

Q4 2024 preferred drug list updates

UnitedHealthcare Community Plan

Effective Oct. 1, 2024, we're making the following changes to the UnitedHealthcare Community Plan preferred drug list (PDL). Our Pharmacy and Therapeutics Committee updates this PDL quarterly.

These changes apply to:

- The following states: Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Minnesota (MN), Nebraska (NE), New Jersey (NJ), New Mexico (NM), Nevada (NV), Rhode Island (RI) and Virginia (VA)
- The following programs and plans: New York Children's Health Insurance Program (NY CHIP), New York Essential Plan (NY EP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Arizona, Florida, Kansas, Michigan, North Carolina, Pennsylvania, Texas or Washington.

New medications on PDL

Medication	Description	States and plans in scope
cyclosporine 0.05% ophthalmic emulsion	Indicated for the treatment of ocular inflammation associated with dry eye disease to increase tear production. We'll require prior authorization.	CO, HI, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
mometasone furoate nasal spray 50 mcg/actuation	Indicated for the management of chronic rhinosinusitis with nasal polyps and symptoms associated with seasonal allergies or perennial allergies, including allergic rhinitis and allergic conjunctivitis. We'll require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
Omnitrope® powder and solution for injections	Indicated for the treatment of pediatric patients who have growth failure or replacement therapy in adults with growth hormone deficiency. We'll require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI

New medications on PDL (cont.)

Medication	Description	States and plans in scope
ondansetron 4 mg/5 mL oral solution	Indicated for the prevention of nausea and vomiting secondary to other conditions.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
Tyenne® autoinjector and prefilled syringes	Indicated for treatment of rheumatoid arthritis, giant cell arteritis (GCA), polyarticular juvenile idiopathic arthritis (PJIA) and systemic juvenile idiopathic arthritis (SJIA). We'll require prior authorization.	CO, HI, MD, MN, NE, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
vancomycin 125 mg and 250 mg capsules	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.	CO, HI, IN, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
vancomycin 25 mg/mL and 50 mg/mL oral solution	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.	CO, HI, IN, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI

Changes to coverage

Medication	Description	States and plans in scope
Dojolvi® oral liquid	Indicated as a source of calories and fatty acids for the treatment of pediatric and adult patients with molecularly confirmed long-chain fatty acid oxidation disorders. This was added to the pharmacy benefit with prior authorization. Effective dates vary by state/plan (see right).	July 1, 2024: CO, HI, MD, MI, MN, NE, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA Aug. 1, 2024: PA Sept. 1, 2024: IN

Changes to coverage (cont.)

Medication	Description	States and plans in scope
Firvanq® 25 mg/mL and 50 mg/mL oral solution	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection. We'll no longer require prior authorization.	CO, HI, IN, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
Sunlenca® tablets	Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. We'll no longer require prior authorization.	CO, HI, IN, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI

Medication no longer on PDL

We're removing the following medication(s) from our PDL.

Medication	Description	States and plans in scope
Actemra® autoinjector and prefilled syringes	Indicated for treatment of rheumatoid arthritis, GCA, PJIA and SJIA. Alternatives include Adalimumab biosimilars and Tyenne. We require prior authorization.	NY EP
Farxiga® tablets	Indicated for Type 2 diabetes as to improve glycemic control and reduce the risk of cardiovascular death and hospitalization for heart failure. Alternatives include authorized generic dapagliflozin and Steglatro®. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI

Medication no longer on PDL (cont.)

Medication	Description	States and plans in scope
<p>Kevzara® autoinjector and prefilled syringes</p>	<p>Indicated for the treatment of rheumatoid arthritis, polymyalgia rheumatica (PMR) and PJIA.</p> <p>Alternatives include adalimumab biosimilars and Tyenne®.</p> <p>We require prior authorization.</p>	<p>CO, HI, MD, NJ, NM, NV, NY CHIP, PA CHIP and RI</p>
<p>Revlimid® capsules</p>	<p>Indicated for the treatment of adult patients with multiple myeloma (MM), myelodysplastic syndromes (MDS) and mantle cell lymphoma (MCL).</p> <p>Alternative includes generic lenalidomide.</p> <p>We require prior authorization.</p>	<p>CO, HI, IN, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA</p>
<p>Xiidra® ophthalmic solution</p>	<p>Indicated for the treatment of the signs and symptoms of dry eye disease.</p> <p>Alternatives include over-the-counter artificial tears and cyclosporine ophthalmic.</p> <p>We require prior authorization.</p>	<p>CO, HI, MD, MN, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI</p>



Medication alternatives

We may cover medication alternatives for medications not on our PDL. If you feel a medication alternative is medically appropriate for a patient and you'd like to prescribe it, please do one of the following:

- Contact the member's pharmacy to request the prescription
- Submit an electronic prescription using Optum Rx ePrescribe
 - For more information, visit [Electronic Prescribing \(eRx\) to Optum Home Delivery](#) at optum.com
- Write a new prescription and give it to your patient (where state regulations permit)

If a preferred alternative medication isn't medically appropriate for a patient, please request a PDL prior authorization exception by calling Optum Rx prescriber prior authorization at **800-310-6826**. If the medication meets our medical necessity criteria, we'll continue to cover it for that patient.



Resources

As of Oct. 1, 2024 you can view the changes at UHCprovider.com/plans > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.