

# 3rd Quarter 2020 Preferred Drug List Update

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.

Not all medications will be added, modified or deleted in each state, so please check the state's PDL for a state-specific list of preferred drugs. 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.

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 (where permitted by state regulations).

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

Changes will be effective July 1, 2020, for Arizona, California, Hawaii, Maryland, Nebraska, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island\* and Virginia.

These changes do not apply to UnitedHealthcare Community Plans in Florida, Kansas, Louisiana, Michigan, Mississippi, Texas and Washington.

\* Changes in scope for Rhode Island will be effective Aug. 1, 2020.

## Changes will be effective July 1, 2020.

### PDL Additions

Brand Name	Generic Name	Comments
Brukina <sup>™</sup>	Zanubrutinib capsule	Indicated for the treatment of mantle cell lymphoma (MCL) in patients who have received at least one prior therapy. Prior authorization required. Available through specialty pharmacy.
Nayzilam <sup>®</sup>	Midazolam nasal spray	Indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity that are distinct from a patient's usual seizure pattern in patients with epilepsy. Prior authorization required.
Temixys <sup>™</sup>	Lamivudine/tenofovir disoproxil fumarate tablet	Indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV-1) infection. Diagnosis required.
Trikafta <sup>®</sup>	Elexacaftor/tezacaftor/ivacaftor tablet, ivacaftor tablet	Indicated for the treatment of cystic fibrosis (CF) in patients, ages 12 and older, who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Prior authorization required. Available through specialty pharmacy.



## PDL Modifications

Brand Name	Generic Name	Comments
Novolog® Mix	Insulin aspart protamine/ insulin aspart vial	Insulin aspart protamine/insulin aspart vial (authorized generic of Novolog® Mix vial) will remain preferred and the brand Novolog® Mix vial will become non-preferred. Current utilizers will be required to transition to insulin aspart protamine/insulin aspart vial (authorized generic of Novolog® Mix vial).

## Removed from PDL

Brand Name	Generic Name	Comments
Adderall XR™	Amphetamine/ dextroamphetamine extended-release capsule	Amphetamine/dextroamphetamine extended-release capsule (generic Adderall XR™) is an alternate option. Current utilizers will be required to transition to amphetamine/dextroamphetamine extended-release capsule (generic Adderall XR™). Current utilizers will not be grandfathered. Change will be effective Aug. 1, 2020.
Cimduo®	Lamivudine/tenofovir disoproxil fumarate tablet	Temixys™ is an alternate option. Current utilizers will be grandfathered.
Clindagel®	Clindamycin phosphate gel 1%	Various other topical products are available for the treatment of acne. Current utilizers will not be grandfathered.
N/A	Cetirizine chewable tablet	Cetirizine oral solution and syrup are alternate options. Current utilizers will not be grandfathered.
Vyvanse®	Lisdexamfetamine capsule and chewable tablet	Amphetamine/dextroamphetamine extended-release capsule (generic Adderall XR™) and methylphenidate extended-release tablet or extended-release capsule (generic Concerta® or Metadate CD®) are alternate options. Current utilizers for non-binge eating disorder indications will be required to transition to amphetamine/dextroamphetamine extended-release capsule (generic Adderall XR™) or methylphenidate extended-release tablet or extended-release capsule (generic Concerta® or Metadate CD®). Change will be effective Aug. 1, 2020.

## Contact Us

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