

2026 Q2 preferred drug list updates Rocky Mountain Health Plans

Effective April 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
Eplerenone tablets	Indicated for heart failure and the treatment of hypertension.
Lacosamide oral solution	Indicated for the treatment of partial-onset seizures and primary generalized tonic-clonic seizures. Preferred for members < 9 years old and prior authorization required for all other members.
Starjemza™ SC injection	Indicated for the treatment of adult patients with plaque psoriasis, psoriatic arthritis, ulcerative colitis, or Crohn's disease. We require prior authorization.
Wainua® SC injection	Indicated for polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. We require prior authorization.

Changes to coverage

Medication	Description
Erlotinib tablets	Indicated for the treatment of non-small cell lung cancer and pancreatic cancer. We no longer require prior authorization.
Gefitinib tablets	Indicated for the treatment of non-small cell lung cancer. We no longer require prior authorization.
Tetrabenazine tablets	Indicated for the treatment of chorea associated with Huntington's disease and used off label for tardive dyskinesia and Tourette's syndrome. We no longer require prior authorization.

Changes to coverage

Medication	Description
Tranexamic acid tablets	Indicated for the treatment of cyclic heavy menstrual bleeding. We no longer require prior authorization.
Varenicline tablets	Indicated for use as an aid to smoking cessation treatment. We no longer require prior authorization.

Medication no longer on PDL

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

Medication	Description
Elmiron® capsules	Indicated for the relief of bladder pain or discomfort associated with interstitial cystitis. Alternatives include amitriptyline and hydroxyzine.
Erythromycin DR 250 mg tablets	Indicated for the treatment of infections caused by susceptible strains of designated microorganisms. Alternatives include erythromycin Base 250 mg or 500 mg. We require prior authorization.
Tegsedi™ SC injection	Indicated for polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. Tegsedi™ will be pulled from the market by the manufacturer. Alternative includes Wainua® with prior authorization. We require prior authorization.
Vitrakvi® capsules and oral solution	Indicated for the treatment of neurotrophic receptor tyrosine kinase-positive solid tumors. Alternative includes Rozlytrek® with prior authorization. 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**.