



Preferred Drug List update

2024 – 4th 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 October 1, 2024

Drugs added to the Preferred Drug List

Drug/Product Name	Comments
Cyclosporine 0.05% Ophthalmic Emulsion	Indicated the treatment of ocular inflammation associated with dry eye disease to increase tear production. Prior authorization is required
Mometasone Furoate 50mcg/actuation Nasal Spray	Indicated for the management of chronic rhinosinusitis with nasal polyps and symptoms associated with seasonal allergies or perennial allergies, including allergic rhinitis and allergic conjunctivitis. Step Therapy is required.
Omnitrope® Powder and Solution for Injections	Indicated for the treatment of pediatric patients who have growth failure or replacement therapy in adults with growth hormone deficiency. Prior authorization is required
Ondansetron 4mg/5mL Oral Solution	Indicated for the prevention of nausea and vomiting secondary to other conditions.

Drugs added to the Preferred Drug List (continued)

Drug/Product Name	Comments
Tyenne® Auto Injector and Prefilled Syringes	Indicated for treatment of: rheumatoid arthritis, giant cell arteritis (GCA), polyarticular juvenile idiopathic arthritis (PJIA), and systemic juvenile idiopathic arthritis (SJIA). Prior authorization is required
Vancomycin 125mg and 250mg Capsules	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.
Vancomycin 25mg/mL and 50mg/mL Oral Solution	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.

Changes to coverage within the Preferred Drug List

Drug/Product Name	Comments
Dojolvi® Oral Liquid	Indicated as a source of calories and fatty acids for the treatment of pediatric and adult patients with molecularly confirmed long-chain fatty acid oxidation disorders. This was added to the pharmacy benefit with prior authorization effective 7/1/24.
Firvanq® 25mg/mL and 50mg/mL Oral Solution	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection. Prior Authorization no longer required.
Sunlenca® Tablets	Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. Prior Authorization no longer required.

Drugs removed from the Preferred Drug List

Drug/Product Name	Comments
Farxiga® Tablets	<p>Indicated for Type 2 diabetes as to improve glycemic control and to reduce the risk of cardiovascular death and hospitalization for heart failure.</p> <p>Alternatives include authorized generic Dapagliflozin and Steglatro®.</p> <p>Prior authorization is required</p>
Kevzara® Auto Injector and Prefilled Syringes	<p>Indicated for treatment of: rheumatoid arthritis, polymyalgia rheumatica (PMR), and polyarticular juvenile idiopathic arthritis (PJIA).</p> <p>Alternatives include Adalimumab biosimilars and Tyenne.</p> <p>Prior authorization is required</p>
Revlimid® Capsules	<p>Indicated for the treatment of adult patients with multiple myeloma (MM), myelodysplastic syndromes (MDS), and mantle cell lymphoma (MCL).</p> <p>Alternatives include generic lenalidomide.</p> <p>Prior authorization is required</p>
Xiidra® Ophthalmic Solution	<p>Indicated for the treatment of the signs and symptoms of dry eye disease.</p> <p>Alternatives include over the counter Artificial Tears and cyclosporine ophthalmic.</p> <p>Prior authorization is required</p>



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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950-CSG12216125 12/23