



# Preferred Drug List update

## 2023 – 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 Nov. 1, 2023

#### Drugs added to the Preferred Drug List

| Drug/Product Name                                                         | Comments                                                                                                                                             |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Atovaquone-Proguanil tablets                                              | Indicated for prophylaxis and the treatment of malaria.                                                                                              |
| ClomiPRAMINE capsules                                                     | Indicated for the treatment of obsessions and compulsions in patients with obsessive-compulsive disorder.                                            |
| Clozapine tablets, 200 mg                                                 | Indicated for the management of patients who are severely schizophrenic and fail to respond adequately to standard drug treatment for schizophrenia. |
| Dalfampridine extended-release tablets, 10 mg                             | Indicated to improve walking in adult patients with multiple sclerosis. <b>Diagnosis check required.</b>                                             |
| Insulin Lispro Protamine and Insulin Lispro Suspension Mix75/25™ KwikPen® | Mix insulin indicated to improve glycemic control in patients with diabetes.                                                                         |
| Insulin Lispro KwikPen and Insulin Lispro Junior KwikPen                  | Rapid-acting insulin indicated to improve glycemic control in patient with diabetes. <b>Prior authorization required.</b>                            |
| Lantus® vials and Lantus SoloStar® pens                                   | Long-acting insulin indicated to improve glycemic control in patients with diabetes.                                                                 |
| Quetiapine extended-release tablets                                       | Atypical antipsychotic indicated for the maintenance/treatment of schizophrenia, bipolar 1 disorder and major depressive disorder.                   |
| Quetiapine tablets, 150 mg                                                | Atypical antipsychotic indicated for the maintenance/treatment of schizophrenia, bipolar 1 disorder and major depressive disorder.                   |
| Tinidazole tablets                                                        | Antimicrobial indicated for trichomoniasis, giardiasis, amebiasis and bacterial vaginosis.                                                           |

## Changes to coverage within Preferred Drug List

| Drug/Product Name                                           | Comments                                                                                                                                                               |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fluticasone Propionate/Salmeterol Diskus® Inhalation Powder | Indicated for the treatment of asthma or reducing exacerbations in patients with chronic obstructive pulmonary disease. <b>Prior authorization no longer required.</b> |
| Wixela Inhub®                                               | Indicated for the treatment of asthma or reducing exacerbations in patients with chronic obstructive pulmonary disease. <b>Prior authorization no longer required.</b> |

## Drugs removed from the Preferred Drug List

| Drug/Product Name                                     | Comments                                                                                                                                                                   |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admelog® SoloStar vials                               | Rapid-acting insulin indicated to improve glycemic control in patients with diabetes. Alternative include Insulin Lispro vials and Insulin Lispro KwikPen.                 |
| Basaglar® KwikPen                                     | Long-acting insulin indicated to improve glycemic control in patients with diabetes. Alternative include Lantus vials, Lantus SoloStar and Rezvoglar™ KwikPen.             |
| Humalog® Mix75/25™ vials and Humalog Mix75/25 KwikPen | Mix insulin indicated to improve glycemic control in patients with diabetes. Alternatives include Insulin Lispro Protamine and Insulin Lispro Suspension Mix75/25 KwikPen. |
| Insulin glargine-yfgn vials and pens                  | Long-acting insulin indicated to improve glycemic control in patients with diabetes. Alternative include Lantus vials, Lantus SoloStar and Rezvoglar KwikPen.              |
| SymLinPen® injection                                  | Indicated to improve glycemic control in patients with diabetes.                                                                                                           |



### 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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