



**UnitedHealthcare Community Plan of Rhode Island  
2<sup>nd</sup> 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](http://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 April 1, 2019**

**PDL Additions**

<b>Brand Name</b>	<b>Generic Name</b>	<b>Comments</b>
Aimovig™	Erenumab-aooe injection	Indicated for the preventative treatment of migraines. Prior authorization required.
Butrans®*	Buprenorphine patch	Indicated for the treatment of moderate to severe pain. Prior authorization required.
Emgality™	Galcanezumab-gnlm injection	Indicated for the preventative treatment of migraines. Prior authorization required.
Idhifa®	Enasidenib tablet	Indicated for the treatment of relapsed or refractory acute myeloid leukemia (AML). Prior authorization required. Available through specialty pharmacy.
Lokelma®	Sodium zirconium cyclosilicate suspension packet	Indicated for the treatment of chronic hyperkalemia. Prior authorization required.
Mulpleta®	Lusutrombopag tablet	Indicated for the treatment of thrombocytopenia in patients with chronic liver disease (CLD) who are scheduled to undergo a procedure. Prior authorization required. Available through specialty pharmacy.
Olumiant®	Baricitinib tablet	Indicated for the treatment of moderately to severely active rheumatoid arthritis. Prior authorization required. Available through specialty pharmacy.
Orilissa™	Elagolix tablet	Indicated for the management of moderate to severe pain associated with endometriosis. Prior authorization required.
Repatha®	Evolocumab injection	Indicated for the treatment of heterozygous and homozygous familial hypercholesterolemia. Prior authorization required.

		Available through specialty pharmacy.
Tibsovo®	Ivosidenib tablet	Indicated for the treatment of relapsed or refractory AML. Prior authorization required. Available through specialty pharmacy.
Udenyca™	Pegfilgrastim-cbqv syringe	Indicated to decrease the incidence of infection in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs. Prior authorization required. Available through specialty pharmacy.
Uloric®	Febuxostat tablet	Indicated for chronic management of hyperuricemia in patients with gout. Step therapy required.
Vimpat®	Lacosamide tablet only	Indicated for the treatment of partial-onset seizures. Prior authorization required.

\*Only generics are preferred

### Removed from PDL

Brand Name	Generic Name	Comments
Androderm®	Testosterone patch	Testosterone gel 1%, testosterone cypionate, and testosterone enanthate are alternate options. Current utilizers will be grandfathered. Prior authorization required.
Androgel® 1.62%	Testosterone gel	Testosterone gel 1%, testosterone cypionate, and testosterone enanthate are alternate options. Current utilizers will be grandfathered. Prior authorization required.
Diabinese®	Chlorpropamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Diuril®	Chlorothiazide suspension	Chlorothiazide tablet is an alternate option. Current utilizers will be grandfathered.
Fenoglide®	Fenofibrate tablet	Fenofibrate 54mg tablets, 160mg tablets, 67mg capsules, 134mg capsules, and 200mg capsules are alternate options. Current utilizers will be allowed to continue until their existing prior authorization expires. Step Therapy required.
Hydrocerin™	Lanolin cream	Dermaphor ointment is an alternate option. Current utilizers will be grandfathered.
Migergot®	Ergotamine w/caffeine suppository	Dihydroergotamine and ergotamine/caffeine tablets are alternate options. Current utilizers will be grandfathered.
Millipred®	Prednisolone tablet	Prednisolone sodium phosphate tablet and prednisolone syrup are alternate options. Current utilizers will be grandfathered.
Nascobal®	Cyanocobalamin nasal spray	Cyanocobalamin injection is an alternate option. Current utilizers will not be grandfathered.
Norpace CR	Disopyramide phosphate ER capsule	Disopyramide phosphate capsule is an alternate option. Current utilizers will be grandfathered.
Orinase®	Tolbutamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Suprax®	Cefixime oral suspension	Cephalexin, cefaclor, and cefdinir are alternate options. Current utilizers will be grandfathered through the remainder of their current course of therapy.
Systane®	Polyethylene glycol/propylene glycol solution	Artificial tears is an alternate option. Current utilizers will be grandfathered.
Tolinase®	Tolazamide tablet	Glimepiride and glipizide are alternate options. Current utilizers will be grandfathered.
Trexall®	Methotrexate tablet	Methotrexate tablet is an alternate option. Current utilizers will

		be grandfathered.
Tricor®	Fenofibrate tablet	Fenofibrate 54mg tablets, 160mg tablets, 67mg capsules, 134mg capsules, and 200mg capsules are alternate options. Current utilizers will be allowed to continue until their existing prior authorization expires. Step Therapy required.
Vantin®	Cefpodoxime tablet	Cephalexin, cefaclor, and cefdinir are alternate options. Current utilizers will be grandfathered through the remainder of their current course of therapy.
Zytiga® 500mg	Abiraterone tablet	Abiraterone 250mg tablets are an alternate option. Current utilizers 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 Q2 Update in the videos listings.
- To access Link, go to [UHCprovider.com](http://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](http://UHCprovider.com/link).

If you have any questions, please call UnitedHealthcare Community Plan’s Pharmacy Department at 800-310-6826. Thank you.