

Preferred drug list updates

UnitedHealthcare Community Plan

Overview

Effective Jan. 1, 2026, we're making the following changes to the UnitedHealthcare Community Plan preferred drug list (PDL). Our Pharmacy and Therapeutics Committee updates this PDL quarterly.

These changes apply to:

- The following states: Arizona (AZ), Colorado (CO), Hawaii (HI), Indiana (IN), Maryland (MD), Michigan (MI), Nebraska (NE), New Jersey (NJ), Nevada (NV), Pennsylvania (PA), Rhode Island (RI) and Virginia (VA)
- The following programs and plans: New York Children's Health Insurance Program (NY CHIP), New York Essential Plan (NY EP) and Pennsylvania CHIP (PA CHIP)

These changes don't apply to Florida, Kansas, Louisiana, Mississippi, North Carolina, Texas or Washington.

New medications on PDL

Medication	Description	States and plans in scope
Attruby® tablets	Indicated for the treatment of transthyretin amyloid cardiomyopathy in adults to reduce cardiovascular death and cardiovascular-related hospitalization. We require prior authorization.	CO, HI, MD, MI, NE, NJ, NM, NY CHIP, NY EP, NV, PA CHIP, RI, VA
Clonazepam ODT	Indicated as an adjunct in the treatment of the Lennox-Gastaut syndrome, seizures, and treatment of panic disorder, with or without agoraphobia.	CO, HI, NE, NJ, NM, NY CHIP, NY EP, PA CHIP, RI
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.	CO, HI, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
Darifenacin ER tablets	Indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency and frequency.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI

New medications on PDL (cont.)

Medication	Description	States and plans in scope
Frovatriptan tablets	Indicated for the acute treatment of migraine with or without aura in adults.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI
Zolmitriptan ODT	Indicated for the acute treatment of migraine with or without aura in adults.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI
Ibandronate tablets	Indicated for the treatment and prevention of postmenopausal osteoporosis.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI, VA
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.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI, VA
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.	CO, HI, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI
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.	CO, HI, MD, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI
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.	CO, HI, IN, MD, NJ, NM, NY CHIP, NY EP, PA CHIP, RI, VA

Changes to coverage

Medication	Description	States and plans in scope
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.	CO, HI, MD, NE, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA

Medications no longer on PDL

We're removing the following medications from our PDL.

Medication	Description	States and plans in scope
Basaglar® SC injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus. Alternatives include Lantus®. We require prior authorization.	NY EP
Rezvoglar™ SC injection	Indicated to improve glycemic control in patients with type 1 and type 2 diabetes mellitus. Alternatives include Lantus®. We require prior authorization.	NY EP
OneTouch® meters® and test strips	Indicated for the monitoring of blood glucose control. Alternatives include Accu-Chek® Aviva, Accu-Chek® Guide Me®, Contour® Next, Contour® Plus glucose meters and test strips. Removed from the PDL on Jan. 1, 2026. We require prior authorization.	NY EP

Medications no longer on PDL (cont.)

Medication	Description	States and plans in scope
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® (PA required). We require prior authorization.	CO, HI, MD, MI, NE, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA
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® (PA required). We require prior authorization.	CO, HI, MD, MI, NE, NJ, NM, NV, NY CHIP, NY EP, PA CHIP, RI, VA



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.



Resources

As of Jan. 1, 2026, you can view the changes at UHCprovider.com/plans > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs.