



UnitedHealthcare Community Plan of Arizona Q3 2016 Update – Practitioner Bulletin

UnitedHealthcare Community’s Preferred Drug List (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the following changes effective Aug. 1, 2016, and update your references as necessary. You may also view the changes at UHCCommunityPlan.com > Health Professionals > AZ > 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 these 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.

Changes Effective Aug. 1, 2016

PDL Additions

Brand Name	Generic Name	Comments
Strensiq injection	asfotase alfa	<ul style="list-style-type: none"> • First-in-class enzyme replacement for treating hypophosphatasia (HPP) • Prior authorization required • Available through specialty pharmacy
Cotellic tablets	cobimetinib	<ul style="list-style-type: none"> • Additional treatment option for patients with unresectable or metastatic melanoma in combination with Zelboraf (vemurafenib) • Prior authorization required • Available through specialty pharmacy
Genvoya tablets	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide fumarate	<ul style="list-style-type: none"> • A once-daily, integrase strand transfer inhibitor [INSTI]-based single-tablet regimen approved for treating HIV • Prior authorization required
Ninlaro capsules	ixazomib	<ul style="list-style-type: none"> • The first oral proteasome inhibitor for treating multiple myeloma • Prior authorization required • Available through specialty pharmacy
Alecensa capsules	alectinib	<ul style="list-style-type: none"> • Additional treatment option for anaplastic lymphoma kinase-positive metastatic non-small cell lung cancer • Prior authorization required • Available through specialty pharmacy
Adempas tablets	riociguat	<ul style="list-style-type: none"> • First-in-class medication for treating pulmonary arterial hypertension and chronic thromboembolic pulmonary hypertension • Prior authorization required • Available through specialty pharmacy

Opsumit tablets	macitentan	<ul style="list-style-type: none"> • Additional treatment option for treating pulmonary arterial hypertension • Prior authorization required • Available through specialty pharmacy
Gleostine 5mg capsules	lomustine	<ul style="list-style-type: none"> • New strength of Gleostine capsules for treating brain metastases, malignant glioma, and Hodgkin's Lymphoma
Narcan nasal spray	naloxone	<ul style="list-style-type: none"> • Additional naloxone product for the emergency management of opioid overdose

PDL Modifications

Brand Name	Generic Name	Comments
Xeloda tablet*	capecitabine	<ul style="list-style-type: none"> • Removal of clinical prior authorization requirement • Prior authorization requirement will remain only to ensure procurement through specialty pharmacy
Xyzal tablet*	levocetirizine	<ul style="list-style-type: none"> • Step therapy requirement removed

*Only generics are covered.

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