

1st Quarter 2020 Preferred Drug List Update

UnitedHealthcare Community Plan of Mississippi

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

Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name	Drug Name	Drug Name
Afstyla®	Alyq™	Ambrisentan
Androgel®	Asmanex® Twisthaler®	Atripla®
Azelastine nasal spray	Benzhydrocodone/Acetaminophen tab	Bethkis®
Clindamycin/Benzoyl peroxide gel	Clobazam	Combivent® Respimat®
Dalfampridin tab ER	Delstrigo™	Ibandronate
Solifenacin	Flovent®	Kitabis®
Methylphenidate ER	Neupogen®	Olopatadine 0.2% ophth sol
Retacrit™	Sulfacetamide lot	Symjepi™
Utibron®	Xyntha®	Kogenate® FS

Non Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name	Drug Name	Drug Name
Alphagan P®	Calcitonin spr	Cimetidine
Clindamycin gel	Delzicol®	Binosto®

Embeda®	Benzoyl peroxidine/erythromycin gel	Erythromycin gel/pad/sol
Firazyr®	Lescol® /Fluvastatin cap	Hemlibra®
Meperidine tab/sol	Nevanac®	Orenitram®
Patanase®	Prezcobix®	Procrit®
Protonix® Pak	QNASL®	Ranitidine syrup
Simbrinza®	Sklice®	Sulfacetamide w/ Sulf Cr.
Tudorza® Pressair®	Viberzi®	Zyprexa® Relprev®
Toviaz®	Minolira™	Adhansia XR™
Nexium® Rx DR cap	Zepatier™	Zelnorm™
Linzess® 72mg cap		

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

Brand Name	Generic Name	Comments
Ruzurgi®	Amifampridine tablet	Indicated for the treatment of Lambert-Eaton myasthenic syndrome. Preferred with prior authorization required.
Vyndamax™	Tafamidis capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Preferred with prior authorization required.
Vyndaqel®	Tafamidis meglumine capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Preferred with prior authorization required.
Albenza®	Albendazole tablet	Indicated for the treatment of various parasitic worm infections. Generic preferred with diagnosis required.
Benznidazole	Benznidazole tablet	Indicated for the treatment of Chagas disease. Preferred with diagnosis required.
Lysteda®	Tranexamic acid tablet	Indicated for the treatment of cyclic heavy menstrual bleeding. Generic preferred with diagnosis required.
Emcyt®	Estramustine capsule	Various other options exist for the treatment of prostate cancer. Non-preferred 1/1/20, current utilizers will not be grandfathered.
N/A	Propantheline tablet	Lansoprazole capsules and omeprazole capsules are alternate options. Non-preferred 1/1/20, current utilizers will not be grandfathered.
Ridaura®	Auranofin capsule	Methotrexate, leflunomide, and sulfasalazine are alternate options. Non-preferred 1/1/20, 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.