

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

### Changes to coverage

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

## Changes to coverage (cont.)

| Medication                       | Description                                                                                                                                                     |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Praziquantel oral tablets</b> | Indicated for the treatment of infection related to schistosomiasis, clonorchiasis and opisthorchiasis.<br><br><b>We no longer require prior authorization.</b> |

## Medication no longer on PDL

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

| Medication                                      | Description                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BUT/APAP/CAF 50-325-40 mg oral capsules</b>  | Indicated for tension headaches and migraines. Alternatives include BUT/APAP/CAF tablets.                                                                                                                                                                                                    |
| <b>Disopyramide oral capsules</b>               | Indicated for the treatment of documented, life-threatening arrhythmias such as sustained ventricular tachycardia. Alternatives include flecainide and amiodarone.<br><br><b>We require prior authorization.</b>                                                                             |
| <b>Memantine oral solution</b>                  | Indicated for the treatment of moderate to severe dementia of the Alzheimer's type. Alternatives include memantine tablets.<br><br><b>We require prior authorization.</b>                                                                                                                    |
| <b>Nucala® SC injection</b>                     | Indicated for reactive and obstructive airway diseases. Alternatives include Xolair®, Fasenra®, and Dupixent® with prior authorizations.<br><br><b>We require prior authorization.</b>                                                                                                       |
| <b>Perphenazine/ amitriptyline oral tablets</b> | Indicated for the treatment of depression and schizophrenia in patients who have associated depressive symptoms. Alternatives include use of perphenazine and amitriptyline separately.<br><br><b>We require prior authorization.</b>                                                        |
| <b>Promethegan™ 50 mg suppositories</b>         | 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.<br><br><b>We require prior authorization.</b> |

## 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.<br><b>We require prior authorization.</b>                      |
| SFRowasa® enema                 | Indicated for the treatment of mildly to moderately active ulcerative colitis, including ulcerative proctitis. Alternatives include generic mesalamine enema.<br><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 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**.