

# 2nd Quarter 2023 preferred drug list update

UnitedHealthcare Community Plan of Indiana

UnitedHealthcare Community Plan's preferred drug list (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the below changes which are effective as of **April 1<sup>st</sup>, 2023**.

## Drugs added to the Preferred Drug List

Drug/ Product Name	Comments
AMJEVITA™ SureClick Autoinjector Pen* (NDC: 72511-0400-01 and 72511-0400-02)	Amjevita is a biosimilar to HUMIRA indicated for the treatment of immunological disorders including Rheumatoid Arthritis, Psoriatic Arthritis, Crohn's Disease, Ulcerative Colitis, and Plaque Psoriasis. <b>Prior Authorization is required. Moved to Preferred effective 3/1/2023.</b>
Moxifloxacin Tablets	Indicated for treating infections caused by designated susceptible bacteria
Xerac® AC Topical Solution	Indicated for the prevention and treatment of hyperhidrosis

\*Only the NDCs starting with 72511 will be preferred with Prior Authorization

For medications which have been removed from the PDL, we have provided potential alternatives for UnitedHealthcare Community Plan members. If the drug alternative is medically appropriate, please provide members with a new prescription for a preferred alternative, via:

- Call or fax the pharmacy
- Use e-Script
- Write a new prescription and give it directly to the member (where permitted by state regulations)

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

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

### Contact us

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