



Preferred Drug List update

2024 – 2nd 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 April 1, 2024

Drugs added to the Preferred Drug List

Drug/Product Name	Comments
Abilify® Asimtufii Injection	Indicated for the treatment of schizophrenia and as maintenance treatment of bipolar I disorder in adults. Prior Authorization is required.
Adalimumab-ADB M Injection	Indicated for the treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and plaque psoriasis. Prior Authorization is required. * Additional preferred Adalimumab products include Adalimumab-FKJP, Amjevita, and Hadlima.
Adalimumab-FKJP Injection	Indicated for the treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and plaque psoriasis. Prior Authorization is required. * Additional preferred Adalimumab products include Adalimumab-ADB M, Amjevita, and Hadlima.
Ajovy® Injection	Indicated for the preventive treatment of migraine in adults. Prior Authorization is required.

Drugs added to the Preferred Drug List

Drug/Product Name	Comments
Amjevita™ High Concentration Injection	Indicated for the treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and plaque psoriasis. Prior Authorization is required. This was added to the PDL December 2023. Prior Authorization is required. *Additional preferred Adalimumab products include Hadlima, Adalimumab-ADB, and Adalimumab-FKJP.
Dupixent® Injection	Indicated for the treatment of asthma, atopic dermatitis, eosinophilic esophagitis, nasal polyps due to chronic sinusitis, and prurigo nodularis. Prior Authorization is required.
Moxifloxacin 0.5% Ophthalmic Solution	Indicated for the treatment of bacterial conjunctivitis caused by susceptible organisms.
Rykindo® Injection	Indicated for the treatment of schizophrenia and as maintenance treatment of bipolar I disorder in adults. Prior Authorization is required.
Solifenacin Tablet	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency, and urinary frequency.
Tolterodine ER Capsule	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency, and urinary frequency. Step Therapy is required.
Ubrelyv™ Tablet	Indicated for the acute treatment of migraine with or without aura in adults. Prior Authorization is required.
Udenyca® Injection/ OnBody	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. Prior Authorization is required.

Changes to coverage within the Preferred Drug List

Drug/Product Name	Comments
Trospium Tablet	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency, and urinary frequency. Prior Authorization and Step Therapy are no longer required

Drugs removed from the Preferred Drug List

Drug/Product Name	Comments
Aimovig® Injection	Indicated for the preventive treatment of migraine in adults. Alternatives include Ajoyv and Emgality. Prior Authorization is required.
Crotan Lotion 10%	Indicated for the treatment of scabies and symptomatic treatment of pruritic skin. Alternative includes permethrin cream. Prior Authorization is required. This was removed from the PDL on 2/1/24.
Ziextenzo® Injection	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. Alternative includes Udenyca. Prior Authorization is required.



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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