



New York | Spring/Summer 2019

practice**matters**



For More Information

Call our Customer Service Center at **877-842-3210**

Visit **UHCommunityPlan.com**

In This Issue...

- PreCheck MyScript Tool
- Appointment Availability Standards
- Oral Health Care Recommendations for Children
- UnitedHealthcare Community Plan of New York
3rd Quarter 2019 Preferred Drug List



Important information for health care professionals and facilities

PreCheck MyScript Tool

The PreCheck MyScript tool on Link provides real-time, patient-specific prescription data. You can use it to:

- Find out if a proposed prescription requires prior authorization or is non-covered or non-preferred.
- Request prior authorization, if needed, and check the status of the request.
- View current out-of-pocket costs for the member along with any available lower-cost prescription alternatives.

Prior authorization will be required when adding a new injectable chemotherapy drug or cancer therapy to an existing regimen.

Access PreCheck MyScript

To access PreCheck MyScript, go to UHCprovider.com/pcms.

We're Here to Help



If you need assistance with PreCheck MyScript, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, Monday through Friday.

Appointment Availability Standards

UnitedHealthcare Community Plan has appointment availability requirements for primary care providers and specialists. The requirements apply to routine, urgent and after-hours care.



For more information, please go to UHCprovider.com/NYcommunityplan > Care Provider Manuals > New York > **View the UnitedHealthcare Community Plan of New York Care Provider Manual.**

Oral Health Care Recommendations for Children

Many of our youngest UnitedHealthcare Community Plan of New York members visit their pediatrician or family physician for well child visits long before their first dental visit. Primary care providers (PCP) are often on the front line of helping children establish good oral health habits early in life.

How You Can Help

Here are some ways you can help ensure your young patients have healthy teeth and gums from an early age:

- Perform an oral health assessment as recommended by the American Academy of Pediatrics (AAP) in the Bright Futures guidelines. While diagnosing dental disease is still the job of the child's dentist, a simple PCP screening can help quickly identify children at risk of tooth decay and other dental issues.
- Help prevent decay by applying fluoride varnish. Fluoride is an effective way of preventing decay, particularly if children receive fluoride before they show signs of disease. Fluoride not only prevents decay. It also can be used as a non-surgical approach to treating disease by remineralizing the enamel. **Fluoride varnish is reimbursable using code 99188 under New York Medicaid.**

Oral Health Resources

There are a number of resources available for PCPs interested in providing oral health services:

- **Bright Futures Oral Health Pocket Guide:** brightfutures.aap.org > Materials and Tools > **Bright Futures Oral Health Pocket Guide**
- **Smiles for Life Online Curriculum:** smilesforlifeoralhealth.com

By working together, physicians and dentists can help ensure a lifetime of good oral and overall health.

UnitedHealthcare Community Plan of New York 3rd Quarter 2019 Preferred Drug List

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.

You may also view the changes at UHCprovider.com > Health Plans by State > New York > 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 for the UnitedHealthcare Community Plan member to remain on their current medication.

Changes will take effect July 1, 2019

PDL Additions

Brand Name	Generic Name	Comments	Applies to the following plans:
AquADEKs™	Multiple vitamin chewable tablet and drops	Indicated for the treatment or prevention of low levels of fat soluble nutrients and antioxidants in patients with cystic fibrosis; diagnosis required.	Children's Health Insurance Plan (CHIP) Medicaid Essential Plan
Daurismo™	Glasdegib tablet	Indicated for the treatment of newly diagnosed acute myeloid leukemia; prior authorization required. Available through specialty pharmacy.	CHIP Medicaid Essential Plan
Delstrigo™	Doravirine/lamivudine/tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection; diagnosis required.	CHIP Medicaid Essential Plan
Krintafel®	Tafenoquine tablet	Indicated for the radical cure (prevention of relapse) of Plasmodium vivax malaria.	CHIP Medicaid Essential Plan

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

Brand Name	Generic Name	Comments	Applies to the following plans:
Perseris™	Risperidone injection	Indicated for the treatment of schizophrenia; prior authorization required.	CHIP Medicaid Essential Plan
Retacrit™	Epoetin alfa-epbx injection	Indicated for the treatment of anemia; prior authorization required. Available through specialty pharmacy.	CHIP Medicaid Essential Plan
Tegsedi™	Inotersen injection	Indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR); prior authorization required. Available through specialty pharmacy.	CHIP Medicaid Essential Plan
Vitrakvi®	Larotrectinib capsule and oral solution	Indicated for the treatment of solid tumors with a neurotrophic receptor tyrosine kinase (NTRK) gene fusion; prior authorization required. Available through specialty pharmacy.	CHIP Medicaid Essential Plan

Removed from PDL

Brand Name	Generic Name	Comments	Applies to the following plans:
Absorica®	Isotretinoin capsule	Amnesteem®, Claravis™, and Myorisan™ are alternate options; members currently using medication will be allowed to continue therapy until their existing prior authorization expires.	CHIP Medicaid Essential Plan
N/A	Alclometasone dipropionate 0.05% cream	Alclometasone dipropionate ointment 0.05% and triamcinolone acetonide cream 0.025% are alternate options; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Betamethasone dipropionate 0.05% cream	Betamethasone valerate ointment 0.1%, fluocinonide emulsified base cream 0.05%, fluticasone propionate ointment 0.005%, mometasone furoate ointment 0.1%, and triamcinolone acetonide cream 0.5% are alternate options; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

Removed from PDL (continued)

Brand Name	Generic Name	Comments	Applies to the following plans:
Epogen®	Epoetin alfa injection	Retacrit is an alternate option; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Fluocinolone acetonide 0.01% cream	Alclometasone dipropionate ointment 0.05% and triamcinolone acetonide cream 0.025% are alternate options; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Fluocinonide 0.05% cream	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Fluocinonide 0.05% ointment	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Fluocinonide 0.05% gel	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
N/A	Hydrocortisone butyrate 0.1% cream	Betamethasone valerate cream 0.1%, fluticasone propionate cream 0.05%, hydrocortisone butyrate ointment 0.1%, hydrocortisone butyrate solution 0.1%, and triamcinolone acetonide lotion 0.1%; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

Removed from PDL (continued)

Brand Name	Generic Name	Comments	Applies to the following plans:
N/A	Hydrocortisone valerate 0.2% cream	Betamethasone valerate cream 0.1%, fluticasone propionate cream 0.05%, hydrocortisone butyrate ointment 0.1%, hydrocortisone butyrate solution 0.1%, and triamcinolone acetonide lotion 0.1%; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
Miralax® single dose packet	Polyethylene glycol (PEG 3350) packets	Miralax® (polyethylene glycol (PEG 3350)) powder bottle is an alternate option; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
Premarin®	Conjugated estrogen vaginal cream	Estradiol vaginal cream is an alternate option; members currently using medication won't be grandfathered.	CHIP Medicaid
Procrit®	Epoetin alfa injection	Retacrit is an alternate option; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan
Udenyca™	Pegfligrastim-cbqv injection	Neulasta is an alternate option; members currently using medication won't be grandfathered.	CHIP Medicaid Essential Plan

PDL Modifications

Brand Name	Generic Name	Comments
Duexis®	Ibuprofen and famotidine tablet	Prior authorization required; diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, famotidine or ranitidine are alternate options covered as separate agents.
Vimovo®	Naproxen and esomeprazole tablet	Prior authorization required; diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, lansoprazole, omeprazole capsules or pantoprazole are alternate options covered as separate agents.

(continued on next page)

Important information for health care professionals and facilities

(continued from previous page)

PDL Update Training on UHC On Air

Learn more about PDL updates by watching a UHC On Air video highlighting this quarter's significant PDL changes. You can access the video by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, choose the UHC On Air tile from your Link dashboard. If you don't have access to Link, select the New User button on UHCprovider.com.



If you have questions, please call our Pharmacy Department at **800-310-6826**.



New York

practice**matters**

Practice Matters is a quarterly publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.



77 Water Street
14th Floor
New York, NY 10005