



**UnitedHealthcare Community Plan of New York  
Q4 2017 Preferred Drug List Changes**

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](http://UHCCommunityPlan.com) > For Health Care Professionals > New York > 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 Oct. 1, 2017**

**PDL Additions**

Brand Name	Generic Name	Comments
AirDuo* RespiClick	Fluticasone/ Salmeterol inhaled	Indicated for treating asthma. Step therapy applies.
Cataflam*	Diclofenac potassium tablet	Indicated for treating osteoarthritis and rheumatoid arthritis.
Nuvigil*	Armodafinil	Indicated for treating narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Diagnosis required.
Tymlos™	Abaloparatide injection	Indicated for treating postmenopausal women with osteoporosis at high risk for fracture. Prior authorization required. Available through specialty pharmacy.
Voltaren*	Diclofenac DR tablet	Indicated for treating osteoarthritis and rheumatoid arthritis.
Voltaren-XR*	Diclofenac ER tablet	Indicated for treating osteoarthritis and rheumatoid arthritis.
Vyvanse Chewable	Lisdexamfetamine chewable tablet	Indicated for treating attention deficit hyperactivity disorder and binge eating disorder. Diagnosis required.

\*Only generics are covered.

**PDL Modifications**

Brand Name	Generic Name	Comments
Provigil*	Modafinil	Therapeutic alternative required. A history of failure, contraindication, or intolerance to armodafinil is required.

\*Only generics are covered.

### Removed from PDL

Brand Name	Generic Name	Comments
Dulera	Mometasone/formoterol inhalation	Alternative agents are available including Fluticasone/Salmeterol (generic AirDuo RespiClick) and Breo Ellipta. Current users will not be grandfathered.
Forteo <sup>®</sup>	Teriparatide	Alternative agent is available including Tymlos. Postmenopausal women with osteoporosis will be required to switch to Tymlos. Forteo will continue to be available for men with primary or hypogonadal osteoporosis and for patients with osteoporosis associated with glucocorticoid therapy.
Tamiflu <sup>®</sup> Suspension	Oseltamivir suspension	Patients 12 and older will be required to use Oseltamivir capsule. Tamiflu Suspension will continue to be available for any patient 12 and younger.

### 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 app on their Link dashboard. From there, go to New York, and click on **UHC Community Plan**. You will find the Preferred Drug List Q4 Update in the list of videos.
- To access Link, go to **UHCprovider.com** and click on the Link button in the top right corner. Use your Optum ID to sign in. If you don't have an Optum ID, click the New User button in the top right corner of UHCprovider.com.

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