

# UnitedHealthcare small business specialty medication pharmacy plan designs

## Specialty medications by therapeutic class

This list includes specialty medications included in the Specialty Medication Plan Designs and is updated twice per year. For the most up-to-date drug coverage information:

- ▶ Please call Customer Care by using the toll-free member phone number on the back of your ID card; or log on to **myuhc.com**\* to learn more about your pharmacy benefit and medication pricing.

Therapeutic class	Drug name	Tier	Therapeutic class	Drug name	Tier	Therapeutic class	Drug name	Tier	
Anemia	Aranesp SL	2	Hemophilia continued	Ixinity E	3*	Infertility continued	Novarel	3	
	Epogen SL	2		Koate-DVI	2		Ovidrel	3	
	Procrit SL	2		Kogenate FS	2		Pregnyl	3	
Endocrine	Egrifta N	3*		Monoclate-P	2	Repronex		3*	
	Firmagon	3		Mononine	2				
	Gattex N SL	3		Novoeight E	3*				
	H.P. Acthar N SL ST	3*		Novoseven	2		Inflammatory Conditions	Actemra N SL ST	3*
	Myalept N SL	3		Profilinine SD	2			Cimzia N SL	2
	Octreotide N	1		Recombinate	2			Cosentyx E N SL ST	3*
	Sandostatin N	3		Rixibus	3	Enbrel N SL ST		3*	
	Signifor N SL	3	Tretten	3	Humira N SL	2			
	Somatuline Depot SL	3*	Wilate	2	Kineret N SL	3			
	Somavert	3	Xyntha	2	Orencia N SL ST	3*			
Excessive Sleepiness	Xyrem (O) N SL	3*	Hepatitis C	Copegus (O)	3*	Otezla (O) N SL ST	3*		
				Daklinza (O) N SL	3	Simponi N SL	2		
Growth Hormone	Genotropin E N SL	3*		Harvoni (O) N SL	2	Stelara N SL	2		
	Humatrope E N SL	3*		Infergen N SL	3*	Xeljanz (O) N SL ST	3*		
	Increlex N SL	2		Moderiba Dose Pack (O) E	3*	Multiple Sclerosis	Ampyra (O) N SL	2	
	Norditropin E N SL	3*		Olysio (O) N SL ST	3*		Aubagio (O) N SL ST	3*	
	Nutropin N SL	2		Pegasys N SL	2		Avonex N SL	2	
	Omnitrope E N SL	3*		Peg-Intron N SL ST	3*		Betaseron N SL	2	
	Saizen E N SL	3*		Rebetol (O)	3*		Copaxone 20 mg N SL	2	
	Serostim N SL	3*		Ribapak (O) E	3*		Copaxone 40 mg N SL	2	
	Zomacton E N SL	3*	Ribasphere Ribapak (O) E	3*	Extavia E N SL ST	3*			
	Hematologic	Berinert N SL	2	Ribatab Compliance Pack (O) E	3*	Gilenya (O) N SL ST	3		
Cinryze N SL		3	Ribavirin (O)	1	glatiramer 20mg (generic Copaxone - e.g. Glatopa) E N SL	3*			
Firazyr N SL		3*	Sovaldi (O) N SL ST	2	Plegryd E N SL	3*			
Mozobil		2	Technivie (O) N SL	3*	Rebif N SL ST	3*			
Ruconest N SL		3	Victrelis (O) N SL ST	3	Tecfidera (O) N SL	2			
Hemophilia	Advate	2	High Cholesterol	Viekira (O) N SL ST	3*	Neutropenia	Leukine	2	
	Alphanate	2		Juxtapid (O) N SL	3*		Neulasta	3	
	Alphanine SD	2		Kynamro N SL	3*		Neupogen	2	
	Alprolix	3	Praluent N SL	3	Zarxio N SL		3*		
	Bebulin VH	2	Repatha N SL	3*	Osteoporosis	Forteo N	2		
	Benefix	2	HIV	Fuzeon		2	Parathyroid Hormone	Naptara N SL	3*
	Corifact	2		Immune Modulator	Actimmune N SL	2		Parkinson's Disease	Apokyn
	Eloctate N	3*	Infertility	Bravelle ST	3*	Thrombocytopenia Prevention	Neumega		2
	Feiba	2		Cetrotide	2				
	Helixate FS	2		Follistim AQ ST	3*				
	Hemofil M	2		Ganirelix Acetate	3				
	Humate-P	2		Gonal-F	2				
				Human Chorionic Gonadotropin (HCG)	1				
				Menopur	3*				

\* For 4-Tier benefit plan designs, these medications are placed on the 4<sup>th</sup> Tier. Members who have benefit coverage through a Louisiana or Texas-based employer will receive changes to this list upon plan renewal.

Not all plan designs cover all listed medications. Please refer to your benefit plan materials provided by your employer or health plan to determine which medications may be covered under your plan and to determine coverage limitations.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you. E - May be excluded from coverage, N - Notification/Prior Authorization required\*, (O) - Oral Medication, SL - Supply Limit, ST - Step Therapy

\*\* Depending on your benefit, you may have notification or prior authorization requirements for select medications. Your doctor is required to provide additional information to us to determine coverage.

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