Your prescription benefit updates



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 for coverage. This means we need more information from your doctor to see if you can get coverage for your medication.

Therapeutic use	Medication name
Electrolyte & Renal Agents: Vasopressin Analog	NOCDURNA (desmopressin)

## 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
Cardiology: Statins	ROSZET*, EZETIMIBE-ROSUVASTATIN* (ezetimibe/rosuvastatin)	Generic ezetimibe and any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin
Central Nervous System: ADHD Agents	AZSTARYS (serdexmethylphenidate/dexmethylphenidate), JORNAY PM (methylphenidate)	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Central Nervous System: ADHD Agents	ADDERALL XR (amphetamine/ dextroamphetamine)  ADZENYS XR-ODT* (amphetamine)  APTENSIO XR (methylphenidate)  CONCERTA (methylphenidate)  COTEMPLA XR-ODT* (methylphenidate)  DAYTRANA* (methylphenidate), DESOXYN* (methamphetamine)  DEXEDRINE* (dextroamphetamine)  DYANAVEL XR* (amphetamine),  EVEKEO* (amphetamine)  EVEKEO ODT (amphetamine)  FOCALIN* (dexmethylphenidate),  METHYLIN SOLN (methylphenidate),  MYDAYIS* (amphetamine/dextroamphetamine),  PROCENTRA (dextroamphetamine),  QUILLICHEW ER* (methylphenidate),  QUILLIVANT* (methylphenidate),  RELEXXII, METHYLPHENIDATE ER  (methylphenidate),  RITALIN* (methylphenidate),  RITALIN* (methylphenidate),  VYVANSE CAP* (lisdexamfetamine)  VYVANSE CHEW* (lisdexamfetamine)  ZENZEDI* (dextroamphetamine)	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Central Nervous System: Antidepressants	AUVELITY* <sup>c</sup> (dextromethorphan/bupropion)	Any three of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline tab or solution, venlafaxine, venlafaxine ER
Gastrointestinal: Constipation Agents	RELISTOR* (methylnaltrexone)	Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: Movantik, Symproic AND generic lubiprostone
Gastrointestinal: Constipation Agents	TRULANCE* (plecanatide)	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand Linzess AND generic lubiprostone
Gastrointestinal: Irritable Bowel Syndrome	PENTASA* (mesalamine)	Generic mesalamine AND preferred brand Apriso

<sup>\*</sup>Medication is excluded on the Premium PDL.

<sup>^</sup>Applies to brand and generic products. cAllows for continuation of therapy.

Therapeutic use	Step 2 medication	Step 1 medication
Gastrointestinal: Irritable Bowel Syndrome	LIALDA* (mesalamine)	Preferred brand Apriso
Respiratory: Inhaled Corticosteroids	ALVESCO* (ciclesonide), ARMONAIR DIGIHALER* (fluticasone), ASMANEX TWISTHALER* (mometasone), ASMANEX HFA* (mometasone), FLOVENT HFA* (fluticasone), FLUTICASONE HFA*, FLOVENT DISKUS* (fluticasone), PULMICORT FLEXHALER* (budesonide)	Both of the following preferred brands: Arnuity Ellipta, Qvar Redihaler
Respiratory: Long-Acting Bronchodilator Combinations	ADVAIR DISKUS* (fluticasone/salmeterol), AIRDUO DIGIHALER* (fluticasone/salmeterol), AIRDUO RESPICLICK* (fluticasone/salmeterol), FLUTICASONE/SALMETEROL* DULERA* (mometasone/formoterol)	Any two of the following preferred brands: Advair HFA, Breo Ellipta, Symbicort
Respiratory: Long-Acting Bronchodilator Combinations	generic fluticasone-salmeterol diskus WIXELA INHUB	Any one of the following preferred brands: Advair HFA, Breo Ellipta, Symbicort
Generic First Step: Various	LATUDA* (lurasidone), PYLERA (bismuth subcitrate/metronidazole/ tetracyline)	Generic equivalent

**Quantity Limits** (QL)

The following medications have a new or revised quantity limit that will be covered. If your medication includes a quantity limit, this means there is a new limit to the amount of the drug(s) below that will be covered.

Therapeutic use	Medication name	New or revised quantity limit
Central Nervous System: Analgesics (opioid)	DILAUDID (hydromorphone) 1 mg/mL	10 mL per day up to 7 days for treatment naive, 18 mL per day for treatment experienced
Central Nervous System: Analgesics (opioid)	DILAUDID (hydromorphone) 2 mg	5 tablets per day up to 7 days for treatment naive, 9 tablets per day for treatment experienced
Central Nervous System: Analgesics (opioid)	DILAUDID (hydromorphone) 4 mg	2 tablets per day up to 7 days for treatment naive, 4 tablets per day for treatment experienced
Central Nervous System: Analgesics (opioid)	hydromorphone suppository 3 mg	3 suppositories per day up to 7 days for treatment naive, 6 suppositories per day for treatment experienced
Central Nervous System: Analgesics (opioid)	QDOLO* (tramadol) 5 mg/mL	50 mL per day up to 7 days for treatment naive, 80 mL per day for treatment experienced
Central Nervous System: Analgesics (opioid)	tramadol 50 mg	5 tablets per day up to 7 days for treatment naive, 8 tablets per day for treatment experienced
Central Nervous System: Analgesics (opioid)	tramadol 100 mg	2 tablets per day up to 7 days for treatment naive, 4 tablets per day for treatment experienced
Central Nervous System: Analgesics (opioid)	tramadol/acetaminophen 37.5/325 mg	6 tablets per day up to 7 days for treatment naive, 8 tablets per day for treatment experienced

When differences between this list and your benefit plan exist, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan for full details.

<sup>\*</sup>Medication is excluded on the Premium PDL.

<sup>^</sup>Applies to brand and generic products. cAllows for continuation of therapy.

## **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.

