



**UnitedHealthcare Community Plan of Louisiana
3rd 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: UHCommunityPlan.com > For Health Care Professionals > LA > 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 will be effective July 1, 2018.

PDL Additions

Brand Name	Generic Name	Comments
Admelog [®] Solostar	Insulin lispro injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus. Step through Admelog vial required.
Admelog [®] vial	Insulin lispro injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus.
Arnuity [®] Ellipta [®]	Fluticasone furoate inhalation	Indicated for the maintenance treatment of asthma.
Benznidazole	Benznidazole tablet	Indicated for the treatment Chagas disease. Prior authorization required.
Bevyxxa [®]	Betrixaban capsule	Indicated for prophylaxis of venous thromboembolism in acutely ill hospitalized patients.
Calquence [®]	Acalabrutinib capsule	Indicated for the treatment of mantle cell lymphoma in patients who have received at least one prior therapy. Prior authorization required. Available through specialty and retail pharmacy.
Haegarda [®]	C1 esterase inhibitor [human] injection	Indicated for routine prophylaxis against hereditary angioedema (HAE) attacks. Prior authorization required. Available through specialty and retail pharmacy.
Hemlibra [®]	Emicizumab-kxwh injection	Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A with factor VIII inhibitors. Prior authorization required. Available through specialty and retail pharmacy.
Ingrezza [®]	Valbenazine capsule	Indicated for the treatment of tardive dyskinesia. Prior

		authorization required.
Metadate CD ^{®*}	Methylphenidate CD capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required.
Nityr [™]	Nitisinone tablet	Indicated for the treatment of hereditary tyrosinemia type 1 (HT-1). Diagnosis required. Available through specialty and retail pharmacy.
Percocet ^{®*} 7.5mg/325mg and 10mg/325mg	Oxycodone/ acetaminophen tablet	Indicated for moderate to severe pain. Oxycodone/acetaminophen 7.5mg/325mg and 10mg/325mg tablets will be added to the PDL. Oxycodone 5mg/325mg tablet remains preferred on the PDL.
Qvar [®] RediHaler	Beclomethasone inhalation	Indicated for the maintenance treatment of asthma.
Roxicodone ^{®*} 10mg and 20mg	Oxycodone tablet	Indicated for severe pain. Oxycodone 10mg and 20mg tablets will be added to the PDL. Oxycodone 5mg, 15mg and 30mg tablets remain preferred on the PDL.
Segluromet [™]	Ertugliflozin/metformin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step through metformin required.
Steglatro [™]	Ertugliflozin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Step through metformin required.
Stiolto [™] Respimat [®]	Tiotropium/olodaterol inhalation	Indicated for the maintenance treatment of chronic obstructive pulmonary disease (COPD).
Vagifem ^{®*}	Yuvafem or estradiol vaginal tablet	Indicated for the treatment vaginal atrophy.
Verzenio [™]	Abemaciclib tablet	Indicated for the treatment of hormone-receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. Prior authorization required. Available through specialty and retail pharmacy.
Zomacton [™]	Somatropin injection	Indicated for the treatment of growth failure due to growth hormone deficiency. Prior authorization required. Available through specialty and retail pharmacy.

*Only generics are preferred.

PDL Modifications

Brand Name	Generic Name	Comments
Abilify ^{®*}	Aripiprazole tablet	Remove prior authorization. Diagnosis and step through preferred generic antipsychotics required.
Asmanex [®] HFA	Mometasone inhalation	Asmanex HFA will be an additional preferred non-DPI corticosteroid inhaler for patients less than 8 years. New starts 8 years and older will require prior authorization. Current users less than 18 years of age will be grandfathered. Current users 18 years and older will be required to transition to Arnuity Ellipta or Qvar RediHaler.
Humalog [®] KwikPen	Insulin lispro injection	Humalog KwikPen will remain non-preferred and current users will be required to transition to Admelog Solostar.
NovoLog [®]	Insulin aspart injection	NovoLog Flexpen will remain non-preferred and current users

Flexpen		will be required to transition to Admelog Solostar.
---------	--	---

*Only generics are preferred.

Removed from PDL

Brand Name	Generic Name	Comments
Asmanex [®] Twisthaler [®]	Mometasone inhalation	Alternative agents are available including Arnuity Ellipta and Qvar RediHaler. Current users less than 18 years of age will be grandfathered. Current users 18 years of age or older will not be grandfathered.
Anoro [®] Ellipta	Umeclidinium/vilanterol inhalation	Stiolto Respimat is an alternative agent available. Current users will not be grandfathered.
Austedo [™]	Deutetrabenazine tablet	Alternative agents are available including Ingrezza and tetrabenazine. Current users will not be grandfathered.
Humalog [®] 100 unit/mL vial	Insulin lispro injection	Admelog vial is an alternative agent available. Current users will not be grandfathered.
Invokamet [®] / Invokamet [®] XR	Canagliflozin/metformin tablet	Segluromet is an alternative agent available. Current users will not be grandfathered.
Invokana [®]	Canagliflozin tablet	Steglatro is an alternative agent available. Current users will not be grandfathered.
Jardiance [®]	Empagliflozin tablet	Steglatro is an alternative agent available. Current users will not be grandfathered.
Migranal [®]	Dihydroergotamine nasal spray	Alternative agents are available including rizatriptan and sumatriptan. Current users will be grandfathered.
NovoLog [®] 100 unit/mL vial	Insulin aspart injection	Admelog vial is an alternative agent available. Current users will not be grandfathered.
Nutropin [®] AQ NuSpin	Somatropin injection	Zomacton is an alternative agent available. Current users will not be grandfathered.
Orfadin [®]	Nitisinone capsule and suspension	Nityr is an alternative agent available. Current users will not be grandfathered.
Synjardy [®] / Synjardy [®] XR	Empagliflozin/ metformin tablet	Segluromet is an alternative agent available. Current users will not be grandfathered.

PDL Update Training on UHC On Air

On UHC On Air, we 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 **your state**, and click on **UnitedHealthcare Community Plan**. You'll find the Preferred Drug List Q3 Update in the video listings.
- To access Link, sign in to UHCprovider.com 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.