



**UnitedHealthcare Community Plan of Mississippi
3rd 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 July 1, 2019.

New Preferred Drugs to the Mississippi Division of Medicaid Drug List

Drug Name
Panzyga® (immunoglobulin)

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

Drug Name	Drug Name
Tolsura™ (itraconazole)	Jivi® (antihemophilic factor)
Copiktra® (duvelisib)	Wixela™ Inhub™ (fluticasone/salmeterol)
Daurismo (glasdegib)	Motegrity™ (prucalopride)
Vitrakvi® (larotrectinib)	Symjepi™ (epinephrine)
Xospata® (gilteritinib)	Cequa™ (cyclosporine 0.09%)
Inbrija™ (levodopa)	Bryhali™ (halobetasol)
Abilify Mycite® (aripiprazole)	
Yupelri® (revefenacin)	

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

Brand Name	Generic Name	Comments
AquADEKs™	Multiple vitamin chewable tablet and drops	PDL Addition: Indicated for the treatment or prevention of low levels of fat soluble nutrients and antioxidants in patients with cystic fibrosis (CF). Diagnosis required.
Krintafel®	Tafenoquine tablet	PDL Addition: Indicated for the radical cure (prevention of relapse) of <i>Plasmodium vivax</i> malaria.
Tegsedi™	Inotersen injection	PDL Addition: Indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR). Prior authorization required. Available through specialty pharmacy.
Miralax® single dose packet	Polyethylene glycol (PEG 3350) packets	Removed from PDL: Miralax® (polyethylene glycol (PEG 3350)) powder bottle is an alternate option. Current utilizers will not be grandfathered.
Premarin®	Conjugated estrogen vaginal cream	Removed from PDL: Estradiol vaginal cream is 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.