

2nd Quarter 2023 preferred drug list update

UnitedHealthcare Community Plan of Colorado

UnitedHealthcare Community Plan's preferred drug list (PDL) is updated quarterly by our Pharmacy and Therapeutics Committee. Please review the below changes which are effective as of **April 1, 2023**.

Drugs added to the Preferred Drug List

Drug/ Product Name	Comments
AMJEVITA™ SureClick Autoinjector Pen* (NDC: 72511-0400-01 and 72511-0400-02)	Amjevita is a biosimilar to HUMIRA indicated for the treatment of immunological disorders including Rheumatoid Arthritis, Psoriatic Arthritis, Crohn's Disease, Ulcerative Colitis, and Plaque Psoriasis. Prior Authorization is required. Moved to Preferred effective 3/1/2023.
ella® Emergency Contraceptive Tablet	Indicated as a prescription emergency contraceptive
Moxifloxacin Tablets	Indicated for treating infections caused by designated susceptible bacteria
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. Prior Authorization is required.
Phospha™ 250 Neutral Tablets	Indicated for the dietary management of hypophosphatemia or as a phosphorus nutritional supplement Moved to Preferred effective 10/1/2022.
Xerac® AC Topical Solution	Indicated for the prevention and treatment of hyperhidrosis

*Only the NDCs starting with 72511 will be preferred with Prior Authorization

Changes to coverage within Preferred Drug List

Drug/ Product Name	Comments
Adderall® (Amphetamine-Dextroamphetamine) 20 mg Tablets	Indicated for the treatment of attention deficit hyperactivity disorder (ADHD). Increase the quantity limit to a max dose of 3 tablets per day.
Adderall® (Amphetamine-Dextroamphetamine) XR Capsules	Indicated for the treatment of attention deficit hyperactivity disorder (ADHD). Increase the quantity limit to a max dose of 2 capsules per day.
OneTouch® Meters	Device used to self-monitor blood glucose. Change the quantity limit to 1 meter per 2 years.

Drugs removed from the Preferred Drug List



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Drug/ Product Name	Comments
ZOMACTON™ Injection	Indicated 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 with Prior Authorization. Current utilizers will be able to continue therapy until the prior authorization expires.

For medications which have been removed from the PDL, we have provided potential alternatives for UnitedHealthcare Community Plan members. If the drug alternative is medically appropriate, please provide members with a new prescription for a preferred alternative, via:

- Call or fax the pharmacy
- Use e-Script
- Write a new prescription and give it directly to the member (where permitted by state regulations)

If a preferred alternative is not medically appropriate, please call **800-310-6826** for prior authorization for the UnitedHealthcare Community Plan member to remain on their current medication.

You may also view the changes at UHCprovider.com/plans > Choose Your State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs.

Contact us

If you have any questions, call UnitedHealthcare Community Plan's Pharmacy department at **800-310-6826**. Thank you.

