

# Q2 2025 preferred drug list updates

## Rocky Mountain Health Plans

**Effective April 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
clonidine ER tablets	Indicated for the treatment of attention-deficit hyperactivity disorder as monotherapy or adjunctive therapy.
dabigatran capsules	Indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation.
eletriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.
nebivolol tablets	Indicated for the treatment of hypertension to lower blood pressure.
<b>Otulfli™ (Stelara® biosimilar) injection</b>	Indicated for the treatment of adult patients with plaque psoriasis, psoriatic arthritis, ulcerative colitis or Crohn's disease. <b>Added to the PDL on March 1, 2025. We require prior authorization.</b>
pindolol tablets	Indicated for the treatment of hypertension to lower blood pressure.
roflumilast tablets	Indicated as a treatment to reduce the risk of chronic obstructive pulmonary disease (COPD) exacerbations in patients with severe COPD. <b>We require prior authorization with a diagnosis check.</b>
<b>Simlandi® injection</b>	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. <b>Added to the PDL on Jan. 1, 2025. We require prior authorization.</b>
tadalafil tablets 20 mg (PAH)	Indicated for the treatment of pulmonary arterial hypertension to improve exercise ability. <b>We require prior authorization with a diagnosis check.</b>
tiotropium inhalation capsules	Indicated as treatment of bronchospasm associated with chronic obstructive pulmonary disease or asthma.

## New medications on PDL (cont.)

Medication	Description
Yesintek™ (Stelara biosimilar) injection	Indicated for the treatment of adult patients with plaque psoriasis, psoriatic arthritis, ulcerative colitis or Crohn's disease. <b>Added to the PDL on March 1, 2025. We require prior authorization.</b>
zolmitriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.

## Changes to coverage

Medication	Description
Abrysvo® vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. <b>We're updating the quantity limit to 1 vaccine per lifetime.</b>
Arexvy vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. <b>We're updating the quantity limit to 1 vaccine per lifetime.</b>
atomoxetine capsules	Indicated for the treatment of attention-deficit/hyperactivity disorder (ADHD). <b>We'll no longer require prior authorization for members 18 and older.</b>
Austedo® tablets	Indicated for the treatment of chorea associated with Huntington's disease and tardive dyskinesia. <b>We'll no longer require step therapy and require prior authorization.</b>
calcipotriene 0.005% cream	Indicated for the treatment of plaque psoriasis. <b>We'll no longer require step therapy.</b>
calcipotriene 0.005% ointment	Indicated for the treatment of plaque psoriasis. <b>We'll no longer require step therapy.</b>
guanfacine ER tablets	Indicated for the treatment of ADHD. <b>We'll no longer require prior authorization for members 18 and older.</b>
liraglutide injection	Indicated to improve glycemic control in type 2 diabetes and reduce the risk of major adverse cardiovascular events. <b>We'll require a diagnosis check.</b>
Mounjaro® injection	Indicated to improve glycemic control in type 2 diabetes. <b>We'll require a diagnosis check.</b>

## Changes to coverage (cont.)

Medication	Description
Mresvia <sup>®</sup> vaccine	Indicated for active immunization for the prevention of lower respiratory tract disease caused by respiratory syncytial virus. <b>We're updating the quantity limit to 1 vaccine per lifetime.</b>
naratriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults. <b>We'll no longer require step therapy.</b>
Ozempic <sup>®</sup> injection	Indicated to improve glycemic control in type 2 diabetes. <b>We'll require a diagnosis check.</b>
pimecrolimus cream	Indicated for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis. <b>We'll no longer require step therapy.</b>
Rybelsus <sup>®</sup> tablets	Indicated to improve glycemic control in type 2 diabetes. <b>We'll require a diagnosis check.</b>
tacrolimus ointment	Indicated for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis. <b>We'll no longer require step therapy.</b>
Victoza <sup>®</sup> injection	Indicated to improve glycemic control in type 2 diabetes. <b>We'll require a diagnosis check.</b>

## Medication no longer on PDL

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

Medication	Description
Amjevita <sup>®</sup> injection	Indicated for treatment of immunological disorders including rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis and plaque psoriasis. Alternatives include adalimumab biosimilars such as Hadlima <sup>®</sup> , Simlandi, adalimumab-adbm and adalimumab-fkjp. We require prior authorization for all these alternatives. <b>Removed from the PDL on Feb. 1, 2025. We require prior authorization.</b>

## Medication no longer on PDL (cont.)

Medication	Description
<b>calcitriol 3 mcg/g ointment</b>	<p>Indicated for the topical treatment of mild to moderate plaque psoriasis.</p> <p>Alternatives include calcitriol solution, calcipotriene ointment, calcipotriene cream and tacrolimus ointment.</p> <p><b>We'll no longer require step therapy. We require prior authorization.</b></p>
<b>Clindacin® Mis ETZ 1%</b>	<p>Indicated in the treatment of acne vulgaris.</p> <p>Alternative includes clindamycin 1% swab.</p> <p><b>We require prior authorization</b></p>
<b>Clindacin-P® pad 1%</b>	<p>Indicated in the treatment of acne vulgaris.</p> <p>Alternative includes clindamycin 1% swab.</p> <p><b>We require prior authorization.</b></p>
<b>Combivent® aerosol solution</b>	<p>Indicated for use in patients with chronic obstructive pulmonary disease on a regular aerosol bronchodilator who continue to have evidence of bronchospasm.</p> <p>Alternatives include albuterol HFA and ipratropium solution.</p> <p><b>We require prior authorization.</b></p>
<b>Ilumya® injection</b>	<p>Indicated for the treatment of adults with moderate-to-severe plaque psoriasis.</p> <p>Alternatives include ustekinumab biosimilars such as Otulfi and Yesintek. We require prior authorization for these alternatives.</p> <p><b>We require prior authorization.</b></p>
<b>Proxivol gel 2%</b>	<p>Indicated for the local management of painful skin wounds.</p> <p>Alternatives include lidocaine cream and patch.</p> <p><b>We require prior authorization.</b></p>
<b>Savaysa® tablets</b>	<p>Indicated for the reduction in the risk of stroke and systemic embolism in nonvalvular atrial fibrillation, as well as treatment of deep vein thrombosis and pulmonary embolism.</p> <p>Alternative includes dabigatran.</p> <p><b>We require prior authorization.</b></p>
<b>Stribild® tablets</b>	<p>Indicated as a complete regimen for the treatment of HIV-1 infection in adults.</p> <p>Alternative includes Genvoya®, which requires prior authorization.</p> <p><b>We require prior authorization.</b></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 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**.