

1st Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan of Arizona

UnitedHealthcare Community Plan's Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the changes and update your references as necessary.

You may also view the changes at UHCprovider.com/plans > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.

We provided a list of available alternatives to UnitedHealthcare Community Plan members whose current treatment includes a medication removed from the PDL. Please provide affected members a prescription for a preferred alternative in one of the following ways:

- Call or fax the pharmacy.
- Use e-Script.
- Write a new prescription and give it directly to the member.

If a preferred alternative is not appropriate, please call **800-310-6826** for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

Changes will be effective January 1, 2020

PDL Additions

Brand Name	Generic Name	Comments
Balversa™	Erdafitinib tablet	Indicated for the treatment of urothelial carcinoma. Prior authorization required. Available through specialty pharmacy.
Dovato®	Dolutegravir/lamivudine tablet	Indicated as a complete regimen for the treatment of HIV. Diagnosis required.
Emgality® 100mg/mL	Galcanezumab-gnlm prefilled syringe	Indicated for the treatment of episodic cluster headaches. Prior authorization required.
Mayzent®	Siponimod fumarate tablet	Indicated for the treatment of relapsing forms of multiple sclerosis. Prior authorization required. Available through specialty pharmacy.
Piqray®	Alpelisib tablet	Indicated for the treatment of breast cancer. Prior authorization required. Available through specialty pharmacy.
Ruzurgi®	Amifampridine tablet	Indicated for the treatment of Lambert-Eaton myasthenic syndrome. Prior authorization required. Available through specialty pharmacy.
Vyndamax™	Tafamidis capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.
Vyndaqel®	Tafamidis meglumine capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.

PDL Modifications

Brand Name	Generic Name	Comments
Albenza®*	Albendazole tablet	Indicated for the treatment of various parasitic worm infections. Remove prior authorization. Diagnosis required.
Alinia®	Nitazoxanide tablet	Remove prior authorization for cryptosporidiosis only. Diagnosis required. Diagnosis of giardiasis will continue to require a prior authorization, including a step through metronidazole.
Benznidazole	Benznidazole tablet	Indicated for the treatment of Chagas disease. Remove prior authorization. Diagnosis required.
Lysteda®*	Tranexamic acid tablet	Indicated for the treatment of cyclic heavy menstrual bleeding. Remove prior authorization. Diagnosis required.

*Only generics are preferred

Removed from PDL

Brand Name	Generic Name	Comments
Apriso®	Mesalamine extended-release capsule	Mesalamine delayed-release capsule (generic Delzicol®) is an alternate option. Current utilizers will be grandfathered.
Dipentum®	Olsalazine capsule	Mesalamine delayed-release capsule (generic Delzicol®) is an alternate option. Current utilizers will be grandfathered.
Emcyt®	Estramustine capsule	Various other options exist for the treatment of prostate cancer. Current utilizers will not be grandfathered.
N/A	Meperidine oral solution	Hydromorphone, morphine, and oxycodone are alternate options. Current utilizers will not be grandfathered.
N/A	Metaproterenol syrup	Albuterol sulfate inhaler and nebulizer are alternate options. Current utilizers will not be grandfathered.
N/A	Nicardipine capsule	Amlodipine and felodipine are alternate options. Current utilizers will not be grandfathered.
N/A	Terbutaline tablet	Albuterol sulfate inhaler and nebulizer are alternate options. Current utilizers will not be grandfathered.
Ridaura®	Auranofin capsule	Methotrexate, leflunomide, and sulfasalazine are alternate options. Current utilizers will not be grandfathered.

Contact Us

If you have any questions, please call UnitedHealthcare Community Plan's Pharmacy Department at 800-310-6826. Thank you.