

# 4<sup>th</sup> Quarter 2020 Preferred Drug List Update

## UnitedHealthcare Community Plan of Ohio

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/plans](https://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 October 1, 2020.

#### PDL Additions

Brand Name	Generic Name	Comments
N/A	Famotidine oral suspension	Indicated for the treatment of gastroesophageal reflux disease (GERD).

\* Only generics are preferred

#### Removed from PDL

Brand Name	Generic Name	Comments
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.

### Contact Us

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