



### UnitedHealthcare Community Plan of New York 1<sup>st</sup> Quarter 2019 Preferred Drug List Update

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](http://UHCprovider.com) > Health Plans by State > Choose Your State > Choose Medicaid (Community Plan), CHIP, or Essential 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 be effective January 1, 2019

##### PDL Additions

Brand Name	Generic Name	Comments	Applies to the following plans:
Erleada™	Apalutamide tablet	Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty pharmacy.	Medicaid Essential Plan CHIP
Firvanq™	Vancomycin powder for oral solution	Indicated for the treatment of <i>Clostridium difficile</i> -associated diarrhea and enterocolitis caused by <i>Staphylococcus aureus</i> . Diagnosis required.	Medicaid Essential Plan CHIP
Nocurna®	Desmopressin acetate sublingual tablet	Indicated for the treatment of nocturnal polyuria. Prior authorization required.	Medicaid Essential Plan CHIP

##### PDL Modifications

Brand Name	Generic Name	Comments	Applies to the following plans:
Lyrica®	Pregabalin capsule and oral solution	Remove prior authorization for seizure disorder only. Diagnosis required.	Medicaid Essential Plan CHIP
Regranex®	Becaplermin gel	Remove prior authorization.	Medicaid

		Diagnosis required.	Essential Plan CHIP
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#### Removed from PDL

Brand Name	Generic Name	Comments	Applies to the following plans:
Breo Ellipta	Fluticasone furoate/vilanterol trifenate inhaler	Fluticasone/salmeterol (authorized generic of AirDuo RespiClick®) is an alternate option. Current utilizers will not be grandfathered.	Medicaid CHIP
Linzeess®	Linacotide capsule	Trulance® is an alternate option. Current utilizers will not be grandfathered.	Medicaid CHIP
Toujeo®	Insulin glargine pen	Basaglar® is an alternate option. Current utilizers will not be grandfathered.	Medicaid Essential Plan CHIP
Vancocin	Vancomycin capsule	Firvanq is an alternate option. Current utilizers will be grandfathered through the remainder of their current course of therapy.	Medicaid Essential Plan CHIP
Zenpep®	Pancrelipase delayed release capsule	Creon® is an alternate option. Current utilizers with cystic fibrosis will be grandfathered. Patients using Zenpep for indications other than cystic fibrosis will not be grandfathered.	Medicaid CHIP

#### PDL Update Training on UHC On Air

On UHC On Air, we have an on-demand video highlighting this quarter's more impactful PDL changes.

- UnitedHealthcare Link users can access **UHC On Air** by selecting the UHC On Air tile on their Link dashboard. From there, go to **New York**, and click on **UHC Community Plan**. You'll find the Preferred Drug List Q1 Update in the videos listings.
- To access Link, go to [UHCprovider.com](https://UHCprovider.com) and sign in by clicking the Link button in the top right corner. If you don't have access to Link, select the New User button.
- To learn more about Link, please visit [UHCprovider.com/link](https://UHCprovider.com/link).

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