

1st Quarter 2022 preferred drug list update

UnitedHealthcare Community Plan of New Jersey

UnitedHealthcare Community Plan's preferred drug list (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the below changes which are effective as of **January 1, 2022**.

Drugs added to the Preferred Drug List

Drug/ Product Name	Comments
Anoro® Ellipta	Indicated for the maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.
Dexmethylphenidate Tablet (Generic Focalin®)	Indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Diagnosis required.
Dexmethylphenidate ER Capsule (Generic Focalin® XR)	Indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Diagnosis required.
Modafinil Tablet (Generic Provigil®)	Indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea or shift work disorder. Diagnosis required.
Budesonide-Formoterol Inhalation* (Generic Symbicort®)	Indicated for the treatment of asthma or maintenance treatment in patients with chronic obstructive pulmonary disease (COPD). Prior authorization is required.

*Only the authorized generic is preferred

Changes to coverage within Preferred Drug List

Drug/ Product Name	Comments
Prenatal Vitamins	We're removing and adding various Prenatal Vitamins. For a specific list, prescribers should check the state PDL for their state specific list of preferred drugs.

Drugs removed from the Preferred Drug List

Drug/ Product Name	Comments
Trulance® Tablet	Lubiprostone and Motegrity® are alternate options.

For medications which have been removed from the PDL, we have provided potential alternatives for UnitedHealthcare Community Plan members. If the drug alternative is medically appropriate, please provide members with a new prescription for a preferred alternative, via:

- 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 medically appropriate, please call **800-310-6826** for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

You may also view the changes at **UHCprovider.com/plans** > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs.

Contact us

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