



**UnitedHealthcare Community Plan of New York
4th Quarter 2018 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 October 1, 2018

PDL Additions

Brand Name	Generic Name	Comments
Biktarvy [®]	Bictegravir-emtricitabine-tenofovir alafenamide tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required. (Prior Authorization required for New York Essential Plan members).
Cimduo [™]	Lamivudine-tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
Evotaz [™]	Atazanavir-cobicistat tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
Symdeko [™]	Tezacaftor-ivacaftor tablet	Indicated for the treatment of cystic fibrosis. Prior authorization required. Available through specialty pharmacy.
Symfi/Symfi Lo [™]	Efavirenz-lamivudine-tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection. Diagnosis required.
Strattera ^{*™}	Atomoxetine capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required.
Trulance [™]	Plecanatide tablet	Indicated for the treatment of chronic idiopathic constipation and irritable bowel syndrome with constipation (IBS-C). 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 October 1, 2018, prior authorization will be required. Current users will be grandfathered.

Removed from PDL

Brand Name	Generic Name	Comments
Atripla™	Efavirenz-emtricitabine-tenofovir disoproxil tablet	Alternative agents are available including Symfi and Symfi Lo. Current users will be grandfathered.
Non-BD Insulin Syringes and Pen Needles	Non-BD Insulin Syringes and Pen Needles	BD insulin syringes and pen needles will remain preferred. All other manufacturer's insulin syringes and pen needles will be non-preferred. Current utilizers will not be grandfathered.
Xarelto®	Rivaroxaban tablet and starter pack	Alternative agents are available including Eliquis® and Savaysa®. Current users will be grandfathered.

PDL Update Training on UHC On Air

Effective October 1, 2018, UHC On Air will 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 Q4 Update in the videos listings.
- To access Link, go to 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.

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