



**UnitedHealthcare Community Plan of Mississippi
2nd 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 April 1, 2019.

New Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name
Firvanq™ (vancomycin for oral solution)
Perseris™ (risperidone extended-release injection)
Oseltamivir (capsules, suspension)
Tamiflu® (oseltamivir capsules, suspension)
Hydroxyurea capsules
Promacta® (eltrombopag olamine tablets)

New Non Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name	Drug Name	Drug Name
Altreno™ (tretinoin lotion)	Delstrigo™ (doravirine/lamivudine/tenofovir tablets)	Siklos® (hydroxyurea tablets)
Plixda™ (adapalene topical solution)	Symtuza™ (darunavir/cobicistat/emtricitabine/tenofovir)	Inveltys™ (loteprednol etabonate ophthalmic)

	tablets)	suspension)
RoxyBond™ (oxycodone tablets)	Pifeltro™ (doravirine tablets)	Xelpros® (lantanoprost emulsion)
ZTlido™ (lidocaine topical system)	Delstrigo™ (doravirine/lamivudine/tenofovir tablets)	Lucemyra™ (lofexidine tablets)
Xyosted™ (testosterone enanthate injection)	Flumadine® (rimantadine tablets)	Doptelet® (avatrombopag maleate tablets)
Epidiolex® (cannabidiol oral solution)	Rapivab® (peramivir injection)	Mulpleta® (lusutrombopag tablets)
Sympazan™ (clobazam oral film)	Relenza (zanamivir diskhaler)	Nplate® (romiplostim tablets)
Ajovy® (fremanezumab-vfrm injection)	Rimantadine	Rituxan® (rituximab infusion)
Emgality® (galcanezumab-gnlm injection)	Xofluza™ (baloxavir marboxil)	Tavalisse™ (fortamatinib disodium tablets)
Braftovi™ (encorafenib capsules)	Kaspargo™ Sprinkle (metoprolol succinate capsules)	
Lorbrena® (lorlatinib tablets)	Nivestym™ (filgrastim-aafi injection)	
Mektovi® (binimetnib tablets)	Ilumya™ (tildrakizumab injection)	
Talzenna® (talazoparib capsules)	Olumiant® (baricitinib tablets)	
Tibsovo® (ivosidenib tablets)	Takhzyro® (lanadelumab-flyo injection)	
Vizimpro® (dacomitinib tablets)	Zypitamag™ (pitavastatin tablets)	

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

Brand Name	Generic Name	Comments
Lokelma®	Sodium zirconium cyclosilicate suspension packet	Prior Authorization Required: Indicated for the treatment of chronic hyperkalemia.
Orilissa™	Elagolix tablet	Prior Authorization Required: Indicated for the management of moderate to severe pain associated with endometriosis.
Diabinese®	Chlorpropamide tablet	Non-Preferred: Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Orinase®	Tolbutamide tablet	Non-Preferred: Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Tolinase®	Tolazamide tablet	Non-Preferred: Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Zytiga® 500mg	Abiraterone tablet	Non-Preferred: Abiraterone 250mg tablets are an alternate option. Current utilizers will not be grandfathered.

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