

3rd Quarter 2022 Preferred Drug List Update

UnitedHealthcare Community Plan of Pennsylvania Children's Health Insurance Program

UnitedHealthcare Community Plan's Preferred Drug List (PDL), which is a list of prescription drugs covered by your plan, has been recently 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 your 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 August 1, 2022.

Drugs added to the Preferred Drug List

Drug/ Product Name	Comments
Albuterol HFA Inhalation Aerosol	Indicated for the treatment or prevention of bronchospasm with reversible obstructive airway disease or for the prevention of exercise-induced bronchospasm. All generic Albuterol HFA products will be preferred. Moved to preferred on 7/1/2022.
Diclofenac 1% Topical Gel	Indicated for the relief of the pain of osteoarthritis of joints amenable to topical treatment. Moved to preferred on 5/16/2022.
Diclofenac 1.5% Topical Solution	Indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Prior Authorization is required.
Fexofenadine Tablets	Indicated for the relief of symptoms associated with season allergic rhinitis Moved to preferred on 6/1/2022.
Fluocinonide 0.05% Cream	Indicated for the relief of a variety of skin conditions. Moved to preferred on 6/1/2022.
Zegalogue® Injection	For the treatment of severe hypoglycemia in patients with diabetes. Moved to preferred on 2/1/2022.

Changes to coverage within Preferred Drug List

Drug/ Product Name	Comments
PENNSAID® 2% Solution	Prior Authorization is required with step through Diclofenac 1% Topical Gel and Diclofenac 1.5% topical Solution. Current utilizers will be required to step through the preferred topical

	Diclofenac products.
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Drugs removed from the Preferred Drug List

Drug/ Product Name	Comments
Oxaydo® 5MG Tablets	Generic oxycodone 5 mg tablets is an alternative option. Current utilizers will be required to transition to the generic.

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 **800-310-6826**. Thank you.

