

3rd Quarter 2022 preferred drug list update

UnitedHealthcare Community Plan of Rhode Island

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 **August 1, 2022**.

Drugs added to the Preferred Drug List

| Drug/ Product Name | Comments |
|----------------------------------|---|
| Albuterol HFA Inhalation Aerosol | Indicated for the treatment or prevention of bronchospasm with reversible obstructive airway disease or for the prevention of exercise-induced bronchospasm. All generic Albuterol HFA products will be preferred. Moved to preferred on 7/1/2022. |
| Diclofenac 1% Topical Gel | Indicated for the relief of the pain of osteoarthritis of joints amenable to topical treatment. Moved to preferred on 5/16/2022. |
| Diclofenac 1.5% Topical Solution | Indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Prior Authorization is required. |
| Fexofenadine Tablets | Indicated for the relief of symptoms associated with season allergic rhinitis Moved to preferred on 6/1/2022. |
| Fluocinonide 0.05% Cream | Indicated for the relief of a variety of skin conditions. Moved to preferred on 6/1/2022. |
| Norditropin® Injection | Indicated for the treatment of growth hormone deficiency, growth failure, or short stature due to various conditions. Moved to preferred on 5/16/2022. Prior Authorization required. |
| Zegalogue® Injection | For the treatment of severe hypoglycemia in patients with diabetes. Moved to preferred on 2/1/2022. |

Changes to coverage within Preferred Drug List

| Drug/ Product Name | Comments |
|-----------------------|---|
| PENNSAID® 2% Solution | Prior Authorization is required with step through Diclofenac 1% Topical Gel and Diclofenac 1.5% topical Solution. Current utilizers will be required to step through the preferred topical Diclofenac products. |

Drugs removed from the Preferred Drug List

| Drug/ Product Name | Comments |
|---------------------|---|
| Oxaydo® 5MG Tablets | Generic oxycodone 5 mg tablets is an alternative option. Current utilizers will be required to transition to the generic. |

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.