

# 2nd Quarter 2020 Preferred Drug List Update

## UnitedHealthcare Community Plan of Virginia

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/plans](http://UHCprovider.com/plans) > 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, 2020

#### PDL Additions

Brand Name	Generic Name	Comments
Baqsimi™	Glucagon nasal powder	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change effective February 1, 2020.
Fasenra®	Benralizumab injection	Indicated for the add-on maintenance treatment of severe asthma with an eosinophilic phenotype. Prior authorization required. Available through specialty pharmacy.
Glucagon Emergency Kit for Low Blood Sugar (manufactured by Fresenius)	Glucagon solution for injection	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change effective February 1, 2020.
Gvoke™	Glucagon auto-injector and prefilled syringe	Indicated for the treatment of severe hypoglycemia in patients with diabetes. Change effective February 1, 2020.
Nubeqa™	Darolutamide tablet	Indicated for the treatment of non-metastatic castration resistant prostate cancer. Prior authorization required. Available through specialty pharmacy.
Nucala®	Mepolizumab injection	Indicated for the treatment eosinophilic granulomatosis with polyangiitis and for the add-on maintenance treatment of severe asthma with an eosinophilic phenotype. Prior authorization required. Available through specialty pharmacy.
Rozlytrek™	Entrectinib capsule	Indicated for the treatment of ROS1-positive non-small cell lung cancer and solid tumors with a neurotrophic tyrosine receptor kinase (NTRK) gene fusion. Prior authorization required. Available through specialty pharmacy.

Turalio™	Pexidartinib capsule	Indicated for the treatment of tenosynovial giant cell tumor. Prior authorization required. Available through specialty pharmacy.
----------	----------------------	---

**Removed from PDL**

Brand Name	Generic Name	Comments
Prenatal Vitamins	N/A	CitraNatal® Pak DHA tablet, CitraNatal® Rx tablet, CompleteNate chewable tablet, Nestabs® tablet, SE-Natal 19 tablet and chewable tablet, Select-OB® caplet, Thrivite 19 tablet, and Vitafol®-OB tablet will be removed from the PDL. Various other prenatal vitamins will be available. Current utilizers will be grandfathered for one year.

**Contact Us**

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