



**UnitedHealthcare Community Plan of Rhode Island
1st 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 January 1, 2019

PDL Additions

| Brand Name | Generic Name | Comments |
|------------|--|---|
| Erleada™ | Apalutamide tablet | Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty pharmacy. |
| Firvanq™ | Vancomycin powder for oral solution | Indicated for the treatment of <i>Clostridium difficile</i> -associated diarrhea and enterocolitis caused by <i>Staphylococcus aureus</i> . Diagnosis required. |
| Nocurna® | Desmopressin acetate sublingual tablet | Indicated for the treatment of nocturnal polyuria. Prior authorization required. |

PDL Modifications

| Brand Name | Generic Name | Comments |
|------------|-----------------|---|
| Regranex® | Becaplermin gel | Remove prior authorization. Diagnosis required. |

Removed from PDL

| Brand Name | Generic Name | Comments |
|--------------|---|--|
| Breo Ellipta | Fluticasone furoate/vilanterol trifrenatate inhaler | Fluticasone/salmeterol (authorized generic of AirDuo RespiClick®) is an alternate option. Current utilizers will not be grandfathered and need to transition to a preferred product by February 1, 2019. |
| Linzess® | Linaclotide capsule | Trulance® is an alternate option. Current utilizers will not be grandfathered. |
| Toujeo® | Insulin glargine pen | Basaglar® is an alternate option. Current utilizers will not be |

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| | | grandfathered and need to transition to a preferred product by February 1, 2019. |
| Vancocin | Vancomycin capsule | Firvanq is an alternate option. Current utilizers will be grandfathered through the remainder of their current course of therapy. |
| Zenpep® | Pancrelipase delayed release capsule | Creon® is an alternate option. Current utilizers with cystic fibrosis will be grandfathered. Patients using Zenpep for indications other than cystic fibrosis will not 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 Q1 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.