

Your prescription benefit updates

Utilization Management changes
Effective July 1, 2024



At Optum Rx, we offer a full suite of utilization management (UM) strategies to help ensure you receive clinically effective medications that also make the best use of your pharmacy benefit dollar.

This is a list of UM changes made to your formulary.

In this update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Prior Authorization (PA)

The following medication requires a PA review for coverage. This means we need more information from your doctor to see if this medication is covered by your plan.

Therapeutic use	Medication name
Anti-infectives: C Difficile	ZINPLAVA (bezlotoxumab)
Cardiology: Heart Failure/Hypertension	CAROSPIR (spironolactone)
Dermatology: Beta blockers	HEMANGEOL (propranolol)
Oncology: Oral Methotrexate	XATMEP (methotrexate)

Step Therapy (ST)

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

Therapeutic use	Step 2 medication	Step 1 medication
Dermatology: Rosacea	RHOFADE* (oxymetazoline)	Brand Mirvaso
Endocrinology: SGLT-2 Inhibitors	INPEFA* (sotagliflozin)	Both of the following preferred brands: Farxiga, Jardiance
Ophthalmology: Anti-Inflammatory	PROLENSA* (bromfenac)	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac
Generic First Step: Various	ALPHAGAN P 0.1%* (brimonidine) RISPERDAL CONSTA (risperdal)	Generic equivalent

Quantity Limits (QL)

The following medications have a new or revised quantity limit. Your plan provides coverage for quantities up to the amount shown. A prior authorization review may be required to determine if your plan covers additional quantities of these medications.

Therapeutic use	Medication name	New or revised quantity limit
Central Nervous System: Antipsychotics	FANAPT PAK (iloperidone)	2 starter packs per 365 days
Immunology: Multiple Sclerosis	PLEGRIDY STARTER PACK* (peginterferon beta)	2 starter packs per 365 days

When differences between this list and your benefit plan documents exist, please refer to the information included in your benefit plan documents. This is not a complete list of your covered medications. Please review your benefit plan documents for information on what medications are covered by your plan.

Questions?



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

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