

# Q4 2024 preferred drug list updates

## Rocky Mountain Health Plans

**Effective Oct. 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>cyclosporine 0.05% ophthalmic emulsion</b>	Indicated the treatment of ocular inflammation associated with dry eye disease to increase tear production. <b>We'll require prior authorization.</b>
<b>mometasone furoate nasal spray 50 mcg/actuation</b>	Indicated for the management of chronic rhinosinusitis with nasal polyps and symptoms associated with seasonal allergies or perennial allergies, including allergic rhinitis and allergic conjunctivitis. <b>We'll require step therapy.</b>
<b>Omnitrope® powder and solution for injections</b>	Indicated for the treatment of pediatric patients who have growth failure or replacement therapy in adults with growth hormone deficiency. <b>We'll require prior authorization.</b>
<b>ondansetron 4 mg/5 mL oral solution</b>	Indicated for the prevention of nausea and vomiting secondary to other conditions.
<b>Tyenne® autoinjector and prefilled syringes</b>	Indicated for treatment of rheumatoid arthritis, giant cell arteritis (GCA), polyarticular juvenile idiopathic arthritis (PJIA) and systemic juvenile idiopathic arthritis (SJIA). <b>We'll require prior authorization.</b>
<b>vancomycin 125 mg and 250 mg capsules</b>	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.
<b>vancomycin 25 mg/mL and 50 mg/mL oral solution</b>	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection.

## Changes to coverage

Medication	Description
<b>Dojolvi® oral liquid</b>	Indicated as a source of calories and fatty acids for the treatment of pediatric and adult patients with molecularly confirmed long-chain fatty acid oxidation disorders. <b>This was added to the pharmacy benefit with prior authorization, effective July 1, 2024.</b>
<b>Firvanq® 25 mg/mL and 50 mg/mL oral solution</b>	Indicated for the treatment of C. difficile-associated diarrhea and enterocolitis caused by staph aureus infection. <b>We'll no longer require prior authorization.</b>
<b>Sunlenca® tablets</b>	Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. <b>We'll no longer require prior authorization.</b>

## Medication no longer on PDL

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

Medication	Description
<b>Farxiga® tablets</b>	Indicated for Type 2 diabetes as to improve glycemic control and reduce the risk of cardiovascular death and hospitalization for heart failure. Alternatives include authorized generic dapagliflozin and Steglatro®. <b>We require prior authorization.</b>
<b>Kevzara® autoinjector and prefilled syringes</b>	Indicated for treatment of rheumatoid arthritis, polymyalgia rheumatica (PMR) and PJIA. Alternatives include adalimumab biosimilars and Tyenne®. <b>We require prior authorization.</b>
<b>Revlimid® capsules</b>	Indicated for the treatment of adult patients with multiple myeloma (MM), myelodysplastic syndromes (MDS) and mantle cell lymphoma (MCL). Alternative includes generic lenalidomide. <b>We require prior authorization.</b>

## Medication no longer on PDL (cont.)

Medication	Description
<b>Xiidra® ophthalmic solution</b>	Indicated for the treatment of the signs and symptoms of dry eye disease. Alternatives include over-the-counter artificial tears and cyclosporine ophthalmic. <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 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**.