

Q1 2024 preferred drug list updates

Rocky Mountain Health Plans

Effective Jan. 1, 2024, unless otherwise noted, we're making the following changes to the UnitedHealthcare Community Plan of Colorado Rocky Mountain Health Plans preferred drug list (PDL). Our Pharmacy and Therapeutics Committee updates this PDL quarterly.

New medications on PDL

Medication	Description
Abrysvo™ vaccine	Indicated for active immunization in pregnant individuals at 32–36 weeks gestational age and in individuals 60 years of age and older for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV). Added to our PDL effective Sept. 15, 2023.
amoxicillin 500 mg tablet	Indicated in the treatment of infections due to susceptible strains of designated microorganisms.
Arexvy vaccine	Indicated for active immunization in individuals 60 years and older for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV). Added to our PDL effective Sept. 15, 2023.
Breyna™ inhaler	Indicated for asthma as maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease. We require prior authorization.
calcium acetate capsule	Indicated for the control of hyperphosphatemia in end stage renal failure.
cefepodoxime tablet	Indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of designated microorganisms.
colchicine tablets	Indicated for prophylaxis of gout flares in adults.

New medications on PDL (cont.)

Medication	Description
fenofibrate 67 mg, 134 mg and 200 mg micronized capsules	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.
fenofibrate 48 mg, 54 mg, 145 mg and 160 mg tablets	Indicated for the treatment of primary hypercholesterolemia and/or hypertriglyceridemia.
metoprolol tartrate 37.5 mg and 75 mg tablets	Indicated for the treatment of hypertension, angina pectoris and reduction in cardiovascular mortality.
Mounjaro® injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.
Narcan® OTC and naloxone OTC nasal spray	Indicated for the emergency treatment of known or suspected opioid overdose. Added to our PDL effective Oct. 15, 2023.
Oral contraceptives	Indicated for routine contraception. Refer to the PDL for preferred products.
Ozempic® injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.
ranolazine ER tablet	Indicated for the treatment of chronic angina.
Rybelsus® tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.
saxagliptin tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes.
Victoza® (3-pack) injection	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. We require prior authorization.

Changes to coverage

Medication	Description
lisdexamfetamine capsules	<p>On Oct. 1, 2023, we added this medication to our PDL with a diagnosis check and step through one preferred long-acting stimulant.</p> <p>Starting Jan. 1, 2024, we'll no longer require a diagnosis check for individuals under 18 years old.</p>
Stimulants (amphetamine/dextroamphetamine tablets and ER capsules, atomoxetine capsules, dexamethylphenidate tablets and ER capsules, dextroamphetamine tablets and ER capsules, guanfacine ER tablets, and methylphenidate tablets and ER capsules/tablets)	<p>Starting Jan. 1, 2024, we'll no longer require a diagnosis check for individuals under the age of 18 years old.</p>

Medications no longer on PDL

Medication	Description
cephalexin 750 mg capsule	<p>Indicated in the treatment of infections due to susceptible strains of designated microorganisms. Alternatives include cephalexin 250 mg and 500 mg.</p> <p>We require prior authorization.</p>
Mitigare [®] capsules	<p>Indicated for prophylaxis of gout flares in adults. Alternatives include colchicine tablets.</p> <p>We require prior authorization.</p>
Nitro-Dur [®] transdermal patch	<p>Indicated for the prevention of angina pectoris due to coronary artery disease. Alternatives include generic nitroglycerin transdermal patch.</p> <p>We require prior authorization.</p>
Trulicity [®] injection	<p>Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. Alternatives include Ozempic injection, Mounjaro injection, Victoza injection and Rybelsus tablet.</p> <p>We require prior authorization.</p>

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 Rx](#) 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 services at **800-310-6826**. If the medication meets our medical necessity criteria, we'll continue to cover it for that patient.

More information

You can also view the changes on our [Pharmacy Resources and Physician Administered Drugs](#) page in the [Prescription Drug Lists, Drug Search and Updates](#) section.

Questions?

If you have questions, call the Optum Rx pharmacy prior authorization line at **800-310-6826**.

