



**UnitedHealthcare Community Plan of Mississippi
1st Quarter 2019 Preferred Drug List Update**

UnitedHealthcare Community Plan is required to follow the guidance provided in the Mississippi’s Division of Medicaid PDL to manage prescription medications for MississippiCAN and CHIP members. We update the PDL based on information from the Mississippi’s Division of Medicaid Pharmacy and Therapeutics Committee, as approved by the Mississippi Division of Medicaid Executive Director.

For drugs not managed on the Mississippi Division of Medicaid PDL, UnitedHealthcare Community Plan will follow the criteria and coverage policies 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 > Health Plans by State > 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, 2019.

New Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name	Drug Name	Drug Name
Rivastigmine patch	Mircera®	Fluorometholone ophthalmic
Pennsaid® solution	QVAR® Redihaler™	FML Forte® ophthalmic
Olmesartan/Amlodipine	Firazyr®	Nevanac® ophthalmic
Trogarzo™	Byetta®	Pred Mild® ophthalmic
Ziagen® solution	Invokana®	Moxifloxacin ophthalmic
Prezcobix®	Invokamet®	Ofloxacin ophthalmic
Atazanavir	Movantik®	Neomycin/Bacitracin/Polymyxin/Hydrocortisone ophthalmic oint.
Eucrisa	Ingrezza®	Alrex® ophthalmic
Bevespi Aerosphere®	Tetrabenazine	Azelastine ophthalmic
Neupogen® vial	Rocaltrol® solution	Sevelamer Carbonate Tablet
Tobramycin nebulized labeler 70644	Zemlar®	Prasugrel

Dextroamphetamine Sulfate IR Tablet	Delzicol	
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New Non Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name	Drug Name	Drug Name
Exelon® patch	Didanosine DR (250mg & 400mg)	Ciloxan® ophthalmic oint
Clindamycin vaginal cream	Stavudine	Tobrex® ophthalmic oint
Vandazole®	Videx® solution	Vigamox® ophthalmic
Carbamazepine SR tablet	Viread®	Olopatadine 0.2% ophthalmic
Trileptal suspension®	Reyataz®	Betaxolol ophthalmic
Bonjesta®	Viracept®	Azopt® ophthalmic
Diclegis®	Combivent Respimat®*	Trusopt® ophthalmic
Miconazole 3 vaginal cream	Leukine®	Travatan Z® ophthalmic
Terconazole	Zarxio®	Neomycin/Polymyxin B/Hydrocortisone otic
Eletriptan	Bethkis®	Otiprio® ophthalmic
Abacavir/Lamivudine/Zidovudine	Kitabis®	Renagel®
Trizivir®	Tobramycin nebulized labelers 00093, 00781, 65162, 17478	Effient®
Atripla®	Aranesp®	Yosprala®
Nevirapine and Nevirapine ER	Berinert®	Tracleer® suspension
Focalin®	Mesalamine	

***Existing users will be grandfathered**

Coverage and Criteria Changes- Drugs/Products Not Managed on Mississippi Division of Medicaid Drug List

Brand Name	Generic Name	Comments
Regranex®	Becaplermin gel	Remove prior authorization. Diagnosis required.
Firvanq™	Vancomycin powder for oral solution	Indicated for the treatment of Clostridium difficile-associated diarrhea and enterocolitis caused by Staphylococcus aureus. Diagnosis required.
Nocurna®	Desmopressin acetate sublingual tablet	Indicated for the treatment of nocturnal polyuria. Prior authorization required.

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