

# Q2 2024 preferred drug list updates

## UnitedHealthcare Community Plan

**Effective April 1, 2024**, 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), Hawaii (HI), Maryland (MD), Minnesota (MN), Nebraska (NE), Nevada (NV), New Jersey (NJ) and Rhode Island (RI)
- The following programs and plans: New York Child Health Plus (NY CHP), New York Essential Plan (NY EP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Florida, Indiana, Kansas, Louisiana, Michigan, Mississippi, North Carolina, Pennsylvania, Texas, Virginia or Washington.

### New medications on PDL

Medication	Description	States and plans in scope
<b>Abilify Asimtufii® injection</b>	Indicated for the treatment of schizophrenia and as maintenance treatment of bipolar I disorder in adults. <b>We require prior authorization.</b>	CO, NE, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>adalimumab-adbm injection</b>	Adalimumab-adbm is a biosimilar to HUMIRA® and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. <b>We require prior authorization.</b>  Note: Additional preferred adalimumab products include adalimumab-fkjp, Amjevita™ and Hadlima™.	CO, HI, MD, NJ, NV, PA CHIP and RI
<b>adalimumab-fkjp injection</b>	Adalimumab-fkjp is a biosimilar to HUMIRA and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. <b>We require prior authorization.</b>  Note: Additional preferred adalimumab products include adalimumab-adbm, Amjevita and Hadlima.	CO, HI, MD, NJ, NV, PA CHIP and RI

## New medications on PDL (cont.)

Medication	Description	States and plans in scope
<b>Ajovy® injection</b>	Indicated for the preventive treatment of migraine in adults. <b>We require prior authorization.</b>	CO, HI, MD, NJ, NV, NY CHP, PA CHIP and RI
<b>Amjevita™ high concentration injection</b>	Amjevita is a biosimilar to HUMIRA and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. <b>We require prior authorization.</b> <b>This was added to our PDL effective December 2023.</b>  Note: Additional preferred adalimumab products include adalimumab-fkjp, Amjevita™ and Hadlima™.	CO, HI, MD, NJ, NV, PA CHIP and RI
<b>amphetamine/dextroamphetamine ER capsule (generic Adderall XR)</b>	Indicated for the treatment of attention deficit hyperactivity disorder (ADHD). <b>We require prior authorization with a diagnosis check for individuals 18 years and older.</b>	NY EP
<b>Dupixent® injection</b>	Indicated for the treatment of asthma, atopic dermatitis, eosinophilic esophagitis, nasal polyps due to chronic sinusitis and prurigo nodularis. <b>We require prior authorization.</b>	CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>moxifloxacin 0.5% ophthalmic solution</b>	Indicated for the treatment of bacterial conjunctivitis caused by susceptible organisms.	AZ, CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>Rykindo® injection</b>	Indicated for the treatment of schizophrenia and as maintenance treatment of bipolar I disorder in adults. <b>We require prior authorization.</b>	CO, NJ, NE, NV, NY CHP, NY EP, PA CHIP and RI
<b>solifenacin tablet</b>	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency and urinary frequency.	CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI

## New medications on PDL (cont.)

Medication	Description	States and plans in scope
<b>tolterodine ER capsule</b>	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency and urinary frequency.  <b>We require step therapy.</b>	CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>Ubrovelvy® tablet</b>	Indicated for the acute treatment of migraine with or without aura in adults.  <b>We require prior authorization.</b>	CO, HI, MD, NJ, NV, NY CHP, PA CHIP and RI
<b>Udenyca® injection</b>	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia.  <b>We require prior authorization.</b>	CO, HI, MD, MN, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>Udenyca® OnBody™</b>	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia.  <b>We require prior authorization.</b>	CO, HI, MD, MN, NJ, NV, NY CHP, NY EP, PA CHIP and RI

## Changes to coverage

Medication	Description	States and plans in scope
<b>tropium tablet</b>	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency and urinary frequency.  <b>We'll no longer require prior authorization or step therapy.</b>	CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI

## Medication no longer on PDL

Medication	Description	States and plans in scope
<b>Adderall XR® capsule</b>	Indicated for the treatment of ADHD. Alternative includes the generic amphetamine/dextroamphetamine ER capsule.  <b>We require prior authorization.</b>	NY EP

## Medication no longer on PDL (cont.)

Medication	Description	States and plans in scope
<b>Aimovig® injection</b>	Indicated for the preventive treatment of migraine in adults. Alternatives include Ajoovy® and Emgality®. <b>We require prior authorization.</b>	CO, HI, MD, NJ, NV, NY CHP, PA CHIP and RI
<b>Crotan™ lotion 10%</b>	Indicated for the treatment of scabies and symptomatic treatment of pruritic skin. Alternative includes permethrin cream. <b>We require prior authorization.</b> <b>This was removed from our PDL on Feb. 1, 2024.</b>	CO, HI, MD, NJ, NV, NY CHP, NY EP, PA CHIP and RI
<b>Ziextenzo® injection</b>	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. Alternative includes Udenyca. <b>We require prior authorization.</b>	CO, HI, MD, MN, NJ, NV, NY CHP, NY EP, 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 April 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**.