

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

PGT INNOVATIONS, INC. - 0905985

Estimated Annual Savings for the PDL ¹ (reflected below)	Estimated PMPM Savings	Members Impacted ²
\$132,439	\$2.02	110

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, 2024 decisions and how they will affect you and your employees.

The January 1, 2024 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, 2024 Key Therapeutic Class Changes

AMP-Cap	Drug manufacturers may be lowering the price of certain drugs as a result of the American Rescue Plan Act of 2021, which eliminates the Average Manufacturer Price Medicaid Rebate Cap (AMP-Cap). UnitedHealthcare is supportive of manufacturers taking positive steps towards lowering drug costs for all patients.
Insulin changes	UnitedHealthcare has always supported access to insulin with options in tier 1 and the introduction of the Vital Medications Program.
Lowest net cost strategy	UnitedHealthcare manages to the lowest net cost. In some instances, the brand (net rebate) is less expensive vs high-cost generics. Manufacturers are changing their drug prices potentially due to recent legislation. As a result, the economics of some medications have changed, and the generic equivalent is now the lowest cost option.
Asthma changes	Manufacturers could discontinue manufacturing brand drugs due to recent legislation.
Biosimilar updates	UnitedHealthcare will continue to include Humira on all PDLs. UnitedHealthcare now covers 4 preferred biosimilars at the same tier as Humira with prior authorization.

SUMMARY OF UPDATES

¹Overall savings, including clinical.

² Estimated potential member impact is based on March-June 2023 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.

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January 1, 2024 PDL Impacted Medications Update
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For more information, contact your UnitedHealthcare Representative.

Exclusions

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier ⁴
Asthma	X Fluticasone propionate HFA (Flovent HFA Authorized brand alternative)	Arnuita Ellipta, QVAR RediHaler	0	\$0.00	\$0	\$143
Asthma/COPD	X Fluticasone/salmeterol aerosol HFA (Advair HFA Authorized brand alternative)	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort	0	\$0.00	\$0	\$86
	X Fluticasone/vilanterol Ellipta (Breo Ellipta Authorized brand Alternative)	fluticasone propionate/salmeterol (generic Advair Diskus), Advair HFA, Breo Ellipta, Symbicort	0	\$0.00	\$0	\$233
Cholesterol/lipid lowering	X Ezetimibe/Atorvastatin	simvastatin/ezetimibe (generic Vytorin), ezetimibe (generic Zetia) plus atorvastatin (generic Lipitor)	0	\$0.00	\$0	N/A
Diabetes	X Humalog Tempo Pen	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen	0	\$0.00	\$0	\$472
	X Lyumjev Tempo Pen	Humalog KwikPen, Insulin Lispro KwikPen (unbranded Humalog), Lyumjev KwikPen	0	\$0.00	\$0	\$472
	X Rezvoglar Kwikpen	Lantus, Toujeo	0	\$0.00	\$0	\$74
Inflammatory conditions	X Adalimumab (non-preferred Humira biosimilars) ⁵	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira	0	\$0.00	\$0	\$4,909
Oral steroid	X Cortisone tablet	hydrocortisone (generic Cortef)	0	\$0.00	\$0	\$788
Overactive bladder	X Oxybutynin 5 mg/5 ml oral solution	oxybutynin oral syrup (generic Ditropan)	0	\$0.00	\$0	\$355
Ulcers, heartburn & reflux	X Konvomep	lansoprazole orally disintegrating tablet (generic Prevacid Solu-tab), Nexium Suspension, OTC - Nexium, Prevacid, Prilosec, Zegerid	0	\$0.00	\$0	\$641
Acne	X Finacea gel (brand only)	azelaic acid gel (generic Finacea)	0	\$0.00	\$0	\$354
ADHD	X Adderall XR (brand only)	amphetamine/dextroamphetamine extended-release 24hr (generic Adderall XR)	34	\$0.53	\$34,952	\$1,028
	X Concerta (brand only)	methyphenidate extended-release osmotic release (generic Concerta)	12	\$0.31	\$20,436	\$1,703
Asthma	X Flovent Diskus	Arnuita Ellipta, QVAR RediHaler	0	\$0.00	\$0	\$1,080
	X Flovent HFA	Arnuita Ellipta, QVAR RediHaler	11	\$0.06	\$3,960	\$360
	X Pulmicort Flexhaler	Arnuita Ellipta, QVAR RediHaler	0	\$0.00	\$0	\$210
Asthma/COPD	X Advair Diskus (brand only)	fluticasone propionate/salmeterol (generic Advair Diskus)	16	\$0.07	\$4,675	\$292
Cancer	X Targretin capsules (brand only)	bexarotene capsule (generic Targretin)	0	\$0.00	\$0	\$221,423
	X Targretin gel (brand only)	bexarotene gel (generic Targretin)	0	\$0.00	\$0	\$66,050
Chest pain	X BiDil (brand only)	isosorbide dinitrate/hydralazine (generic BiDil)	0	\$0.00	\$0	\$899
Diabetes	X Humalog vial	Insulin Lispro vial (unbranded Humalog)	14	\$0.17	\$11,127	\$795
	X Kombiglyze XR (brand only)	saxagliptin/metformin extended-release (generic Kombiglyze XR)	1	\$0.00	\$276	\$275
	X Onglyza (brand only)	saxagliptin (generic Onglyza)	4	\$0.02	\$1,231	\$308
High blood pressure	X Edarbi	candesartan (generic Atacand), irbesartan (generic Avapro), losartan (generic Cozaar), olmesartan (generic Benicar), telmisartan (generic Micardis), valsartan (generic Diovan)	0	\$0.00	\$0	\$1,007
	X Edarbyclor	candesartan HCT (generic Atacand HCT), irbesartan HCT (generic Avalide), losartan HCT (generic Hyzaar), olmesartan HCT (Benicar HCT), valsartan HCT (generic Diovan HCT)	1	\$0.01	\$885	\$885
HIV	X Prezista tablet (brand only)	darunavir (generic Prezista)	0	\$0.00	\$0	\$2,148

Infections	X	Ciprodex otic suspension (brand only)	ciprofloxacin/dexamethasone otic suspension (generic Ciprodex)	8	\$0.02	\$1,160	\$145
Inflammatory bowel disease	X	Lialda (brand only)	mesalamine delayed-release (generic Delzicol), mesalamine delayed-release (generic Lialda), Apriso	6	\$0.60	\$39,246	\$6,541
	X	Uceris rectal foam (brand Only)	budesonide rectal foam (generic Uceris)	0	\$0.00	\$0	\$285
Mental health	X	Saphris (brand only)	asenapine maleate sublingual tablet (generic Saphris)	0	\$0.00	\$0	\$1,778
Narcolepsy	X	Xyrem	armodafinil (generic Nuvigil), modafinil (generic Provigil), Sodium Oxybate [Xyrem Authorized generic (Hikma)], Sunosi, Wakix, Xywav	1	\$0.22	\$14,231	\$14,230
Neutropenia	X	Ziextenzo	Neulasta, Udenyca	0	\$0.00	\$0	\$2,537

Downtiers

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³
Neutropenia	3→2 Neulasta	N/A	N/A	N/A	N/A

New Benefit Coverage

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³
ADHD	1 amphetamine/dextroamphetamine extended-release (generic Adderall XR)	N/A	N/A	N/A	N/A
	1 methylphenidate hydrochloride extended-release (generic Concerta)	N/A	N/A	N/A	N/A
Asthma	1 QVAR RediHaler	N/A	N/A	N/A	N/A
Asthma/COPD	1 fluticasone/salmeterol aerosol diskus inhaler [Wixela Inhub (generic Advair Diskus inhaler)]	N/A	N/A	N/A	N/A
Cancer	1 bexarotene capsule (generic Targretin)	N/A	N/A	N/A	N/A
	1 bexarotene gel (generic Targretin)	N/A	N/A	N/A	N/A
Diabetes	2 Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	N/A	N/A	N/A	N/A
	2 Insulin Lispro KwikPen (unbranded Humalog KwikPen)	N/A	N/A	N/A	N/A
	2 Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	N/A	N/A	N/A	N/A
	1 Insulin Lispro vial (unbranded Humalog)	N/A	N/A	N/A	N/A
Inflammatory bowel disease	1 mesalamine delayed-release (generic Lialda)	N/A	N/A	N/A	N/A
	1 mesalamine delayed-release (generic Delzicol)	N/A	N/A	N/A	N/A
Mental health	1 asenapine maleate sublingual tablet (generic Saphris)	N/A	N/A	N/A	N/A
Neutropenia	2 Udenyca	N/A	N/A	N/A	N/A

Uptiers

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier ⁴
Asthma/COPD	1→3 Fluticasone propionate/salmeterol inhaler (Airduo Respiclick Authorized brand alternative)	Arnuity Ellipta, QVAR RediHaler	2	\$0.00	\$260	\$130
Cancer	2→3 Brukinsa	Discuss alternative treatment options with your provider	0	\$0.00	\$0	\$8,510

Additional Exclusions - Brand Exclusion Upon Generic Launch

Therapeutic Class	Medication	Alternative Treatment Option(s)	Members Impacted ¹	Estimated PMPM ²	Estimated Annual Savings ³	Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier ⁴
ADHD	X Vyvanse (brand only)	lisdexamfetamine dimesylate (generic Vyvanse)	0	\$0.00	\$0	\$780
Mental health	X Latuda (brand only)	lurasidone (generic Latuda)	0	\$0.00	\$0	\$580
Multiple sclerosis	X Aubagio (brand only)	teriflunomide (generic Aubagio)	0	\$0.00	\$0	\$2,205

THIS IS THE END OF YOUR IMPACTED MEDICATION REPORT

For more information please visit UHC.com/pharmacy or contact your UnitedHealthcare representative

PDL DECISION KEY

2→1	Down-Tier:	Moving to a lower tier for immediate cost savings.
2→3	Uptiers:	Moving to a higher tier because they offer less healthcare value.
3	New Benefit Coverage:	Medications either previously excluded at launch or new to the market that now have a tier placement.
X	Excluded from Coverage:	Offer limited value over existing covered options.
X	Continued Exclusion:	These exclusions will have limited-to-no member impact since the medication was excluded at launch.

¹ "Members Impacted" is based on March-June 2023 claims.

² Estimated PMPM savings may include other class dynamics and is based on March-June 2023 utilization. All annual cost savings noted are based on UnitedHealthcare claims data and are not guarantees. Actual savings may vary.

³ "Estimated Annual Savings" is based on the client's actual patient counts for March-June 2023 and the "Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier". Actual savings may vary.

⁴ Estimated "Avg. Annual Savings per Patient for Targeted Med Exclusion/Uptier" is based on anticipated BOB Plan Paid Savings per Patient and may include various class dynamics (eg., pricing changes, utilization shifts and employee cost share differences). Actual savings may vary.

⁵ Adalimumab (non-preferred Humira biosimilars) includes the following medications: Abridada, Adalimumab-fkjp, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry. These are either all covered or all excluded.

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**January 1, 2024 Clinical Program Update
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The medications below will be added to their respective programs on January 1, 2024

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 ¹
Blood disorders	Promacta 12.5 mg packet for suspension	62 packets per month	0
	Promacta 25 mg packet for suspension	186 packets per month	0

THIS IS THE END OF YOUR CLINICAL PROGRAMS REPORT

For more information please visit UHC.com/pharmacy or contact your UnitedHealthcare representative

¹ Estimated potential member impact is based on March 2023 to June 2023 claims.

² Step therapy only applies to members who are new to therapy.

October 1, 2023 Medical Benefit, Medical Necessity Updates

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

Prior Authorization updates

Altuviio (antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl) is used for routine prophylaxis and on-demand treatment to control bleeding episodes and perioperative management for adults and children with hemophilia A.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Hemophilia	Altuviio	Eloctate	No	N/A	N/A

Briumvi (ublituximab-xiyi) is used to treat adults with relapsing forms of multiple sclerosis.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Multiple Sclerosis	Briumvi	N/A	No	N/A	N/A

Lamzede (velmanase alfa-tycv) is used in the treatment of alpha-mannosidosis in adult and pediatric patients.

Note: Prior authorization requirement only applies to outpatient facility (places of service 19/22)

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Enzyme Replacement Therapy	Lamzede	N/A	Yes	N/A	N/A

Qalsody (tofersen) is used to treat amyotrophic lateral sclerosis (ALS) in certain adults who have a mutation in the superoxide dismutase 1 (*SOD1*) gene.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Central Nervous System agents	Qalsody	N/A	No	N/A	N/A

Syfovre (pegcetacoplan) is used to treat geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Complement Inhibitors - Ophthalmologic use	Syfovre	N/A	No	N/A	N/A

Vyjuvek (beremagene geperpavec) is a topical gene therapy used to treat members 6 months and older with a rare skin disease called dystrophic epidermolysis bullosa (DEB).

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Gene Therapy	Vyjuvek	N/A	Yes	N/A	N/A

Elevidys (delandistrogene moxeparovec-rokl) is a gene therapy used to treat Duchenne muscular dystrophy in ambulatory pediatric patients age 4 through 5.

Therapeutic Class	Targeted Drug Name	Lower Cost Alternative Treatment	Site of Care Requirements	Members Impacted	Savings
Gene Therapy	Elevidys	N/A	No	N/A	N/A

January 1, 2024 AMP-Cap Update

Drug manufacturers may be lowering the price of certain drugs as a result of the American Rescue Plan Act of 2021, which eliminates the Average Manufacturer Price Medicaid Rebate Cap (AMP-Cap)

UnitedHealthcare is supportive of manufacturers taking positive steps towards lowering drug costs. These changes are likely to impact the availability or amount of drug rebates offered by drug manufacturers.

Today

Drug manufacturers are required to pay rebates to Medicaid agencies in exchange for Medicaid coverage of their drugs.

The Affordable Care Act (ACA) of 2010 capped the total rebate amount to be paid to a Medicaid agency at 100% of drug cost

Beginning 2024

The American Rescue Plan Act of 2021 removes the cap on the rebate amount to be paid to a Medicaid agency

As a result, some drug manufacturers will:

- lower the drug price of the drugs and reduce the rebates paid
- no longer pay rebates
- divest or discontinue manufacturing brand drugs

These changes impact drug pricing across all payers, including commercial health plans

The below projected estimate highlights how price reductions could translate to claim cost savings and lower the amount of rebates offered from drug manufacturers. As a result of this market event, UnitedHealthcare will be making updates to its prescription drug list coverage and may undertake rebate adjustments consistent with client contract terms.

Projected 2024 Total Claim Cost			Projected 2024 Total Rebate Amounts			Net Difference		
Pre-AMP Cap Removal	Post-AMP Cap Removal	Difference	Pre-AMP Cap Removal	Post-AMP Cap Removal	Difference	Pre-AMP Cap Removal	Post-AMP Cap Removal	Difference
\$7,383,166	\$7,059,987	(\$323,179)	\$2,208,391	\$1,894,904	(\$313,487)	\$5,174,775	\$5,165,083	(\$9,692)

This projected estimate is based on information available as of July 2023. This will vary from actual utilization in 2024 and will not reflect any contract changes that may occur for 2024. This projected estimate is not final and is subject to change.

AMP CAP impacted medication classes and examples may include:

- Insulins (e.g., Humalog, Lantus)
- Asthma Medications/Inhalers (e.g. Flovent, Advair Diskus)
- ADHD medications (e.g. Adderall XR, Concerta)

The information in this document is illustrative and current as of July 2023

Claim cost is ingredient cost (discounted AWP)

Net difference = total 2024 claim cost - 2024 projected rebate amount

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