

Q2 2025 preferred drug list updates

UnitedHealthcare Community Plan

Effective April 1, 2025, we're making the following changes to the UnitedHealthcare Community Plan preferred drug list (PDL). Our Pharmacy and Therapeutics Committee updates this PDL quarterly.

These changes apply to:

- The following states: Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Michigan (MI), Nebraska (NE), New Jersey (NJ), New Mexico (NM), Nevada (NV), Rhode Island (RI) and Virginia (VA)
- The following programs and plans: New York Children's Health Insurance Program (NY CHIP), New York Essential Plan (NY EPP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Arizona, Florida, Kansas, North Carolina, Pennsylvania, Texas or Washington.

New medications on PDL

Medication	Description	States and plans in scope
clonidine ER tablets	Indicated for the treatment of attention-deficit hyperactivity disorder as monotherapy or adjunctive therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
dabigatran capsules	Indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
eletriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
nebivolol tablets	Indicated for the treatment of hypertension to lower blood pressure.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Otulfir™ (Stelara® biosimilar) injection	Indicated for the treatment of adult patients with plaque psoriasis, psoriatic arthritis, ulcerative colitis or Crohn's disease. Added to the PDL on March 1, 2025. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, PA CHIP, RI

New medications on PDL (cont.)

Medication	Description	States and plans in scope
pindolol tablets	Indicated for the treatment of hypertension to lower blood pressure.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
roflumilast tablets	Indicated as a treatment to reduce the risk of chronic obstructive pulmonary disease (COPD) exacerbations in patients with severe COPD. We require prior authorization with a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Simlandi® injection	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. Added to the PDL on Jan. 1, 2025. We require prior authorization.	CO, HI, MD, NJ, NM, NV, PA CHIP, RI
tadalafil tablets 20 mg (PAH)	Indicated for the treatment of pulmonary arterial hypertension to improve exercise ability. We require prior authorization with a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
tiotropium inhalation capsules	Indicated as treatment of bronchospasm associated with chronic obstructive pulmonary disease or asthma.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Yesintek™ (Stelara biosimilar) injection	Indicated for the treatment of adult patients with plaque psoriasis, psoriatic arthritis, ulcerative colitis or Crohn's disease. Added to the PDL on March 1, 2025. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, PA CHIP, RI
zolmitriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI

Changes to coverage

Medication	Description	States and plans in scope
Abrysvo® vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. We're updating the quantity limit to 1 vaccine per lifetime.	CO, HI, IN, MD, MI, NE, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI, VA
Arexvy vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. We're updating the quantity limit to 1 vaccine per lifetime.	CO, HI, IN, MD, MI, NE, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI, VA
atomoxetine capsules	Indicated for the treatment of attention-deficit/hyperactivity disorder (ADHD). We'll no longer require prior authorization for members 18 and older.	CO, HI, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Austedo® tablets	Indicated for the treatment of chorea associated with Huntington's disease and tardive dyskinesia. We'll no longer require step therapy and require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
calcipotriene 0.005% cream	Indicated for the treatment of plaque psoriasis. We'll no longer require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
calcipotriene 0.005% ointment	Indicated for the treatment of plaque psoriasis. We'll no longer require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
guanfacine ER tablets	Indicated for the treatment of ADHD. We'll no longer require prior authorization for members 18 and older.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI

Changes to coverage (cont.)

Medication	Description	States and plans in scope
liraglutide injection	Indicated to improve glycemic control in type 2 diabetes and reduce the risk of major adverse cardiovascular events. We'll require a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP
Mounjaro® injection	Indicated to improve glycemic control in type 2 diabetes. We'll require a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP
Mresvia® vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. We're updating the quantity limit to 1 vaccine per lifetime.	CO, HI, IN, MD, MI, NE, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI, VA
naratriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults. We'll no longer require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Ozempic® injection	Indicated to improve glycemic control in type 2 diabetes. We'll require a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP
pimecrolimus cream	Indicated for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis. We'll no longer require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Rybelsus® tablets	Indicated to improve glycemic control in type 2 diabetes. We'll require a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP
tacrolimus ointment	Indicated for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis. We'll no longer require step therapy.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI

Changes to coverage (cont.)

Medication	Description	States and plans in scope
Victoza® injection	Indicated to improve glycemic control in type 2 diabetes. We'll require a diagnosis check.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP

Medication no longer on PDL

We're removing the following medication(s) from our PDL.

Medication	Description	States and plans in scope
Amjevita® injection	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. Alternatives include adalimumab biosimilars such as Hadlima®, Simlandi, adalimumab-adbm and adalimumab-fkjp. We require prior authorization for all these alternatives. Removed from the PDL on Feb. 1, 2025. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
calcitriol 3 mcg/g ointment	Indicated for the topical treatment of mild to moderate plaque psoriasis. Alternatives include calcitriol solution, calcipotriene ointment, calcipotriene cream and tacrolimus ointment. We'll no longer require step therapy. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI

Medication no longer on PDL (cont.)

Medication	Description	States and plans in scope
Cimzia® injection	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease and ankylosing spondylitis. Alternatives include other adalimumab biosimilars such as Hadlima, Amjevita, adalimumab-adbm and adalimumab-adaz. We require prior authorization for all these alternatives. We require prior authorization.	NY EPP
Clindacin® Mis ETZ 1%	Indicated in the treatment of acne vulgaris. Alternative includes clindamycin 1% swab. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Clindacin-P® pad 1%	Indicated in the treatment of acne vulgaris. Alternative includes clindamycin 1% swab. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Combivent® aerosol solution	Indicated for use in patients with chronic obstructive pulmonary disease on a regular aerosol bronchodilator who continue to have evidence of bronchospasm. Alternatives include albuterol HFA and ipratropium solution. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI

Medication no longer on PDL (cont.)

Medication	Description	States and plans in scope
Ilumya® injection	Indicated for the treatment of adults with moderate-to-severe plaque psoriasis. Alternatives include ustekinumab biosimilars such as Otulfi and Yesintek. We require prior authorization for these alternatives. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, PA CHIP, RI
Proxivol gel 2%	Indicated for the local management of painful skin wounds. Alternatives include lidocaine cream and patch. We require prior authorization.	CO, HI, IN, MD, MI, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Savaysa® tablets	Indicated for the reduction in the risk of stroke and systemic embolism in nonvalvular atrial fibrillation, as well as treatment of deep vein thrombosis and pulmonary embolism. Alternative includes dabigatran. We require prior authorization.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EPP, PA CHIP, RI
Stribild® tablets	Indicated as a complete regimen for the treatment of HIV-1 infection in adults. Alternative includes Genvoya®, which requires prior authorization. We require prior authorization.	CO, IN, MD, NJ, NM, NY CHIP, NY EPP, PA CHIP, RI



Medication alternatives

We may cover medication alternatives for medications not on our PDL. If you feel a medication alternative is medically appropriate for a patient and you'd like to prescribe it, please do one of the following:

- Contact the member's pharmacy to request the prescription
- Submit an electronic prescription using Optum Rx® ePrescribe
 - For more information, visit [Electronic Prescribing \(eRx\) to Optum Home Delivery](#) at [optum.com](#)
- Write a new prescription and give it to your patient (where state regulations permit)

If a preferred alternative medication isn't medically appropriate for a patient, please request a PDL prior authorization exception by calling Optum Rx prescriber prior authorization at **800-310-6826**. If the medication meets our medical necessity criteria, we'll continue to cover it for that patient.



Resources

As of April 1, 2024, you can view the changes at [UHCprovider.com/plans](#) > Health Plans by State > Community plan (Medicaid) > Pharmacy Resources and Physician Administered Drugs.