

**UnitedHealthcare Community Plan of New York
2nd 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: UHCCommunityPlan.com > For Health Care Professionals > NY > 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 April 1, 2018.

PDL Additions

Brand Name	Generic Name	Comments
Benznidazole	Benznidazole tablet	Indicated for the treatment Chagas disease. Prior authorization required.
Qvar RediHaler	Beclomethasone inhalation	This change only impacts Managed Medicaid members. There is no change for CHIP members. Indicated for the maintenance treatment of asthma.
Stiolto Respimat	Tiotropium/olodaterol inhalation	Indicated for the maintenance treatment of chronic obstructive pulmonary disease (COPD).
Zomacton	Somatropin injection	This change only impacts Managed Medicaid members. There is no change for CHIP members. Indicated for the treatment of growth failure due to growth hormone deficiency. Prior authorization required. Available through specialty pharmacy.
Metadate CD*	Methylphenidate CD capsule	Indicated for the treatment of attention-deficit hyperactivity disorder (ADHD). Diagnosis required.
Kevzara	Sarilumab injection	This change does not impact New York Essential Plan members. Indicated for the treatment of rheumatoid arthritis. Prior authorization required. Available through specialty pharmacy.
Vagifem*	Yuvafem or estradiol vaginal tablet	Indicated for the treatment vaginal atrophy.
Ingrezza	Valbenazine capsule	Indicated for the treatment of tardive dyskinesia. Prior authorization required.
Haegarda	C1 esterase inhibitor [human] injection	Indicated for routine prophylaxis against hereditary angioedema (HAE) attacks. Prior authorization required. Available through specialty pharmacy.
Bevyxxa	Betrixaban capsule	Indicated for prophylaxis of venous thromboembolism in acutely ill hospitalized patients.

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
Abilify*	Aripiprazole tablet	Remove prior authorization. Diagnosis and step through preferred alternatives required.

*Only generics are covered.

Removed from PDL

Brand Name	Generic Name	Comments
Asmanex HFA	Mometasone inhalation	This change only impacts Managed Medicaid members. There is no change for CHIP members. 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.
Asmanex Twisthaler	Mometasone inhalation	This change only impacts Managed Medicaid members. There is no change for CHIP members. 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.
Nutropin AQ NuSpin	Somatropin injection	This change only impacts Managed Medicaid members. There is no change for CHIP members. Zomacton 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.
Migranal	Dihydroergotamine nasal spray	Alternative agents are available including rizatriptan and sumatriptan. Current users will be grandfathered.
Concerta	Methylphenidate ER (Concerta AB-rated generic) tablet	Alternative agents are available including methylphenidate ER (Concerta BX-rated generic) tablet and methylphenidate CD capsule. Current users less than 18 years of age will be grandfathered. Current users 18 years of age or older 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 Q2 2018 Update in the videos 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 New User in the top right corner.
- 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.