

2026 Q3 preferred drug list updates Rocky Mountain Health Plans

Effective July 1, 2026, 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
Clonidine topical patches	Indicated for the treatment of hypertension.
Galantamine ER oral capsules	Indicated for the treatment of mild to moderate dementia of the Alzheimer's type.
Loratadine chewable tablets	Indicated for the management of symptoms of seasonal allergies or perennial allergies, including allergic rhinitis.
Mirtazapine orally disintegrating tablet (ODT)	Indicated for the treatment of major depression.
Nystatin/ triamcinolone cream and ointment	Indicated for the treatment of cutaneous candidiasis.

Changes to coverage

Medication	Description
Linezolid oral tablets	Indicated for various gram-positive infections. We no longer require prior authorization.
Linezolid suspension	Indicated for various gram-positive infections. Suspension preferred for members < 12 years old. We require prior authorization for members 12 and older.
Montelukast granules	Indicated for prophylaxis and chronic treatment of asthma as well as relief of symptoms of allergies. We no longer require prior authorization.

Changes to coverage (cont.)

Medication	Description
Praziquantel oral tablets	Indicated for the treatment of infection related to schistosomiasis, clonorchiasis and opisthorchiasis. We no longer require prior authorization.

Medication no longer on PDL

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

Medication	Description
BUT/APAP/CAF 50-325-40 mg oral capsules	Indicated for tension headaches and migraines. Alternatives include BUT/APAP/CAF tablets.
Disopyramide oral capsules	Indicated for the treatment of documented, life-threatening arrhythmias such as sustained ventricular tachycardia. Alternatives include flecainide and amiodarone. We require prior authorization.
Memantine oral solution	Indicated for the treatment of moderate to severe dementia of the Alzheimer's type. Alternatives include memantine tablets. We require prior authorization.
Nucala® SC injection	Indicated for reactive and obstructive airway diseases. Alternatives include Xolair®, Fasentra®, and Dupixent® with prior authorizations. We require prior authorization.
Perphenazine/ amitriptyline oral tablets	Indicated for the treatment of depression and schizophrenia in patients who have associated depressive symptoms. Alternatives include use of perphenazine and amitriptyline separately. We require prior authorization.
Promethegan™ 50 mg suppositories	Indicated for the treatment of perennial/seasonal rhinitis, vasomotor rhinitis, allergic conjunctivitis, sedation (pre-postoperative/obstetric), motion sickness, and antiemetic. Alternatives include generic promethazine 12.5 mg and 25 mg. We require prior authorization.

Medication no longer on PDL (cont.)

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

Medication	Description
Trimethobenzamide oral capsules	Indicated for nausea/vomiting due to gastroenteritis or post-operative nausea/vomiting. Alternatives include meclizine and promethazine. We require prior authorization.
SFRowasa® enema	Indicated for the treatment of mildly to moderately active ulcerative colitis, including ulcerative proctitis. Alternatives include generic mesalamine enema. 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 the [Electronic Prescribing \(eRx\) to Optum Home Delivery](#) resources
- 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.



Resources

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



Questions? We're here to help.

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