

2nd 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 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 in order for the UnitedHealthcare Community Plan member to remain on their current medication.

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

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

Changes will be effective April 1, 2020.

PDL Additions

Brand Name	Generic Name	Comments
Adderall XR ^{®*}	Amphetamine/ dextroamphetamine extended-release capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required. Change is effective Feb. 1, 2020.
Baqsimi [™]	Glucagon nasal powder	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change is effective Feb. 1, 2020.
Fasenra [®]	Benralizumab injection	Indicated for the add-on maintenance treatment of severe asthma with an eosinophilic phenotype. Prior authorization is required. Available through specialty pharmacy.
Glucagon Emergency Kit for Low Blood Sugar (manufactured by Fresenius)	Glucagon solution for injection	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change is effective Feb. 1, 2020.
Gvoke [™]	Glucagon auto-injector and prefilled syringe	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change is effective Feb. 1, 2020.
Ilumya [™]	Tildrakizumab-asmn	Indicated for the treatment of moderate to severe plaque psoriasis.



	injection	Prior authorization is required. Available through specialty pharmacy.
Nubeqa™	Darolutamide tablet	Indicated for the treatment of non-metastatic castration-resistant prostate cancer. Prior authorization is required. Available through specialty pharmacy.
Nucala®	Mepolizumab injection	Indicated for the treatment of eosinophilic granulomatosis with polyangiitis and for the add-on maintenance treatment of severe asthma with an eosinophilic phenotype. Prior authorization is required. Available through specialty pharmacy.
Olumiant®**	Baricitinib tablet	Indicated for the treatment of moderate to severe rheumatoid arthritis. Prior authorization is required. Available through specialty pharmacy.
Orencia®/Orencia® ClickJect™**	Abatacept injection	Indicated for the treatment of psoriatic arthritis, moderate to severe polyarticular juvenile idiopathic arthritis and moderate to severe rheumatoid arthritis. Prior authorization is required. Available through specialty pharmacy.
Rinvoq™**	Upadacitinib tablet	Indicated for the treatment of moderate to severe rheumatoid arthritis. Prior authorization is required. Available through specialty pharmacy.
Rozlytrek™	Entrectinib capsule	Indicated for the treatment of ROS1-positive, non-small cell lung cancer and solid tumors with a neurotrophic tyrosine receptor kinase (NTRK) gene fusion. Prior authorization is required. Available through specialty pharmacy.
Skyrizi™**	Risankizumab-rzaa injection	Indicated for the treatment of moderate to severe plaque psoriasis. Prior authorization is required. Available through specialty pharmacy.
Suboxone® 8mg/2mg and 2mg/0.5mg*	Buprenorphine/naloxone sublingual film	Indicated for the treatment of opioid dependence. Diagnosis required. Change is effective Jan. 1, 2020.
Turalio™	Pexidartinib capsule	Indicated for the treatment of tenosynovial giant cell tumor. Prior authorization is required. Available through specialty pharmacy.

* Only generics are preferred

** These changes are limited to NY EPP only

PDL Modifications

Brand Name	Generic Name	Comments
Xeljanz®/ Xeljanz® XR	Tofacitinib tablet and extended-release tablet	Current rheumatoid arthritis utilizers will be required to transition to Olumiant unless the prescriber attests that member is stable on therapy and should not be switched.

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™). Change will be effective July 1, 2020.
Alphagan® P 0.1%	Brimonidine ophthalmic	Brimonidine 0.15% and 0.2% ophthalmic solution are alternate

	solution	options. Current utilizers will not be grandfathered.
Betimol®	Timolol ophthalmic solution	Timolol maleate ophthalmic solution is an alternate option. Current utilizers will not be grandfathered.
Blephamide®	Sulfacetamide sodium and prednisolone ophthalmic suspension	Neomycin/polymyxin B/dexamethasone ophthalmic solution and ointment are alternate options. Current utilizers will not be grandfathered.
Blephamide® SOP	Sulfacetamide sodium and prednisolone ophthalmic ointment	Neomycin/polymyxin B/dexamethasone ophthalmic solution and ointment are alternate options. Current utilizers will not be grandfathered.
Ciloxan®	Ciprofloxacin ophthalmic ointment	Ciprofloxacin ophthalmic solution is an alternate option. Current utilizers will not be grandfathered.
N/A	Neomycin/polymyxin B/hydrocortisone ophthalmic suspension	Neomycin/polymyxin B/dexamethasone ophthalmic solution and ointment are alternate options. Current utilizers will not be grandfathered.
Pred-G®	Gentamicin/prednisolone ophthalmic suspension	Pred-G® SOP ophthalmic ointment and tobramycin/dexamethasone ophthalmic suspension are alternate options. Current utilizers will not be grandfathered.
Prenatal Vitamins	N/A	CitraNatal® Pak DHA tablet, CitraNatal® Rx tablet, CompleteNate chewable tablet, Nestabs® tablet, SE-Natal 19 tablet and chewable tablet, Select-OB® caplet, Thrivite 19 tablet, and Vitafof®-OB tablet will be removed from the PDL. Various other prenatal vitamins will be available. Current utilizers will be grandfathered for one year.
Suboxone® 8mg/2mg and 2mg/0.5mg	Buprenorphine/naloxone sublingual film	Buprenorphine/naloxone sublingual film (generic Suboxone®) is an alternate option. Current utilizers will be required to transition to buprenorphine/naloxone sublingual film (generic Suboxone®).
Timoptic® Ocusol®	Timolol maleate preservative free ophthalmic solution	Timolol maleate ophthalmic solution is an alternate option. Current utilizers will not be grandfathered.
Timoptic-XE®	Timolol maleate ophthalmic gel forming solution	Timolol maleate ophthalmic solution is an alternate option. Current utilizers will not be grandfathered.
TobraDex®	Tobramycin/dexamethasone ophthalmic ointment	Pred-G® SOP ophthalmic ointment and tobramycin/dexamethasone ophthalmic suspension are alternate options. Current utilizers will not be grandfathered.
Tobrex®	Tobramycin ophthalmic ointment	Tobramycin ophthalmic solution is an alternate option. Current utilizers will not be grandfathered.

Contact Us

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