



**UnitedHealthcare Community Plan of Rhode Island
Q2 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: **UHCCommunityPlan.com** > For Health Care Professionals > Rhode Island > 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, 2017.

PDL Additions

Brand Name	Generic Name	Comments
Lovaza* capsule	Omega 3 acid ethyl esters	Indicated for treating hypertriglyceridemia. Prior authorization required.
Orfadin capsule	Nitisinone	Indicated for treating hereditary tyrosinemia type I. Prior authorization required. Available through specialty pharmacy.
Pin-X Chewable tablet	Pyrantel pamoate	Indicated for treating enterobiasis (pinworm infection).
Pin-X Suspension	Pyrantel pamoate	Indicated for treating enterobiasis (pinworm infection).
Reese’s Pinworm Medicine Tablet	Pyratel pamoate	Indicated for treating enterobiasis (pinworm infection).
Reese’s Pinworm Medicine Suspension	Pyratel pamoate	Indicated for treating enterobiasis (pinworm infection).

*Only generics are covered.

PDL Modifications

Brand Name	Generic Name	Comments
Albenza tablet	Albendazole	Prior authorization required. Indicated for treating Cysticercosis, Hyatid cyst, and Neurocysticercosis.
Copegus* 200 mg tablet	Ribavirin	Prior authorization removed. Specialty pharmacy required. Indicated for treating chronic hepatitis C infection.
Rebetol* 200 mg capsule	Ribavirin	Prior authorization removed. Specialty pharmacy required. Indicated for treating chronic hepatitis C infection.
ProAmantine * tablet	Midodrine	Step therapy removed. Indicated for treating orthostatic hypotension.

*Only generics are covered.

PDL Deletions

Brand Name	Generic Name	Comments
Atralin* Gel 0.05%	Tretinoin 0.05% gel	Alternative formulations are available including: <ul style="list-style-type: none">• tretinoin gel 0.025%• tretinoin gel 0.01%• tretinoin cream 0.025%• tretinoin cream 0.05%• tretinoin cream 0.1% Current users will not be grandfathered.
Dolophine* 5 mg tab 10 mg tab 5 mg/5 ml 10 mg/5 ml	Methadone	Alternative agents are available on the preferred drug list including: <ul style="list-style-type: none">• morphine sulfate ER• fentanyl patch• oxymorphone ER• Zohydro ER. Current users will be grandfathered.
Mydracyl*	Tropicamide ophthalmic solution	Tropicamide ophthalmic solution should only be used for diagnostic purposes and eye examinations. Alternative ophthalmic preparations are available on the preferred drug list.

*Only generics are covered.

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