

3rd Quarter 2021 preferred drug list update

UnitedHealthcare Community Plan

The UnitedHealthcare Community Plan 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 with 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 for the UnitedHealthcare Community Plan member to remain on their current medication.

Changes will be effective July 1, 2021, for Arizona, California, Colorado, Hawaii, Indiana, Maryland, Nevada, New Jersey, New York CHIP, New York EPP, New York Medicaid, Pennsylvania CHIP, Rhode Island and Virginia.

These changes do not apply to UnitedHealthcare Community Plans in Florida, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Nebraska, Ohio, Pennsylvania-Medicaid, Texas and Washington.

Changes will be effective July 1, 2021.

PDL additions

Brand name	Generic name	Comments
Amitiza ^{®*}	Lubiprostone capsule	Indicated for chronic idiopathic constipation, opiate agonist-induced constipation and irritable bowel syndrome with constipation. Prior authorization is required.
Austedo [®]	Deutetrabenazine tablet	Indicated for tardive dyskinesia and Huntington's disease. Prior authorization is required. Available through specialty pharmacy.
Voltaren [®] Gel**	Diclofenac Sodium Gel	Indicated for the relief of osteoarthritis pain of joints, such as in the knees and hands. Prior

		authorization is required. Change was effective April 1, 2021.
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*Only the authorized generic is preferred.

**Only the brand/generic over-the-counter and the generic prescription formulations are preferred.

PDL modifications

Brand name	Generic name	Comments
Amitiza [®]	Lubiprostone capsule	Current users of Amitiza will be required to take the authorized generic (Lubiprostone).
Linzess [®]	Linaclotide capsule	Current utilizers of Linzess will be required to step through with Lubiprostone.

Contact us

If you have any questions, call the UnitedHealthcare Community Plan Pharmacy department at **800-310-6826**. Thank you.