

Q1 2026 preferred drug list updates

Rocky Mountain Health Plans

Overview

Effective Jan. 1, 2026, 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
Attruby® tablets	Indicated for the treatment in adults to reduce cardiovascular death and cardiovascular-related hospitalization. We require prior authorization.
Clonazepam ODT	Indicated as an adjunct in the treatment of the Lennox-Gastaut syndrome, seizures, and treatment of panic disorder, with or without agoraphobia.
Lorazepam concentrated oral solution	Indicated for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety or anxiety associated with depressive symptoms.
Darifenacin ER tablets	Indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency and frequency.
Frovatriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.
Zolmitriptan ODT	Indicated for the acute treatment of migraine with or without aura in adults.
Ibandronatetablets	Indicated for the treatment and prevention of postmenopausal osteoporosis.
Risedronate tablets	Indicated for treatment and prevention of postmenopausal osteoporosis, treatment to increase bone mass in men with osteoporosis, treatment and prevention of glucocorticoid-induced osteoporosis, and treatment of Paget's disease.

New medications on PDL (cont.)

Medication	Description
Teriparatide SC injection	Indicated for treatment of postmenopausal women with osteoporosis, increase of bone mass in men with primary or hypogonadal osteoporosis, and treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy. We require prior authorization.
Neomycin/ bacitracin zinc/polymyxin ophthalmic ointment	Indicated for the topical treatment of superficial infections of the external eye and its adnexa caused by susceptible bacteria.
Xtandi® tablets	Indicated for the treatment of castration-resistant prostate cancer, metastatic castration-sensitive prostate cancer, and non-metastatic castration-sensitive prostate cancer. We require prior authorization.

Changes to coverage

Medication	Description
Xifaxan® tablets	Medication no longer covered under Medicaid. Indicated for treatment of travelers' diarrhea, reduction in risk of overt hepatic encephalopathy and treatment of irritable bowel syndrome with diarrhea. Manufacturer no longer participating in the Medicaid Drug Rebate Program as of Oct. 1, 2025.

Medications no longer on PDL

We're removing the following medications from our PDL.

Medication	Description
Vyndamax® capsules	Indicated for the treatment of the cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization. Alternatives include Attruby® (Prior authorization required). We require prior authorization.
Vyndaqel® capsules	Indicated for the treatment of the cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization. Alternatives include Attruby® (Prior authorization required). 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](#) page on [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**.