

Q3 2023 preferred drug list updates

UnitedHealthcare Community Plan

Effective July 1, 2023, 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: Arizona (AZ), Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Minnesota (MN), Nebraska (NE), New Jersey (NJ), Nevada (NV), Pennsylvania (PA), 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 Florida, Kansas, Louisiana, Michigan, Mississippi, Texas or Washington.

New medications on PDL

Medication	Description	States and plans in scope
Amjevita™ pens and prefilled syringes	Amjevita is a biosimilar to HUMIRA and indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization.	NY CHIP
Cyltezo® prefilled syringes	Cyltezo is a biosimilar to HUMIRA and indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization.	NY CHIP and NY EPP
Dextroamphetamine tablets	Indicated for the treatment of attention-deficit hyperactivity disorder and narcolepsy. Added to our PDL effective April 1, 2023. We require a diagnosis check.	CO, HI, NJ, NV, NY CHIP, NY EPP, PA CHIP and RI

New medications on PDL (cont.)

Medication	Description	States and plans in scope
Hadlima[®] pens and prefilled syringes	Hadlima is a biosimilar to HUMIRA and indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization.	CO, HI, MD, NJ, NV, PA CHIP and RI
Hyrimoz[®] pens and prefilled syringes	Hyrimoz is a biosimilar to HUMIRA and indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization.	NY CHIP and NY EPP
Insulin lispro vials	Rapid-acting insulin indicated to improve glycemic control in adults and children with diabetes. Added to our PDL effective June 1, 2023.	CO, HI, MD, NJ, NV, NY CHIP, NY EPP, PA CHIP, RI and VA
Lurasidone tablets	Indicated for the treatment of schizophrenia and depressive episodes associated with bipolar disorder. Added to our PDL effective April 3, 2023.	CO, HI, MD, NJ, NV, NY CHIP, NY EPP, PA CHIP, RI and VA
Linezolid tablets/solutions	Indicated for the treatment of infections caused by susceptible gram-positive bacteria. We require a diagnosis check.	AZ, CO, HI, MD, MN, NJ, NV, NY CHIP, NY EPP, PA, PA CHIP, RI and VA
Nadolol tablets	Indicated for the management of patients with angina pectoris and in the management of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EPP, PA CHIP, RI and VA
Rezvoglar[®] KwikPen	Long-acting insulin indicated to improve glycemic control in adults and children with diabetes. Added to our PDL effective June 1, 2023.	CO, HI, MD, NJ, NV, NY CHIP, NY EPP, PA CHIP, RI and VA
Zolpidem ER tablets	Indicated for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance.	CO, HI, NJ, NV, NY CHIP, NY EPP, PA CHIP, RI and VA

Changes to coverage

Medication	Description	States and plans in scope
<p>Preferred generic antipsychotics (aripiprazole tablet, chlorpromazine tablet, clozapine tablet, fluphenazine elixir/tablet/injection, haloperidol injection/tablet, loxapine capsule, olanzapine tablet, perphenazine tablet, quetiapine tablet, risperidone solution/tablet, thioridazine tablet, thiothixene capsule, trifluoperazine tablet, ziprasidone capsule)</p>	<p>Effective April 17, 2023, we no longer require prior authorization or a diagnosis check.</p> <p>Age edits and quantity limits, where applicable, continue to remain in place.</p>	<p>CO, HI, MN, NE, NJ, NV, NY CHIP, NY EPP, PA CHIP and RI</p>

Medication no longer on PDL

Medication	Description	States and plans in scope
<p>Humira® pens and prefilled syringes</p>	<p>Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis.</p> <p>Preferred alternatives are Hadlima and Amjevita (National Drug Codes beginning with 72511).</p>	<p>CO, HI, MD, NJ, NV, PA CHIP and 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 one 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 Rx](#) 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 July 1, 2023, you can view the changes at [UHCprovider.com/plans](#) > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.



Questions

Please call the Optum Rx prescriber prior authorization line at 800-310-6826.