

# 1st Quarter 2023 preferred drug list update

UnitedHealthcare Community Plan of Virginia

UnitedHealthcare Community Plan's preferred drug list (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee and in conjunction with the Virginia Medicaid Department of Medical Assistance Services Common Core Formulary. Please review the below changes which are effective as of **January 1, 2023**.

## Drugs added to the Preferred Drug List

Drug/ Product Name	Comments
Antihemophilic Agents	All products added to Virginia Common Core Formulary as preferred without prior authorization requirements; <b>coverage remains under the medical specialty benefit</b>
DEKAS® Products (Caps, Liquid, Chew)	AquaDEKs has been discontinued and has been replaced with DEKAs products. <b>Move to preferred with Dx2Rx.</b>
Endari®(oral powder)	Indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients 5 years of age and older. Moved to preferred without prior authorization.
Estradiol TD Patch (Twice-Weekly)	Indicated for the treatment of moderate-to-severe vasomotor symptoms associated with the menopause, vulvar and vaginal atrophy, and hypoestrogenism due to hypogonadism, castration, or primary ovarian failure.
Dupixent® (pen & syringe - SQ)	Indicated for treatment of atopic dermatitis, moderate-to-severe asthma, and other diagnosis. Prior authorization required.
Non-Insulin Syringes	Additional non-insulin syringes have been made preferred under the pharmacy benefit. <b>Moved to Preferred effective 10/1/2022.</b>
Oxbryta® (tabs)	Indicated for the treatment of sickle cell disease in adults and pediatric patients 4 years of age and older. Moved to preferred without prior authorization.
Proglycem® (oral suspension)	Useful in the management of hypoglycemia due to hyperinsulinism associated with specific medical conditions.

## Changes to coverage within Preferred Drug List

Drug/ Product Name	Comments
Exelon® - <i>rivastigmine</i> (transdermal)	Preferred moving from brand Exelon® to generic rivastigmine
Focalin® XR - <i>dexmethylphenidate XR</i> (caps)	Preferred moving from brand Focalin® XR to generic dexmethylphenidate XR
Omnipod® 5 (Kit and Pods)	Added to the pharmacy benefit as non-preferred effective 6/20/2022. <b>Prior authorization is required.</b>

Vimpat® – <i>lacosamide</i> (oral tab, soln)	Preferred moving from brand Vimpat® to generic lacosamide
Weight Management Agents (various)	Current coverage guidelines updated to align with the Virginia Common Core Formulary

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](https://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.