

Q4 2023 preferred drug list updates

UnitedHealthcare Community Plan

Effective Nov. 1, 2023, 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: Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Michigan (MI), Minnesota (MN), Mississippi (MS), Nebraska (NE), New Jersey (NJ), Nevada (NV), New York (NY), Pennsylvania (PA) and Rhode Island (RI)
- 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 Florida, Louisiana, Ohio, Texas, North Carolina, Kansas, Virginia or Washington.

New medications on PDL

| Medication | Description | States and plans in scope |
|--|--|--|
| Atovaquone-Proguanil tablets | Indicated for prophylaxis and the treatment of malaria. | CO, HI, IN, MD, MI, MN, MS, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Clomipramine capsules | Indicated for the treatment of obsessions and compulsions in patients with obsessive-compulsive disorder. | CO, HI, MN, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Clozapine tablets, 200 mg | Indicated for the management of patients who are severely schizophrenic and fail to respond adequately to standard drug treatment for schizophrenia. | CO, HI, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Dalfampridine extended-release tablets, 10 mg | Indicated to improve walking in adult patients with multiple sclerosis. We require a diagnosis check. | CO, HI, MD, NV, NJ, NY CHIP, NY EP, PA CHIP and RI |
| Insulin Lispro KwikPen and Insulin Lispro Junior KwikPen | Rapid-acting insulin indicated to improve glycemic control in patients with diabetes. We require prior authorization. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |
| Insulin Lispro Protamine and Insulin Lispro Suspension Mix75/25™ KwikPen® | Mix insulin indicated to improve glycemic control in patients with diabetes. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |
| Lantus® vials and Lantus SoloStar® pens | Long-acting insulin indicated to improve glycemic control in patients with diabetes. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |

New medications on PDL (cont.)

| Medication | Description | States and plans in scope |
|--|--|--|
| Quetiapine extended-release tablets | Atypical antipsychotic indicated for the maintenance/treatment of schizophrenia, bipolar I disorder and major depressive disorder. | CO, HI, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Quetiapine tablets, 150 mg | Atypical antipsychotic indicated for the maintenance/treatment of schizophrenia, bipolar I disorder and major depressive disorder. | CO, HI, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Tinidazole tablets | Antimicrobial indicated for trichomoniasis, giardiasis, amebiasis and bacterial vaginosis. | AZ, CO, HI, IN, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |

Changes to coverage

| Medication | Description | States and plans in scope |
|---|--|--|
| Fluticasone Propionate/ Salmeterol Diskus® Inhalation Powder | Indicated for the treatment of asthma or reducing exacerbations in patients with chronic obstructive pulmonary disease. We'll no longer require prior authorization. | CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |
| Wixela Inhub® | Indicated for the treatment of asthma or reducing exacerbations in patients with chronic obstructive pulmonary disease. We'll no longer require prior authorization. | CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI |

Medications no longer on PDL

| Medication | Description | States and plans in scope |
|--------------------------------|---|---|
| Admelog® SoloStar vials | Rapid-acting insulin indicated to improve glycemic control in patients with diabetes. Alternatives include Insulin Lispro vials and Insulin Lispro KwikPen. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |
| Basaglar® KwikPen | Long-acting insulin indicated to improve glycemic control in patients with diabetes. Alternatives include Lantus vials, Lantus SoloStar and Rezvoglar™ KwikPen. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |

Medications no longer on PDL (cont.)

| Medication | Description | States and plans in scope |
|--|---|---|
| Humalog® Mix75/25™ vials and Humalog Mix75/25 KwikPen | Mix insulin indicated to improve glycemic control in patients with diabetes. Alternatives include Insulin Lispro Protamine and Insulin Lispro Suspension Mix75/25 KwikPen. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |
| Insulin glargine-yfjn vials and pens | Long-acting insulin indicated to improve glycemic control in patients with diabetes. Alternatives include Lantus vials, Lantus SoloStar and Rezvoglar KwikPen. | CO, HI, MD, NJ, NV, NY CHIP, PA CHIP and RI |
| Invokana® tablets | Indicated to improve glycemic control in patients with type 2 diabetes. Alternatives include Jardiance® and Synjardy® tablets. | NY EP |
| SymlinPen® injection | Indicated to improve glycemic control in patients with diabetes. | CO, HI, IN, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RII |



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 Nov. 1, 2023, you can view the changes on the [Pharmacy Resources and Physician Administered Drugs](#) page.



Questions?

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

