

Q1 2025 preferred drug list updates

UnitedHealthcare Community Plan

Effective Jan. 1, 2025, 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: Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Michigan (MI), Nebraska (NE), New Jersey (NJ), New Mexico (NM), Nevada (NV), Rhode Island (RI) and Virginia (VA)
- The following programs and plans: New York Children's Health Insurance Program (NY CHIP), New York Essential Plan (NY EPP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Arizona, Florida, Kansas, Louisiana, Minnesota, Mississippi, North Carolina, Pennsylvania, Texas or Washington.

New medications on PDL

Medication	Description	States and plans in scope
buprenorphine and naloxone 4-1 mg and 12-3 mg sublingual film	Indicated for treatment of opioid dependence. We'll add these doses to the PDL to align with the currently preferred 2-1 mg and 8-1 mg sublingual films. Only the following will require prior authorization: HI, NY CHIP, NY EP and PA CHIP.	CO, HI, NJ, NV, NY CHIP, NY EP, PA CHIP, RI
Fensolvi® injection	Indicated for the treatment of pediatric patients with central precocious puberty. We'll require prior authorization.	CO, HI, IN, NE, MD, MI, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA
Promacta® 12.5 mg packets	Indicated for the treatment of thrombocytopenia in patients with chronic immune thrombocytopenic purpura or chronic hepatitis C. We'll require prior authorization.	CO, HI, IN, MD, MI, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA

Changes to coverage

Medication	Description	States and plans in scope
dimethyl fumarate capsules	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
esomeprazole capsules and granules	Indicated for the treatment of gastroesophageal reflux disease and risk reduction of gastric ulcer. We'll no longer require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
fingolimod capsules	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
teriflunomide tablets	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
Wegovy® injection	Indicated for reduction of risk of major cardiovascular events in adults with established cardiovascular disease who are obese or overweight. Effective Oct. 1, 2024, this was added to the pharmacy benefit as non-preferred with prior authorization.	CO, HI, NE, NJ, NM, NV, PA CHIP, RI

Medication no longer on PDL

We're removing the following medication(s) from our PDL.

Medication	Description	States and plans in scope
acebutolol capsules	Indicated for the management of hypertension and ventricular arrhythmias. Alternatives include atenolol, metoprolol and propranolol. We'll require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI

Medication no longer on PDL (cont.)

Medication	Description	States and plans in scope
<p>Cimzia® injection</p>	<p>Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn’s disease and ankylosing spondylitis.</p> <p>Alternatives include adalimumab biosimilars such as Hadlima™, Amjevita™, adalimumab-adbm and adalimumab-fkjp. These alternatives require prior authorization.</p> <p>We require prior authorization.</p>	<p>CO, HI, MD, NJ, NM, NV, NY CHIP, PA CHIP, RI</p>
<p>Humira® injection</p>	<p>Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn’s disease, ulcerative colitis and plaque psoriasis.</p> <p>Alternatives include other adalimumab biosimilars such as Hadlima, Amjevita, adalimumab-adbm and adalimumab-adaz. These alternatives require prior authorization.</p> <p>We require prior authorization.</p>	<p>NY CHIP, NY EP</p>
<p>Lupron Depot-Ped® 45 mg injection</p>	<p>Indicated for the treatment of pediatric patients with central precocious puberty.</p> <p>The alternative Fensolvi® requires prior authorization.</p> <p>We require prior authorization.</p>	<p>CO, HI, IN, NE, MD, MI, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA</p>
<p>Nutropin AQ® injection</p>	<p>Indicated for the treatment of children with growth failure due to growth hormone deficiency (GHD) or adults with either childhood-onset or adult onset GHD.</p> <p>Alternatives include Norditropin® and Zomacton®. These alternatives require prior authorization.</p> <p>We require prior authorization.</p>	<p>CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI</p>



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 1 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 Home Delivery](#) 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 Dec. 1, 2024, you can view the changes at UHCprovider.com/plans > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.