



**UnitedHealthcare Community Plan of Pennsylvania
2018 Q1 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: UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > 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 Start Jan. 1, 2018

PDL Additions

Brand Name	Generic Name	Comments
Alunbrig	Brigatinib tablet	Indicated for treating anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC). Prior authorization required.
Austedo	Deutetrabenazine tablet	Indicated for treating Huntington's disease and tardive dyskinesia. Prior authorization required.
Eldepryl*	Selegiline capsule	Indicated for treating Parkinson's disease.
Eucrisa	Crisaborole 2% ointment	Indicated for treating atopic dermatitis. Step therapy applies.
Isentress HD	Raltegravir tablet	Indicated for treating human immunodeficiency virus (HIV) infection.
Mavyret	Glecaprevir/Pibrentasvir tablet	Indicated for treating chronic hepatitis C infection genotypes 1, 2, 3, 4, 5, or 6. Prior authorization required. Available through specialty pharmacy.
Otezla	Apremilast tablet	Indicated for treating plaque psoriasis and psoriatic arthritis. Prior authorization required.
Rilutek	Riluzole tablet	Indicated for treating amyotrophic lateral sclerosis (ALS).
Rydapt	Midostaurin capsule	Indicated for treating acute myelogenous leukemia (AML) and systemic mastocytosis. Prior authorization required.
Selzentry	Maraviroc oral solution	Indicated for treating human immunodeficiency virus (HIV) infection.
Zejula	Niraparib capsule	Indicated for treating recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer. Prior authorization required.

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
AirDuo* RespiClick	Fluticasone / Salmeterol inhaled	Remove step therapy.

*Only generics are covered.

Removed from PDL

Brand Name	Generic Name	Comments
Epclusa	Sofosbuvir-velpatasvir tablet	An alternative agent is available including Mavyret. Current users will be grandfathered through the duration of their regimen.
Sovaldi	Sofosbuvir tablet	An alternative agent is available including Mavyret. Current users will be grandfathered through the duration of their regimen.
Zepatier	Ebasvir-grazoprevir tablet	An alternative agent is available including Mavyret. Current users will be grandfathered through the duration of their regimen.

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 for members.

- To can access **UHC On Air**, sign in to UHCprovider.com and click the Link button in the top right corner. You'll need an Optum ID to sign in to Link. If you don't have an Optum ID yet, click New User instead.
- To access the on-demand video, click on the **UHC On Air** tile on your Link dashboard. Then choose the **UHC Community Plan** channel. The 2018 Q1 Update for the PDL is included in the list of videos.

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