

Q2 2023 preferred drug list updates

UnitedHealthcare Community Plan

Effective April 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), Florida (FL), Hawaii (HI), Indiana (IN), Kansas (KS), Louisiana (LA), Maryland (MD), Michigan (MI), Minnesota (MN), Mississippi (MS), New Jersey (NJ), New York (NY), Nevada (NV), Pennsylvania (PA), Rhode Island (RI), Virginia (VA) and Washington (WA)
- 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 Texas or Nebraska.

New medications on PDL

Medication	Description	States and plans in scope
AMJEVITA™ SureClick® autoinjector pen (National Drug Codes [NDCs]: 72511-040-01 and 72511-040-02)	Amjevita is a biosimilar to HUMIRA® and is indicated for the treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. Only for NDCs starting with 72511 will we require prior authorization. Those NDCs were added to our PDL effective March 1, 2023.	CO, HI, IN, MD, MN, NV, NJ, NY, NY CHIP, PA CHIP and RI
AMJEVITA SureClick autoinjector pen and prefilled syringes	Amjevita is a biosimilar to HUMIRA and is indicated for the treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization. Added to our PDL effective March 1, 2023.	NY EPP
ella® emergency contraceptive tablet	Indicated as a prescription emergency contraceptive.	AZ, CO, HI, MD, MI, MN, MS, NV, NJ, NY CHIP, NY EPP, PA, PA CHIP, RI and VA

New medications on PDL (cont.)

Medication	Description	States and plans in scope
Nutropin AQ® injection	Indicated for the treatment of children with growth failure due to growth hormone deficiency (GHD) diseases and treatment of adults with either childhood-onset or adult-onset GHD. We require prior authorization.	CO, HI, MD, NJ, NV and RI
Phospha™ 250 Neutral tablets	Indicated for the dietary management of hypophosphatemia or as a phosphorus nutritional supplement. Added to our PDL effective Oct. 1, 2022.	AZ, CO, HI, MD, MN, NJ, NY, NY CHIP, NY EPP, NC, PA, PA CHIP, RI and VA
Xerac® AC topical solution	Indicated for the prevention and treatment of hyperhidrosis.	AZ, CO, HI, IN, MD, MI, MN, MS, NJ, NJ CHIP, NY EPP, PA, PA CHIP, RI and VA

Changes to coverage

Medication	Description	States and plans in scope
Adderall® (amphetamine-dextroamphetamine) 20 mg tablets	Indicated for the treatment of attention deficit hyperactivity disorder (ADHD). We increased the quantity limit to a maximum dose of 3 tablets per day.	CO, HI, MS, NJ, NY CHIP, NY EPP, NV, NC, PA CHIP, RI and VA
Adderall (amphetamine-dextroamphetamine) XR capsules	Indicated for the treatment of attention deficit hyperactivity disorder (ADHD). We increased the quantity limit to a maximum dose of 2 capsules per day.	CO, HI, MS, NJ, NY CHIP, NY EPP, NV, NC, PA CHIP, RI and VA
OneTouch® meters	A device used to self-monitor blood glucose. We changed the quantity limit to 1 meter per 2 years.	AZ, CO, FL, HI, LA, MD, MI, MS, NJ, NY CHIP, NY EPP, NV, PA CHIP, RI and VA

Medication no longer covered

Medication	Description	States and plans in scope
ZOMACTON™ injection	For the treatment of children who have growth failure due to an inadequate secretion of normal endogenous growth hormone. Norditropin® and Nutropin AQ are preferred alternatives and require prior authorization.	CO, HI, MD, NJ, NV 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 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 April 1, 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.