



# Preferred Drug List update

## 2024 – 1st quarter

The UnitedHealthcare Community Plan Preferred Drug List (PDL) is a list of prescription drugs covered by your health plan. It has recently been updated. To see which drugs are covered, find your PDL under the Pharmacies and Prescriptions section on myuhc.com. You can call the number on the back of your member ID card if you need help.

If you take one of the drugs below, ask your doctor if another drug will work for you. Your doctor may need to write a prescription for the new drug. If needed, your doctor can ask UnitedHealthcare Community Plan for a prior authorization. If the prior authorization is approved, we will continue to cover this drug.

### Changes on Jan. 1, 2024

#### Drugs added to the Preferred Drug List

Drug/Product Name	Comments
Abrysvo™ Vaccine	Indicated for active immunization of pregnant individuals at 32-36 weeks gestational age and in individuals 60 years of age and older for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV). <b>This was added to the PDL on 9/15/23.</b>
Amoxicillin 500mg Tablet	Indicated in the treatment of infections due to susceptible strains of designated microorganisms.
Arexvy Vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus in individuals 60 years of age and older. <b>This was added to the PDL on 9/15/23.</b>
Breyna™ Inhaler	Indicated for the treatment of asthma as maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease. <b>Prior Authorization is required.</b>
Calcium Acetate Capsule	Indicated for the control of hyperphosphatemia in end stage renal failure.
Cefpodoxime Tablet	Indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of designated microorganisms.
Colchicine Tablets	Indicated for prophylaxis of gout flares in adults.
Fenofibrate 67mg, 134mg, 200mg Micronized Capsules	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.

## Drugs added to the Preferred Drug List (continued)

Drug/Product Name	Comments
Fenofibrate 48mg, 54mg, 145mg, 160mg Tablets	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.
Metoprolol Tartrate 37.5mg, 75mg Tablet	Indicated for the treatment of hypertension, angina pectoris, and reduction in cardiovascular mortality.
Mounjaro™ Injection	Glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. <b>Prior Authorization is required.</b>
Narcan® OTC and Naloxone OTC Nasal Spray	Indicated for the emergency treatment of known or suspected opioid overdose. <b>This was added to the PDL on 10/15/23.</b>
Oral Contraceptives	Indicated for routine contraception. <b>Refer to PDL Book for preferred products.</b>
Ozempic® Injection	Glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. <b>Prior Authorization is required.</b>
Ranolazine ER Tablet	Indicated for the treatment of chronic angina.
Rybelsus® Tablet	Glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. <b>Prior Authorization is required.</b>
Saxagliptin Tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes.
Victoza® (3-pack) Injection	Glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. <b>Prior Authorization is required.</b>

## Changes to coverage within the Preferred Drug List

Drug/Product Name	Comments
Lisdexamfetamine Capsules	This was added to the PDL with diagnosis check and step through one preferred long-acting stimulants on 10/1/23. Starting 1/1/24, a diagnosis check will no longer be required for individuals under the age of 18 years old.
Stimulants (amphetamine/dextroamphetamine tablets and ER capsules, dextroamphetamine tablets and ER capsules, dexmethylphenidate tablets and ER capsules, methylphenidate tablets and ER capsules/tablets, guanfacine ER tablets, atomoxetine capsules)	Starting 1/1/24, we'll no longer require a diagnosis check for individuals under the age of 18 years old.

## Drugs removed from the Preferred Drug List

Drug/Product Name	Comments
Cephalexin 750mg Capsule	Indicated in the treatment of infections due to susceptible strains of designated microorganisms. Alternatives include cephalexin 250mg and 500mg. <b>Prior Authorization is required.</b>

## Drugs removed from the Preferred Drug List (continued)

Drug/Product Name	Comments
Mitigare™ Capsules	Indicated for prophylaxis of gout flares in adults. Alternatives include colchicine Tablets. <b>Prior Authorization is required.</b>
Nitro-Dur® Transdermal Patch	Indicated for the prevention of angina pectoris due to coronary artery disease. Alternatives include generic nitroglycerin transdermal patch. <b>Prior Authorization is required.</b>
Trulicity® Injection	Ozempic® Injection, Mounjaro™ Injection, Victoza® Injection, and the Rybelsus® Tablet. <b>Prior Authorization is required.</b>



### Contact us

We're here to help make these changes as easy as possible. If you have any questions or need help, please call Member Services toll-free at **1-800-310-6826**. Thank you.



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