

Q1 2025 preferred drug list updates

Rocky Mountain Health Plans

Effective Jan. 1, 2025, 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
buprenorphine and naloxone 4-1 mg and 12-3 mg sublingual film	Indicated for treatment of opioid dependence. We'll add these doses to the PDL to align with the currently preferred 2-1 mg and 8-1 mg sublingual films.
Fensolvi® injection	Indicated for the treatment of pediatric patients with central precocious puberty. We'll require prior authorization.
Promacta® 12.5 mg packets	Indicated for the treatment of thrombocytopenia in patients with chronic immune thrombocytopenic purpura or chronic hepatitis C. We'll require prior authorization.

Changes to coverage

Medication	Description
dimethyl fumarate capsules	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.
esomeprazole capsules and granules	Indicated for the treatment of gastroesophageal reflux disease and risk reduction of gastric ulcer. We'll no longer require prior authorization.

Changes to coverage (cont.)

Medication	Description
fingolimod capsules	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.
teriflunomide tablets	Indicated for the treatment of relapsing forms of multiple sclerosis. We'll no longer require prior authorization.
Wegovy® injection	Indicated for reduction of risk of major cardiovascular events in adults with established cardiovascular disease who are obese or overweight. Effective Oct. 1, 2024, this was added to the pharmacy benefit as non-preferred with prior authorization.

Medication no longer on PDL

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

Medication	Description
acebutolol capsules	Indicated for the management of hypertension and ventricular arrhythmias. Alternatives include atenolol, metoprolol and propranolol. We require prior authorization.
Cimzia® injection	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease and ankylosing spondylitis. Alternatives include adalimumab biosimilars such as Hadlima™, Amjevita™, adalimumab-adbm and adalimumab-fkjp. These alternatives require prior authorization. We require prior authorization.
Lupron Depot-Ped® 45 mg injection	Indicated for the treatment of pediatric patients with central precocious puberty. The alternative Fensolvi® requires prior authorization. We require prior authorization.

Medication no longer on PDL (cont.)

Medication	Description
Nutropin AQ® injection	<p>Indicated for the treatment of children with growth failure due to growth hormone deficiency (GHD) or adults with either childhood-onset or adult onset GHD.</p> <p>Alternatives include Norditropin® and Zomacton®. These alternatives require prior authorization.</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 1 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.



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**.