



**UnitedHealthcare Community Plan of Hawaii
Q1 2017 - Practitioner Bulletin**

UnitedHealthcare Community Plan's Preferred Drug List for QUEST Integration (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:
UHCCommunityPlan.com > For Health Care Professionals > Hawaii > Pharmacy Program.

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 Jan. 1, 2017

PDL Additions

Brand Name	Generic Name	Comments
Basaglar	Insulin Glargine	Indicated for treating diabetes mellitus
Cabometyx	Cabozantinib	Indicated for treating advanced renal cell carcinoma. Prior authorization is required. Available through specialty pharmacy.
Cetylev	Acetylcysteine	Indicated as an antidote for acetaminophen overdose to prevent or lessen hepatic injury after ingesting a potentially hepatotoxic quantity of acetaminophen in patients with acute ingestion or from repeated supratherapeutic ingestion.
Cosentyx	Secukinumab	Indicated for treating plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis. Prior authorization is required. Available through specialty pharmacy.
Delzicol	Mesalamine	Indicated for treating ulcerative colitis
Dificid	Fidaxomicin	Indicated for treating Clostridium difficile-associated diarrhea. Prior authorization is required.
Impavido	Miltefosine	Indicated for treating visceral leishmaniasis, mucosal leishmaniasis, and cutaneous leishmaniasis. Prior authorization is required.
Kazano*	Alogliptin/metformin*	Indicated for treating Type 2 diabetes mellitus. Step therapy applies.
Linzess	Linacotide	Indicated for treating Irritable Bowel Syndrome and constipation. Prior authorization is required.
Nesina*	Alogliptin*	Indicated for treating Type 2 diabetes mellitus. Step therapy applies.
Odefsey	Emtricitabine/Rilpivirine/Tenofovir adefovir	Indicated for treating HIV
Oseni*	Alogliptin/pioglitazone*	Indicated for treating Type 2 diabetes mellitus. Step therapy applies.

Plegridy	Peginterferon beta-1a	Indicated for treating multiple sclerosis. Prior authorization is required. Available through specialty pharmacy
Urea 10% cream Urea 20% cream Urea 10% lotion	Urea topical	Indicated for dry skin conditions (e.g., psoriasis)
Varubi	Rolapitant	Indicated for treating chemotherapy-induced nausea/vomiting prophylaxis, in combination with other antiemetic agents
Veltassa	Patiromer	Indicated for treating hyperkalemia. Prior authorization is required.
Venclexta	Venetoclax	Indicated for treating chronic lymphocytic leukemia. Prior authorization is required. Available through specialty pharmacy.

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
Complera	Emtricitabine/ Rilpivirine/ Tenofovir disoproxil fumarate	Prior authorization is required. Alternative agents are available including Odefsey, Triumeq, or Atripla. Current users will be grandfathered. Prior authorization is required.
Duragesic*	Fentanyl transdermal patch	Prior authorization is required. All long acting opioid products will require prior authorization to support the Centers for Disease Control and Prevention's (CDC) guideline for prescribing opioids for chronic pain. Current users will be grandfathered.
Dolophine*	Methadone tablet and solution	Prior authorization is required. All long-acting opioid products require prior authorization to support the CDC guideline for prescribing opioids for chronic pain. Current users will be grandfathered.
MS Contin*	Morphine Sulfate ER tablet	Prior authorization is required. All long-acting opioid products require prior authorization to support the CDC guideline for prescribing opioids for chronic pain. Current users will be grandfathered.
Opana ER*	Oxymorphone ER tablet	Prior authorization is required. All long-acting opioid products require prior authorization to support the CDC guideline for prescribing opioids for chronic pain. Current users will be grandfathered.
Zohydro ER	Hydrocodone ER capsule	Prior authorization is required. All long-acting opioid products require prior authorization to support the CDC guideline for prescribing opioids for chronic pain. Current users will be grandfathered.

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PDL Deletions

Brand Name	Generic Name	Comments
Actoplus Met*	Pioglitazone/ metformin*	Alternative agents are available including metformin, metformin ER, and pioglitazone. Current users will not be grandfathered.
Actoplus Met XR	Pioglitazone/ metformin ER	Alternative agents are available including metformin, metformin ER, and pioglitazone. Current users will not be grandfathered.
Avonex	Interferon Beta-1a	An alternative agent is available including Plegridy. Current utilizers of Avonex and Rebif will be grandfathered.
Duetact*	Pioglitazone/ glimepiride*	Alternative agents are available including pioglitazone and glimepiride. Current users will not be grandfathered.
Lantus Vial	Insulin Glargine Vial	Alternative agents are available including Toujeo and Basaglar. Current users will be required to transition to Toujeo or Basaglar by April 1, 2017.
Lialda	Mesalamine	Alternative agents are available including Apriso and Delzicol. Current users will not be grandfathered.
Pentasa	Mesalamine	Alternative agents are available including Apriso and Delzicol. Current users will not be grandfathered.
Rebif	Interferon Beta-1a	An alternative agent is available including Plegridy. Current utilizers

		of Avonex and Rebif will be grandfathered.
Tradjenta Jentadueto	Linagliptin Linagliptin/Metformin	Alternative agents are available including Alogliptin and Alogliptin/Metformin. Current users will not be grandfathered.

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Medications Requiring Therapeutic Transition

Brand Name	Generic Name	Comments
Lantus Solostar	Insulin Glargine pen	Alternative agents are available including Toujeo and Basaglar. Current users will be required to transition to Toujeo or Basaglar by April 1, 2017.
Levemir Vial and Flextouch	Insulin Detemir	Alternative agents are available including Toujeo and Basaglar. Current users will be required to transition to Toujeo or Basaglar by April 1, 2017.

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