

## UnitedHealthcare Community Plan of Arizona 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 > Arizona > 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**

| <b>Brand Name</b> | Generic Name            | Comments   |
|-------------------|-------------------------|--|
| Alunbrig          | Brigatinib tablet       | Indicated for treating anaplastic lymphoma kinase (ALK)-   |
|                   |                         | positive metastatic non-small cell lung cancer (NSCLC). Prior  |
|                   |                         | authorization required. Available through specialty pharmacy.  |
| Austedo           | Deutetrabenazine tablet | Indicated for treating Huntington's disease and tardive  |
|                   |                         | dyskinesia. Prior authorization required.  |
| Eucrisa           | Crisaborole 2% ointment | Indicated for treating atopic dermatitis. Step therapy applies.  |
| 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. Available |
|                   |                         | through specialty pharmacy.  |
| 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.  |
|                   |                         | Available through specialty pharmacy.  |

<sup>\*</sup>Only generics are covered.

## PDL Update Training on UHC On Air

On UHC On Air, we have an on-demand video highlighting the 2018 first 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.

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