

Q3 2024 preferred drug list updates

UnitedHealthcare Community Plan

Effective July 1, 2024, 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), Minnesota (MN), Nebraska (NE), New Jersey (NJ), 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 EP) and Pennsylvania CHIP (PA CHIP)

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

New medications on PDL

Medication	Description	States and plans in scope
acyclovir 5% topical ointment	Indicated for the treatment of recurrent herpes labialis (cold sores) or initial episode of herpes genitalis in immunocompromised patients.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
adalimumab-adbm injection	Adalimumab-adbm 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 EP
Amjevita™ high concentration injection	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 and NY EP

New medications on PDL (cont.)

Medication	Description	States and plans in scope
amlodipine-benazepril hcl capsules	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
amlodipine-olmesartan tablets	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
amlodipine-valsartan tablets	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Epogen® injection	Indicated for the treatment of chronic kidney disease (CKD) and reduction of allogeneic red blood cell (RBC) transfusions in patients undergoing elective, noncardiac and nonvascular surgery. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
irbesartan-hydrochlorothiazide tablets	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
mesalamine extended-release 24HR 0.375 gm capsules	Indicated for the maintenance of remission of ulcerative colitis in adults.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
mesalamine delayed-release 1.2 gm capsules	Indicated for the treatment of mildly to moderately active ulcerative colitis.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
olmesartan-hydrochlorothiazide tablets	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
Procrit® injection	Indicated for the treatment of CKD and RBC transfusions in patients undergoing elective, noncardiac and nonvascular surgery. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI

New medications on PDL (cont.)

Medication	Description	States and plans in scope
testosterone gel pump 1.62%	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. We require prior authorization.	CO, HI, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
trientine 250 mg capsules	Indicated for the treatment of adult patients with stable Wilson's disease who are de-coppered and tolerant to Penicillamine. We require prior authorization.	CO, HI, IN, MD, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
Uzedy™ injection	Indicated for the treatment of schizophrenia in adults. We require prior authorization.	CO, HI, NE, NJ, NV, NY CHIP, NY EP, PA CHIP and RI
valsartan-hydrochlorothiazide tablets	Indicated for the treatment of hypertension.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI

Changes to coverage

Medication	Description	States and plans in scope
testosterone cypionate injection	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. We'll now require prior authorization. This will remain on our preferred drug list.	CO, HI, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA
testosterone enanthate injection	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. We'll now require prior authorization. This will remain on our preferred drug list.	CO, HI, MN, NJ, NV, NY CHIP, NY EP, PA CHIP, RI and VA

Medications no longer on PDL

Medication	Description	States and plans in scope
Amjevita low concentration injection	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. Alternatives include adalimumab-adbm, Amjevita high concentration and Hadlima™. We require prior authorization.	NY CHIP and NY EP
Cyltezo® injection	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. Alternatives include adalimumab-adbm, Amjevita high concentration and Hadlima. We require prior authorization.	NY CHIP and NY EP
mesalamine delayed-release 400 mg capsules	Indicated for the treatment of moderately active ulcerative colitis. Alternatives include mesalamine 0.375 gm and mesalamine 1.2 gm. We require prior authorization.	CO, HI, MD, NJ, NV, NY CHIP, NY EP, PA CHIP and RI



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 Home Delivery](#) at optum.com
- Write a new prescription and give it to your patient (where state regulations permit)



Medication alternatives (cont.)

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, 2024, 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**.