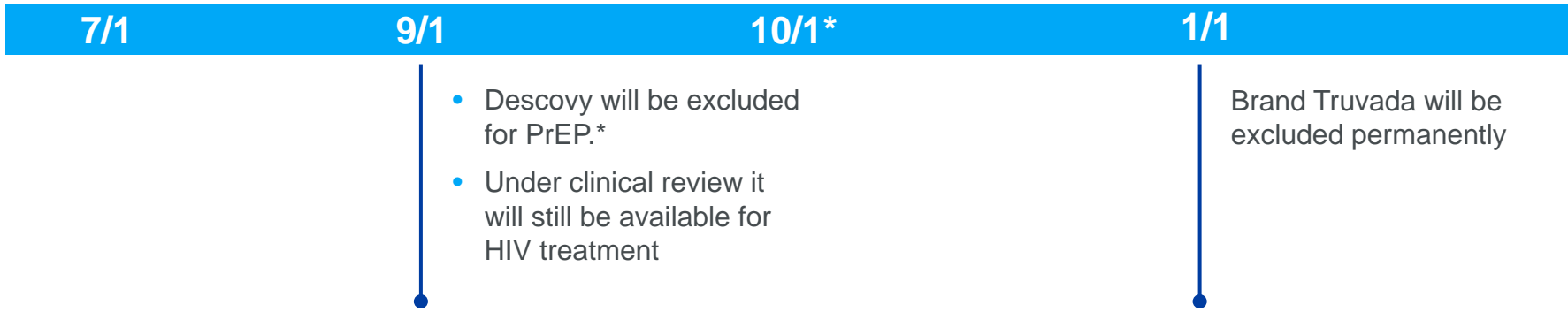
¹ Change implemented on 1/1/2020 for NY fully insured and NY non-ERISA ASO business

HIV Pre-Exposure Prophylaxis (PrEP)



- Truvada® and generic Viread® (tenofovir disoproxil fumarate) will be covered at \$0 cost-share for most plans starting July 1 with PA.
- Descovy® for PrEP will not be covered at \$0 with PA.

- 10/1 is the anticipated launch date for generic Truvada
- Upon launch: Brand Truvada will be put in Brand Exclusion Upon Generic Launch program and brand will be excluded.*
- Upon launch: Generic Truvada will not need a PA for \$0 coverage



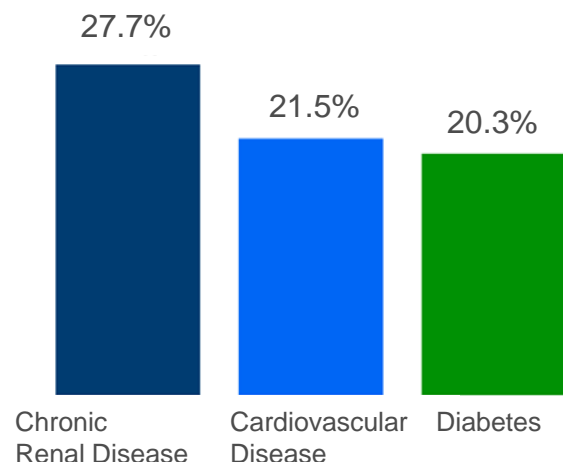
7/1/20 HCR** Update		9/1/20 PDL Changes		Upon Generic Launch (~Oct)		1/1/21 PDL Changes	
Truvada	\$0 with HCR PA	Descovy for PrEP	X	Generic Truvada	\$0 no HCR PA^	Truvada (Brand only)	X
generic Viread				Truvada (Brand only)	X		

*Upon clinical review, may still be eligible for use and/or a cost share waiver. **Coverage review is required for \$0 cost share. ^Generic Viread will continue to require HCR PA for \$0 cost share.

Diabetes and other medications

Ensuring affordable access to medications for diabetes is essential, especially during COVID-19.

COVID-19 patients with diabetes are at an increased risk of hospitalization¹



UnitedHealthcare's ongoing efforts to help ensure insulin affordability:



Our members pay **less than \$12** on average for a tier 1 insulin product.²

It's been the same strategy for the **past decade.**

- ✓ Long- and short-acting insulin options available on the lowest PDL tier (tier 1);
- ✓ Insulin products are available on some preventive coverage lists for Consumer Directed Health (CDH) plans

¹ CDC: https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm?s_cid=mm6913e2_x 2 UnitedHealthcare internal analysis which does not include CDH Plans; 2019;

Reminder: Diabetes insulin category changes were extended from 5/1 to 7/1.

Current

Tier 1 Option
Insulin Glargine (Basaglar)

Other Covered Options
Tresiba

Effective 7/1/20

Tier 1 Option
Insulin Glargine (Lantus)

Other Covered Options
Toujeo

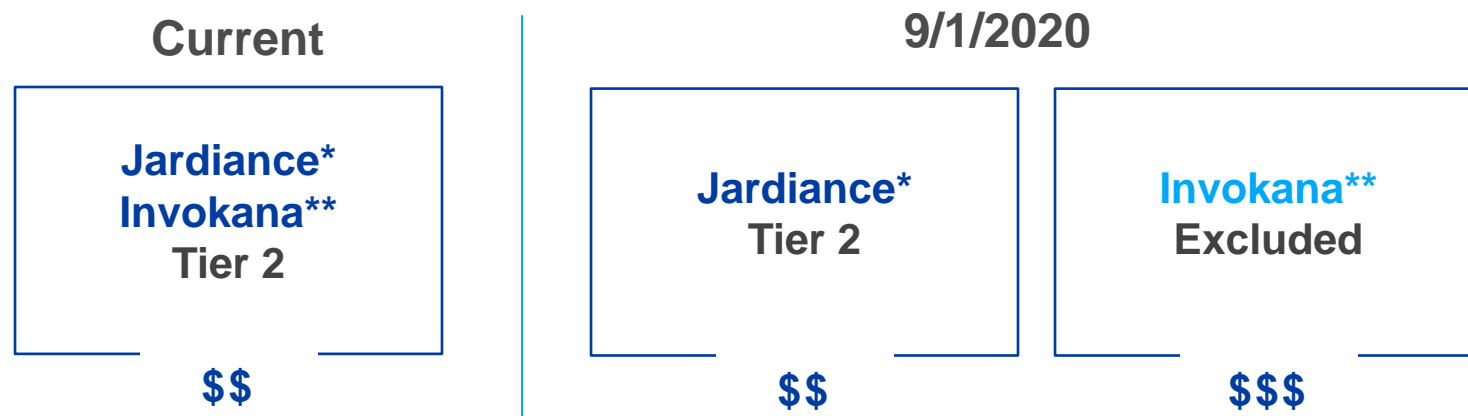
What this accomplishes?

- Continue to have Tier 1 access.
- Drives savings in a high cost, high value category.
- Achieves lowest net cost with price protection.

PDL Changes	
Lantus	1
Toujeo	2
Basaglar	X
Tresiba	X
Levemir	X

Diabetes non-insulin strategy.

- A common non-insulin diabetes class of medications was reviewed for 9/1.
- There was an opportunity to solely prefer the market leader and further reduce costs in the category.



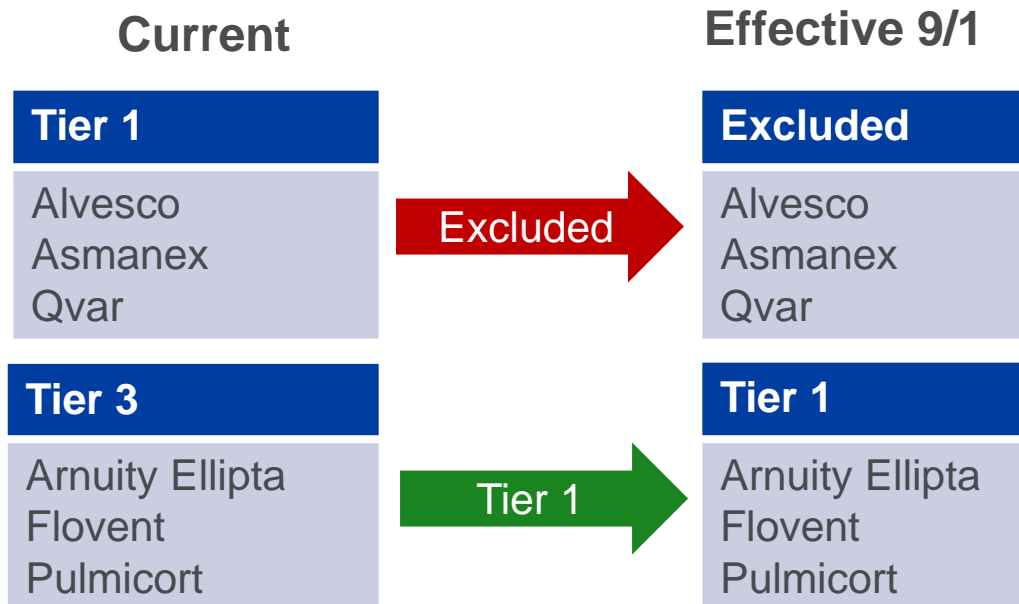
Includes combination products *(Synjardy, Synjardy XR),**(Invokamet/Invokamet XR)

PDL Change	
Invokana^	X
Invokamet /Invokamet XR^	X

^ For benefits that do not exclude, step therapy may be required.

Now implementing revised asthma changes as supply is stable.

Stepwise approach for managing asthma, starting with inhaled steroids as one of the initial treatments.



What this accomplishes?

- Continue to have Tier 1 coverage for several guideline recommended therapies.
- Limited disruption due to one-time use (approx 50%)

PDL Changes	
Arnuity Ellipta	Tier 1
Flovent products	Tier 1
Pulmicort Flexhaler	Tier 1
	Remove Step Therapy
Alvesco	X
Asmanex	X
Qvar	X

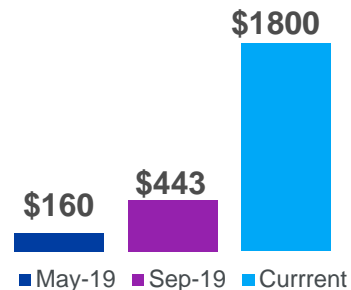
New strategic exclusions.

Why pay more for a prescription when there is a covered OTC alternative?

Pain and Arthritis

Excluded: Ketoprofen®

Recent price increase is now ~\$1800 per Rx¹
(generic NSAID)



Why pay more for combination drugs for unrelated conditions?

High Blood Pressure and Arthritis

Excluded: Consensi®

~\$1900 per Rx¹
(new combination of blood pressure medication and NSAID)



Over the counter and lower cost options available:

NSAIDs

~\$13.00 per month supply²

High Blood pressure medication

~\$4 per month supply¹

PDL Change	
Consensi	X
ketoprofen ^	X
ketoprofen extended-release^	X

1. UnitedHealthcare Internal Data based 2020 2. drugs.com ^For benefits that do not exclude, step therapy may be required.

New strategic exclusion for Synthroid.

Synthroid (monthly fill)
Brand: \$50 ¹
Generic: ~\$4 ²



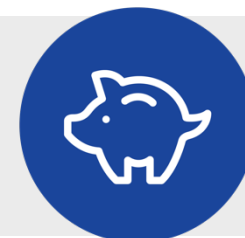
Synthroid price has increased 60% over the last several years.¹

Generic availability


There is a generic equivalent medication available (from multiple manufacturers) to treat thyroid disorders, providing the opportunity to drive costs down further.

PDL Change	
Synthroid (Brand only)	X

Strategic exclusions help ensure we are allocating your health care dollars to move your members to high-value medications.



1. UnitedHealthcare Internal Data based 2020 2. <https://www.walmart.com/cp/4-dollar-prescriptions/1078664>



Additional Advantage and
Traditional PDL Pharmacy
Benefit Updates and Medical
Drug Changes

Additional Exclusions

Therapeutic Class	Tier	Medication
Acne	X	Absorica LD
	X	Aklief
	X	Dapsone 7.5% gel (authorized generic for Aczone)
Asthma/COPD	X	Budesonide/Formoterol (authorized generic for Symbicort)
COPD	X	Duaklir
Dry eye disease	X	Cequa
HIV	X	Temixys
Mental health	X	Secuado
Multiple sclerosis	X	Vumerity
Neutropenia	X	Ziextenzo
Pain	X	Apadaz (Brand only)
Pain and inflammation	X	Relafen DS

New Benefit Coverage

Therapeutic Class	Tier	Medication
Psoriasis	3	tazarotene 0.1% cream (generic Tazorac)

Advantage Uptiers

Therapeutic Class	Tier	Medication
Hereditary Angioedema	2→3	Berinert
Mental health	2→3	desvenlafaxine extended-release (generic Pristiq)

Advantage 4-Tier Uptiers

Therapeutic Class	Tier	Medication
Hereditary Angioedema	2→4	Berinert
Pain and inflammation	3→4	Sprix

Brand for Generic Reversal for Traditional

Therapeutic Class	Tier	Medication
Psoriasis	1→3	Tazorac 0.1% cream ¹

Brand for Generic Reversal for 4-Tier Traditional

Therapeutic Class	Tier	Medication
Psoriasis	1→4	Tazorac 0.1% cream ¹

¹ This change is a Brand for Generic reversal. The AB-rated generic is now covered in Tier 1.

Clinical Program Updates for All PDLs



New Supply Limits

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	Medication Name	Quantity Limit
Migraines	Aimovig 140mg	1 Syringe per month
HIV	Temixys 300-300mg	31 tablets per month
Pain	Sprix 15.75mg	5 bottles per copay

Revised Supply Limits

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	Medication Name	Quantity Limit
Hereditary Angioedema	Beriner ²	10 boxes per month
	Firazy ²	6 syringes per month
	Ruconest ²	8 vial per month

² Supply Limit already exist - changing limit type

Clinical Program Updates for All PDLs



New Prior Authorization – Notification

Requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Class	Medication Name
Rosacea	Rhofade
	Mirvaso

New Prior Authorization – Medical Necessity

Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.

Therapeutic Class	Medication Name
Hereditary Angioedema	Berinert
	Firazyr
	Ruconest
Psoriasis	Tazorac

Clinical Program Updates for All PDLs



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	Medication Name	Step 1 medication
Hereditary Angioedema	Berinert	Ruconest
Pain	Sprix	Must try three of the following: (1) diclofenac (2) flurbiprofen (3) ibuprofen (prescription strength) (4) naproxen (prescription strength)

Thank you