

# Q3 2024 preferred drug list updates

## Rocky Mountain Health Plans

**Effective July 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
<b>acyclovir 5% topical ointment</b>	Indicated for the treatment of recurrent herpes labialis (cold sores) or initial episode of herpes genitalis in immunocompromised patients.
<b>amlodipine-benazepril hcl capsules</b>	Indicated for the treatment of hypertension.
<b>amlodipine-olmesartan tablets</b>	Indicated for the treatment of hypertension.
<b>amlodipine-valsartan tablets</b>	Indicated for the treatment of hypertension.
<b>Epogen® injection</b>	Indicated for the treatment of chronic kidney disease (CKD) and reduction of allogeneic red blood cell (RBC) transfusions in patients undergoing elective, noncardiac and nonvascular surgery. <b>We require prior authorization.</b>
<b>irbesartan-hydrochlorothiazide tablets</b>	Indicated for the treatment of hypertension.
<b>mesalamine extended-release 24HR 0.375 gm capsules</b>	Indicated for the maintenance of remission of ulcerative colitis in adults.
<b>mesalamine delayed-release 1.2 gm capsules</b>	Indicated for the treatment of mildly to moderately active ulcerative colitis.

## New medications on PDL (cont.)

Medication	Description
<b>olmesartan-hydrochlorothiazide tablets</b>	Indicated for the treatment of hypertension.
<b>Procrit® injection</b>	Indicated for the treatment of CKD and reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac and nonvascular surgery. <b>We require prior authorization.</b>
<b>testosterone gel pump 1.62%</b>	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. <b>We require prior authorization.</b>
<b>trientine 250 mg capsules</b>	Indicated for the treatment of adult patients with stable Wilson's disease who are de-coppered and tolerant to Penicillamine. <b>We require prior authorization.</b>
<b>Uzedy™ injection</b>	Indicated for the treatment of schizophrenia in adults. <b>We require prior authorization.</b>
<b>valsartan-hydrochlorothiazide tablets</b>	Indicated for the treatment of hypertension.

## Changes to coverage

Medication	Description
<b>testosterone cypionate injection</b>	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. <b>We'll now require prior authorization. This will remain on our preferred drug list.</b>
<b>testosterone enanthate injection</b>	Indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. <b>We'll now require prior authorization. This will remain on our preferred drug list.</b>

## Medications no longer on PDL

Medication	Description
<b>mesalamine delayed-release 400 mg capsules</b>	Indicated for the treatment of moderately active ulcerative colitis. Alternatives include mesalamine 0.375 gm and mesalamine 1.2 gm. <b>We require prior authorization.</b>



### 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**.