

Louisiana Practitioner Bulletin Q4 2015 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 changes at UHCCCommunityPlan.com>health-professionals>la>pharmacy-program.html.

We provided a list of available alternatives to UnitedHealthcare Community Plan's Louisiana members whose current treatment includes a medication removed from the PDL. Please provide these members with a prescription for a preferred alternative.

There are multiple ways to prescribe an alternative: call or fax the pharmacy, use E-script, or 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.

Changes are effective Nov. 1, 2015

PDL Additions

Brand Name	Generic Name	Comments
Reyataz Powder Packet 50 mg	Atazanavir sulfate	Added as an alternative for HIV treatment. Prior authorization required for members 8 or older.
Ibrance tablet	Palbociclib	Added as an alternative for estrogen receptor (ER)-positive and HER2-negative advanced breast cancer treatment in postmenopausal women. Prior authorization required. Available through specialty pharmacy.
Lynparza capsule	Olaprib	Added as alternative for deleterious or suspected deleterious germline BRCA-mutated advanced ovarian cancer treatment. Prior authorization required. Available through specialty pharmacy.
Lenvima capsule	Levatinib	Added as alternative for locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer treatment. Prior authorization required. Available through specialty pharmacy.
Farydak capsule	Panobinostat	Added as alternative for multiple myeloma treatment. Prior authorization required. Available through specialty pharmacy.
Movantik tablet	Naloxegol	Added as alternative for opiate agonist-induced constipation treatment in patients with chronic non-cancer pain. Prior authorization required.
Dostinex* tablet	Cabergoline	Added as alternative for hyperprolactinemia treatment.
Somavert injection	Pegvisomant	Added as alternative for acromegaly treatment. Prior authorization required. Available through specialty pharmacy.
Asmanex HFA	Mometasone inhalation	Added as an alternative for asthma treatment.
Esbriet	Pirfenidone capsule	Added for idiopathic pulmonary fibrosis treatment. Prior authorization required. Available through specialty pharmacy.
Ofev	Nintedanib	Added for idiopathic pulmonary fibrosis treatment. Prior authorization required. Available through specialty pharmacy.
Aldara*	Imiquimod 5% cream	Added as alternative for external genital and perianal warts treatment (i.e., condylomata acuminata) due to human papillomavirus infection, actinic keratosis, and superficial basal cell carcinoma. Prior authorization required.
Testosterone* 1% Topical Gel	Testosterone gel topical tube, packet, and pump bottle	Added as alternative for hypogonadism treatment. Prior authorization required.
Copaxone 40mg	Glatiramer 40mg	Added to PDL. Copaxone 40 mg will be equal status to Glatopa 20mg. Prior Authorization required.
Zarxio Granix	Filgrastim TBO-Filgrastim	Added as an alternative for chemotherapy-induced neutropenia, neutropenia, and peripheral blood stem cell mobilization. Prior authorization required.

*Only generics covered

If you do not want to receive future faxes from us, please notify us by calling us at 866-464-4404 and use ID 7768 or faxing us at 855-729-2830. Failure to comply with your request within 30 days is unlawful.

PDL Deletions

Brand Name	Generic Name	Comments
Relistor injection	Methylnaltrexone	Movantik alternative available on the PDL. Current users will be grandfathered.
Parlodel* tablets and capsules	Bromocriptine	Cabergoline alternative available on the PDL. Current users will be grandfathered.
Androgel 1.62%	Testosterone Gel	Testosterone topical gel alternatives available on the PDL. Current users will be grandfathered until Jan. 1, 2016.
Androderm Patch	Testosterone transdermal patch	Testosterone topical gel alternatives available on the PDL. Current users will be grandfathered until Jan. 1, 2016.
Augmentin 125 mg/ 5 ml Suspension	Amoxicillin and K clavulanate 125mg-31.25mg/ 5 ml suspension	Amoxicillin and K clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400 mg-57 mg/5 ml, and 600-42.9 mg/5ml alternatives available on PDL.
Spectazole 1% topical cream	Econazole 1% topical cream	Topical Ketoconazole, Clotrimazole, Miconazole, Nystatin, and Terbinafine alternatives available on the PDL.
Zofran* 24mg tablets	Ondansetron 24mg tablets	Ondansetron 4mg and 8mg tablets alternatives available on the PDL.
Neupogen	Filgrastim	Zarxio and Granix alternatives available on the PDL. Current users will be grandfathered.

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

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