

Q2 2024 preferred drug list updates

Rocky Mountain Health Plans

Effective April 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
Abilify Asimtufii® injection	Indicated for the treatment of schizophrenia and as maintenance treatment of bipolar I disorder in adults. We require prior authorization.
adalimumab-adbm injection	Adalimumab-adbm is a biosimilar to HUMIRA® and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization. Note: Additional preferred adalimumab products include adalimumab-fkjp, Amjevita™ and Hadlima™.
adalimumab-fkjp injection	Adalimumab-fkjp is a biosimilar to HUMIRA and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization. Note: Additional preferred adalimumab products include adalimumab-adbm, Amjevita and Hadlima.
Ajovy® injection	Indicated for the preventive treatment of migraine in adults. We require prior authorization.
Amjevita™ high concentration injection	Amjevita is a biosimilar to HUMIRA and indicated for treatment of immunological disorders, including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. We require prior authorization. This was added to our PDL in December 2023. Note: Additional preferred adalimumab products include adalimumab-adbm, adalimumab-fkjp and Hadlima.
Dupixent® injection	Indicated for the treatment of asthma, atopic dermatitis, eosinophilic esophagitis, nasal polyps due to chronic sinusitis and prurigo nodularis. We require prior authorization.

New medications on PDL (cont.)

Medication	Description
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. We require prior authorization.
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. We require step therapy.
Ubrelyv® tablet	Indicated for the acute treatment of migraine with or without aura in adults. We require prior authorization.
Udenyca® injection	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. We require prior authorization.
Udenyca® OnBody™	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. We require prior authorization.

Changes to coverage

Medication	Description
tropium tablet	Indicated for the treatment of overactive bladder with symptoms of urinary incontinence, urgency and urinary frequency. We'll no longer require prior authorization or step therapy.

Medications no longer on PDL

Medication	Description
Aimovig® injection	Indicated for the preventive treatment of migraine in adults. Alternatives include Ajovy® and Emgality®. We require prior authorization.

Medications no longer on PDL (cont.)

Medication	Description
Crotan™ lotion 10%	Indicated for the treatment of scabies and symptomatic treatment of pruritic skin. Alternative includes permethrin cream. We require prior authorization. This was removed from our PDL on Feb. 1, 2024.
Ziextenzo® injection	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia. Alternative includes Udenyca. We require prior authorization.

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**.