

4th 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 > 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 eScript.
- 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 in order for the UnitedHealthcare Community Plan member to remain on their current medication.

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

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

Changes will be effective Oct. 1, 2020.

PDL additions

Brand Name	Generic Name	Comments
Crestor®*	Rosuvastatin tablet	Indicated for the treatment of hypercholesterolemia.
N/A	Doxycycline hyclate 50mg, 100mg capsule and 100mg tablet	Indicated for the treatment of various infections.
N/A	Famotidine oral suspension	Indicated for the treatment of gastroesophageal reflux disease (GERD).
Ruconest®	C1 Esterase inhibitor (recombinant) injection	Indicated for the treatment of acute attacks in patients with hereditary angioedema. Prior authorization is required. Available through specialty pharmacy.
Truvada®*	Emtricitabine/tenofovir disoproxil fumarate tablet	Indicated for the treatment of HIV in combination with other antiretroviral agents and for HIV pre-exposure prophylaxis (PrEP). Diagnosis required.

*Only generics are preferred.

Removed from PDL

Brand Name	Generic Name	Comments
Berinert®	C1 Esterase inhibitor (human) injection	Ruconest® is an alternate option. Current utilizers will be required to transition to an alternate medication.
Descovy®	Emtricitabine/tenofovir alafenamide tablet	Emtricitabine/tenofovir disoproxil fumarate (generic Truvada®) is an alternate option. Current utilizers for HIV will be able to continue treatment with Descovy®. Current utilizers for PrEP will need to transition to an alternate medication.
Mirvaso®	Brimonidine 0.33% topical gel	Metronidazole cream, gel or lotion or azelaic acid gel are alternate options. Current utilizers will be required to transition to an alternate medication.
Truvada®	Emtricitabine/tenofovir disoproxil fumarate tablet	Emtricitabine/tenofovir disoproxil fumarate (generic Truvada®) is an alternate option. Current utilizers will be required to transition to emtricitabine/tenofovir disoproxil fumarate (generic Truvada®).

Contact us

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