



UnitedHealthcare Community Plan of Rhode Island 3rd Quarter 2019 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 UHCprovider.com > Health Plans by State > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.

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, 2019

PDL Additions

Brand Name	Generic Name	Comments
AquADEKs™	Multiple vitamin chewable tablet and drops	Indicated for the treatment or prevention of low levels of fat soluble nutrients and antioxidants in patients with cystic fibrosis (CF). Diagnosis required.
Daurismo™	Glasdegib tablet	Indicated for the treatment of newly diagnosed acute myeloid leukemia (AML). Prior authorization required. Available through specialty pharmacy.
Delstrigo™	Doravirine/lamivudine/tenofovir disoproxil tablet	Indicated for the treatment of HIV-1 infection.
Krintafel®	Tafenoquine tablet	Indicated for the radical cure (prevention of relapse) of <i>Plasmodium vivax</i> malaria.
Perseris™	Risperidone injection	Indicated for the treatment of schizophrenia. Prior authorization required.
Retacrit™	Epoetin alfa-epbx injection	Indicated for the treatment of anemia. Prior authorization required. Available through specialty pharmacy.
Tegsedi™	Inotersen injection	Indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR). Prior authorization required. Available through specialty pharmacy.
Vitrakvi®	Larotrectinib capsule and oral solution	Indicated for the treatment of solid tumors with a neurotrophic receptor tyrosine kinase (NTRK) gene fusion. Prior authorization required. Available through specialty pharmacy.

Removed from PDL

Brand Name	Generic Name	Comments
Absorica®	Isotretinoin capsule	Amnesteem®, Claravis™, and Myorisan™ are alternate options. Current utilizers will be allowed to continue therapy until their existing prior authorization expires.
N/A	Alclometasone dipropionate 0.05% cream	Alclometasone dipropionate ointment 0.05% and triamcinolone acetonide cream 0.025% are alternate options. Current utilizers will not be grandfathered.
N/A	Betamethasone dipropionate 0.05% cream	Betamethasone valerate ointment 0.1%, fluocinonide emulsified base cream 0.05%, fluticasone propionate ointment 0.005%, mometasone furoate ointment 0.1%, and triamcinolone acetonide cream 0.5% are alternate options. Current utilizers will not be grandfathered.
Epogen®	Epoetin alfa injection	Retacrit is an alternate option. Current utilizers will be grandfathered.
N/A	Fluocinolone acetonide 0.01% cream	Alclometasone dipropionate ointment 0.05% and triamcinolone acetonide cream 0.025% are alternate options. Current utilizers will not be grandfathered.
N/A	Fluocinonide 0.05% cream	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%. Current utilizers will not be grandfathered.
N/A	Fluocinonide 0.05% ointment	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%. Current utilizers will not be grandfathered.
N/A	Fluocinonide 0.05% gel	Betamethasone augmented dipropionate cream 0.05%, betamethasone dipropionate ointment 0.05%, and fluocinonide solution 0.05%. Current utilizers will not be grandfathered.
N/A	Hydrocortisone butyrate 0.1% cream	Betamethasone valerate cream 0.1%, fluticasone propionate cream 0.05%, hydrocortisone butyrate ointment 0.1%, hydrocortisone butyrate solution 0.1%, and triamcinolone acetonide lotion 0.1%. Current utilizers will not be grandfathered.
N/A	Hydrocortisone valerate 0.2% cream	Betamethasone valerate cream 0.1%, fluticasone propionate cream 0.05%, hydrocortisone butyrate ointment 0.1%, hydrocortisone butyrate solution 0.1%, and triamcinolone acetonide lotion 0.1%. Current utilizers will not be grandfathered.
Miralax® single dose packet	Polyethylene glycol (PEG 3350) packets	Miralax® (polyethylene glycol (PEG 3350)) powder bottle is an alternate option. Current utilizers will not be grandfathered.
Premarin®	Conjugated estrogen vaginal cream	Estradiol vaginal cream is an alternate option. Current utilizers will not be grandfathered.
Procrit®	Epoetin alfa injection	Retacrit is an alternate option. Current utilizers will be grandfathered.
Udenyca™	Pegfligrastim-cbqv injection	Neulasta is an alternate option. Current utilizers will 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 **Rhode Island**, and click on **UHC Community Plan**. You'll find the Preferred Drug List Q3 Update in the videos listings.
- To access Link, go to UHCprovider.com and sign in by clicking the Link button in the top right corner. If you don't have access to Link, select the New User button.
- 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.