

# 4<sup>th</sup> Quarter 2019 Preferred Drug List Update

## UnitedHealthcare Community Plan of Hawaii

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](http://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 October 1, 2019

#### PDL Additions

Brand Name	Generic Name	Comments
Advair® *	Fluticasone/salmeterol inhalation	Indicated for the treatment of asthma and COPD. Prior authorization required.
Cablivi®	Caplacizumab-yhdp injection	Indicated for the treatment of acquired thrombotic thrombocytopenia purpura. Prior authorization required. Available through specialty pharmacy.
Concerta® *	Methylphenidate ER tablet	Indicated for the treatment of ADHD. Diagnosis required. Methylphenidate ER (Concerta AB-rated generic) tablet will be added to the PDL. Methylphenidate ER (Concerta BX-rated generic) tablet will remain preferred on the PDL.
Epclusa® *	Sofosbuvir/velpatasvir tablet	Indicated for the treatment of chronic hepatitis C genotypes 1-6. Prior authorization required. Available through specialty pharmacy.
Motegrity™	Prucalopride tablet	Indicated for the treatment of chronic idiopathic constipation. Diagnosis required.
Nuzyra™	Omadacycline tablet	Indicated for the treatment of community-acquired bacterial pneumonia and acute bacterial skin and skin structure infections. Prior authorization required.
Suboxone® *	Buprenorphine/naloxone sublingual tablet	Indicated for the treatment of opioid dependence. Diagnosis required.
Symjepi™	Epinephrine injection	Indicated for the emergency treatment of allergic reactions.
Victoza® 2 Pen Pack	Liraglutide injection	Indicated for the treatment of type 2 diabetes mellitus. Step therapy required.

Wixela™ Inhub™	Fluticasone/salmeterol inhalation	Indicated for the treatment of asthma and COPD. Prior authorization required.
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\*Only generics are preferred

#### PDL Update

Brand Name	Generic Name	Comments
Trulicity®	Dulaglutide injection	It was previously communicated that Trulicity would become a non-preferred product effective October 1, 2019. Recently the American Diabetes Association (ADA) updated the ADA Standards of Medical Care in Diabetes to include Trulicity as a recommended therapy option for type 2 diabetics with known Atherosclerotic Cardiovascular Disease (ASCVD) based upon recently published outcomes from the REWIND trial. As a result of the updated guidelines and new clinical data available for Trulicity, UnitedHealthcare Community Plan will not be changing the PDL designation of Trulicity. On October 1, 2019, the preferred agents in this category of medications will be: Adlyxin, Trulicity and Victoza 2 Pen Pack.

#### Removed from PDL

Brand Name	Generic Name	Comments
FML®	Fluorometholone ophthalmic 0.1% ointment	Fluorometholone suspension and prednisolone suspension are alternate options. Current utilizers will not be grandfathered.
FML Forte®	Fluorometholone ophthalmic 0.25% ophthalmic suspension	Fluorometholone suspension and prednisolone suspension are alternate options. Current utilizers will not be grandfathered.
Lotemax®	Loteprednol etabonate 0.5% ophthalmic suspension	Fluorometholone suspension and prednisolone suspension are alternate options. Current utilizers will not be grandfathered.
Prodigen™	Probiotic capsule	Align, Culturelle, and Floranex are alternate options. Current utilizers will not be grandfathered.
Provad	Probiotic capsule	Align, Culturelle, and Floranex 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.