

**UnitedHealthcare Community Plan of Louisiana
Third Quarter 2017 Practitioner Bulletin**

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 **UHCCCommunityPlan.com** > For Health Care Professionals > Louisiana > 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, 2017.

PDL Additions

Brand Name	Generic Name	Comments
Abreva OTC cream	Docosanol cream	Indicated for treating herpes labialis.
Adlyxin injection	Lixisenatide injection	Indicated for treating type 2 diabetes mellitus.
Aristada injection	Aripiprazole injection	Indicated for treating schizophrenia. Prior authorization required.
Differin OTC gel 0.1%	Adapalane gel	Indicated for treating acne vulgaris.
Kerlone* tablet	Betaxolol tablet	Indicated for treating hypertension.
Oxytrol for Women (OTC) patch	Oxybutynin patch	Indicated for treating overactive bladder (OAB).
Rubraca tablet	Rucaparib tablet	Indicated for treating ovarian cancer. Prior authorization required. Available through specialty pharmacy.
Soliqua injection	Insulin glargine/lixisenatide injection	Indicated for treating type 2 diabetes mellitus. Step therapy applies.
Trulicity injection	Dulaglutide injection	Indicated for treating type 2 diabetes mellitus.
Zinbryta injection	Daclizumab injection	Indicated for treating multiple sclerosis. Prior authorization required. Available through specialty pharmacy.

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
Aldara* cream	Imiquimod 5% cream	Prior authorization no longer required.
Retin-A* cream	Tretinoin cream	Step therapy applies. A history of failure, contraindication, or intolerance to Differin OTC is required.
Tanzeum	Albiglutide	Step therapy no longer applies.

*Only generics are covered.

PDL Deletions

Brand Name	Generic Name	Comments
Carac* 0.5% cream	Fluorouracil 0.5% cream	Alternative agents are available including imiquimod cream or fluorouracil solution.
Cordran tape	Flurandrenolide tape	Alternative agents are available including low to medium potency corticosteroids such as hydrocortisone, fluocinolone, mometasone, triamcinolone, and betamethasone valerate.
Differin* cream and gel – RX versions	Adapalene cream and gel	Alternative formulation is available including Differin OTC. Current users will not be grandfathered.
Fluoroplex cream 1%	Fluorouracil cream 1%	Alternative agents are available including imiquimod cream or fluorouracil solution.
Hepsera* tablet	Adefovir tablet	Alternative agents are available including entecavir, Viread, or lamivudine HBV. Current users will be grandfathered.
Retin-A* gel	Tretinoin gel	Alternative formulation is available including Differin OTC. Current users will not be grandfathered.

*Generic versions are removed from PDL

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