

1st Quarter 2020 Supplemental Preferred Drug List Update

UnitedHealthcare Community Plan of Pennsylvania

UnitedHealthcare Community Plan's Supplemental Preferred Drug List (PDL), which is a list of prescription drugs covered by your plan in addition to the Statewide Preferred Drug List, has been recently updated.

To see which drugs are covered, find your Supplemental PDL under the Pharmacies and Prescriptions section on myuhc.com. You can call the number on your ID card if you need help.

If you take one of the drugs below, ask your doctor if another drug will work for you. Your doctor may need to write a prescription for the new drug.

If needed, your doctor can ask UnitedHealthcare Community Plan for a prior authorization. If the prior authorization is approved, we will continue to cover this drug.

Changes will be effective January 1, 2020

PDL Additions

Brand Name	Generic Name	Comments
Vyndamax™	Tafamidis capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.
Vyndaqel®	Tafamidis meglumine capsule	Indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis. Prior authorization required. Available through specialty pharmacy.

Contact Us

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