

Q1 2024 preferred drug list updates

UnitedHealthcare Community Plan

Effective Jan. 1, 2024, unless otherwise noted, we're making the following changes to the UnitedHealthcare Community Plan preferred drug list (PDL). Our Pharmacy and Therapeutics Committee updates this PDL quarterly.

These changes apply to:

- The following states: Arizona (AZ), Colorado (CO), Florida (FL), Hawaii (HI), Indiana (IN), Louisiana (LA), Maryland (MD), Minnesota (MN), Nebraska (NE), New Jersey (NJ), Nevada (NV), North Carolina (NC), Pennsylvania (PA), Rhode Island (RI), Virginia (VA) and Washington (WA)
- The following programs and plans: New York Children's Health Insurance Program (NY CHIP), New York Essential Plan (NY EP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Kansas, Michigan, Mississippi, North Carolina or Texas.

New medications on PDL

Medication	Description	States and plans in scope
Abrysvo™ vaccine	Indicated for active immunization in pregnant individuals at 32–36 weeks gestational age and in individuals 60 years of age and older for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV). Added to our PDL effective Sept. 15, 2023.	AZ, CO, FL, HI, IN, LA, MD, MN, NC, NJ, NV, NY CHIP, NY EP, PA CHIP, PA, RI and WA
amoxicillin 500 mg tablet	Indicated in the treatment of infections due to susceptible strains of designated microorganisms.	CO, HI, IN, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Arexvy vaccine	Indicated for active immunization in individuals 60 years and older for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV). Added to our PDL effective Sept. 15, 2023.	AZ, CO, FL, HI, IN, LA, MD, MN, NC, NJ, NV, NY CHIP, NY EP, PA CHIP, PA, RI and WA

New medications on PDL (cont.)

Medication	Description	States and plans in scope
Breyna™ inhaler	Indicated for asthma as maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI
calcium acetate capsule	Indicated for the control of hyperphosphatemia in end stage renal failure.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
cefepodoxime tablet	Indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of designated microorganisms.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
colchicine tablet	Indicated for prophylaxis of gout flares in adults.	CO, HI, IN, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
fenofibrate 67 mg, 134 mg and 200 mg micronized capsules	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
fenofibrate 48 mg, 54 mg, 145 mg and 160 mg tablets	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
metoprolol tartrate 37.5 mg and 75 mg tablets	Indicated for the treatment of hypertension, angina pectoris and reduction in cardiovascular mortality.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Mounjaro® injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Narcan® OTC and naloxone OTC nasal spray	Indicated for the emergency treatment of known or suspected opioid overdose. Added to our PDL effective Oct. 15, 2023.	CO, HI, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Oral contraceptives	Indicated for routine contraception. Refer to the PDL for preferred products.	CO, HI, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA

New medications on PDL (cont.)

Medication	Description	States and plans in scope
Ozempic® injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
ranolazine ER tablet	Indicated for the treatment of chronic angina.	CO, HI, IN, MD, MN, NE, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Rybelsus® tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
saxagliptin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes.	CO, HI, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Victoza® (3-pack) injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI

Changes to coverage

Medication	Description	States and plans in scope
lisdexamfetamine capsules	On Oct. 1, 2023, we added this medication to our PDL with a diagnosis check and step through one preferred long-acting stimulant. Starting Jan. 1, 2024, we'll no longer require a diagnosis check for individuals under 18 years old.	CO, HI, NJ, NV, NY CHIP, NY EP and PA CHIP
lisdexamfetamine capsules and chewable tablets	Starting Jan. 1, 2024, we'll require a diagnosis check for individuals 18 years and younger. For individuals 19 years and older, we'll require a diagnosis check and step through one preferred long-acting stimulant.	RI

Changes to coverage (cont.)

Medication	Description	States and plans in scope
Stimulants (amphetamine/dextroamphetamine tablets and ER capsules, atomoxetine capsules, dexamethylphenidate tablets and ER capsules, dextroamphetamine tablets and ER capsules, guanfacine ER tablets, and methylphenidate tablets and ER capsules/tablets)	Starting Jan. 1, 2024, we'll no longer require a diagnosis check for individuals under 18 years old.	CO, HI, NJ, NV, NY CHIP, NY EP, PA CHIP and RI

Medication no longer on PDL

Medication	Description	States and plans in scope
cephalexin 750 mg capsule	Indicated in the treatment of infections due to susceptible strains of designated microorganisms. Alternatives include cephalexin 250 mg and 500 mg. We require prior authorization.	CO, HI, IN, MD, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Mitigare [®] capsules	Indicated for prophylaxis of gout flares in adults. Alternatives include colchicine tablets. We require prior authorization.	CO, HI, IN, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Nitro-Dur [®] transdermal patch	Indicated for the prevention of angina pectoris due to coronary artery disease. Alternatives include generic nitroglycerin transdermal patch. We require prior authorization.	CO, HI, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Trulicity [®] injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. Alternatives include Ozempic injection, Mounjaro injection, Victoza injection and Rybelsus tablet. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI



Medication alternatives

We may cover medication alternatives for medications not on our PDL. If you feel a medication alternative is medically appropriate for a patient and you'd like to prescribe it, please do one of the following:

- Contact the member's pharmacy to request the prescription
- Submit an electronic prescription using Optum Rx ePrescribe
 - For more information, visit [Electronic Prescribing \(eRx\) to Optum Rx](#) at [optum.com](#)
- Write a new prescription and give it to your patient (where state regulations permit)

If a preferred alternative medication isn't medically appropriate for a patient, please request a PDL prior authorization exception by calling Optum Rx prescriber prior authorization at **800-310-6826**. If the medication meets our medical necessity criteria, we'll continue to cover it for that patient.



Resources

As of Jan. 1, 2024, you can view the changes at [UHCprovider.com/plans](#) > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.



Questions

Please call the Optum Rx prescriber prior authorization line at **800-310-6826**.