



**UnitedHealthcare Community Plan of Louisiana
1st 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 > Health Plans by State > Choose Your State > Medicaid (Community 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 Feb. 1, 2019

PDL Additions

Brand Name	Generic Name	Comments
Biktarvy [®]	Bictegravir-emtricitabine-tenofovir alafenamide tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
Cimduo [™]	Lamivudine-tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
Erleada [™]	Apalutamide tablet	Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty and retail pharmacy.
Evotaz [™]	Atazanavir-cobicistat tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
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.
Nocdurna [®]	Desmopressin acetate sublingual tablet	Indicated for the treatment of nocturnal polyuria. Prior authorization required.
Strattera ^{™*}	Atomoxetine capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required.
Symdeko [™]	Tezacaftor-ivacaftor tablet	Indicated for the treatment of cystic fibrosis. Prior authorization required. Available through specialty and retail pharmacy.
Symfi/Symfi Lo [™]	Efavirenz-lamivudine-tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.

*Only generics are preferred.

PDL Modifications

Brand Name	Generic Name	Comments
Chantix™	Varenicline tartrate tablet and starter pack	Indicated for the treatment of smoking cessation. Starting Feb. 1, 2019, prior authorization will be required. Current users will be grandfathered.
Regranex®	Becaplermin gel	Remove prior authorization. Diagnosis required.

Removed from PDL

Brand Name	Generic Name	Comments
Vancocin	Vancomycin capsule	Firvanq is an alternate option. Current utilizers will be grandfathered through the remainder of their current course of therapy.

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