

3rd 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 > 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 with 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 (where permitted by state regulations).

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 July 1, 2020.

PDL Additions

Brand Name	Generic Name	Comments
Brukinsa™	Zanubrutinib capsule	Indicated for the treatment of mantle cell lymphoma (MCL) in patients who have received at least one prior therapy. Prior authorization required. Available through specialty pharmacy.
Humalog Jr. Kwikpen®	Insulin Lispro Inj	Indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus to improve glycemic control.
Humalog® Mix 50/50 Kwikpen	Insulin Lispro Protamin/Lispro Inj	Indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus to improve glycemic control.
Humalog® Mix 75/25 Kwikpen	Insulin Lispro Protamin/Lispro Inj	Indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus to improve glycemic control.
Humulin® 70/30 pen	Insulin NPH Hum/Reg Insulin Human Inj	Indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus to improve glycemic control.
Humulin® N Kwikpen (OTC)	Insulin NPH Human Isophane Inj	Indicated for treatment of types 1 and 2 diabetes mellitus to improve glycemic control in adults and pediatric patients
Ibandronate	Ibandronate Sodium tablet	Indicated for treatment and prevention of osteoporosis in postmenopausal females.
Insulin Lispro 100 Unit/ml Vial	Insulin Lispro Inj	Indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus to improve glycemic control.
Invokamet® Invokamet® XR	Canagliflozin/Metformin HCl tablet	Indicated, adjunct to diet and exercise, to improve glycemic control in adults with type 2 diabetes mellitus and risk reduction of major cardiovascular events in adults with type 2 diabetes mellitus and cardiovascular disease.
Nayzilam®	Midazolam nasal spray	Indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity that are distinct from a patient's usual seizure pattern in patients with epilepsy. Prior authorization required.

Temixys™	Lamivudine/tenofovir disoproxil fumarate tablet	Indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV-1) infection. Diagnosis required.
Trikafta®	Elexacaftor/tezacaftor/ivacaftor tablet; Ivacaftor tablet	Indicated for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Prior authorization required. Available through specialty pharmacy.
Solifenacin	Solifenacin Succinate tablet	Indicated for the treatment of overactive bladder with symptoms of urinary frequency, urgency, or urge incontinence.
Xigduo™ XR	Dapagliflozin/Metformin HCl tablet	Indicated, adjunct to diet and exercise, to improve glycemic control in adults with type 2 diabetes mellitus and risk reduction of hospitalization for heart failure associated to concurrent cardiovascular disease.

Removed from PDL

Brand Name	Generic Name	Comments
Cimduo®	Lamivudine/tenofovir disoproxil fumarate tablet	Temixys™ is an alternate option. Current utilizers will be grandfathered.
Clindagel®	Clindamycin phosphate gel 1%	Various other topical products are available for the treatment of acne. Current utilizers will not be grandfathered.
Dyanavel™ XR susp	Amphetamine suspension	Concerta® tab and Vyvanse® chewable tab are alternate options. Current utilizers will not be grandfathered.
QuilliChew ER™	Methylphenidate HCl tablet	Concerta® tab and Vyvanse® chewable tab are alternate options. Current utilizers will not be grandfathered.
Quillivant™ XR susp	Methylphenidate HCl susp	Concerta® tab and Vyvanse® chewable tab are alternate options. Current utilizers will not be grandfathered.
VESIcare®	Solifenacin Succinate tablet	Generic is preferred. Current utilizers will not be grandfathered.

Contact Us

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