

Your prescription benefit updates

Utilization Management changes
Effective January 1, 2025



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
Clinical Duplicate: Analgesics (non-opioid)	NAPRELAN TAB 375MG CR, NAPRELAN TAB 500MG CR, naproxen ER tab 750 mg (naproxen)
Clinical Duplicate: Antidiabetic	metformin ER osmotic tab 500 mg*, metformin ER osmotic tab 1000 mg*
Clinical Duplicate: Dermatology	HYDROXYM, HYDROXATE GEL 2% (hydrocortisone)

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	New or revised Step 1 medication list
Anti-infectives: Oral Brand Tetracyclines	MONDOXYNE NL (doxycycline) AVIDOXY (doxycycline)	Any one of the following generics: doxycycline, minocycline
Central Nervous System: ADHD Agents	ADDERALL* (amphetamine/ dextroamphetamine)	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, lisdexamfetamine
	INTUNIV* (guanfacine) KAPVAY (clonidine) QELBREE* (viloxazine) STRATTERA* (atomoxetine)	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER AND a methylphenidate class drug AND and an amphetamine class drug
Endocrinology: Basal Insulin	BASAGLAR TEMPO* (insulin glargine) GLARGIN YFGN* (insulin glargine-yfgn) SEMGLEE* (insulin glargine-yfgn)	Any three the following preferred brands: Basaglar, Lantus, Rezvoglar, Toujeo, Tresiba
Miscellaneous: Phosphate Binders	VELPHORO* (sucroferric oxyhydroxide) XPHOZAH* (tenapanor)	Any two of the following generics or preferred brand: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Auryxia
Ophthalmology: Anti-inflammatory Agents	bromfenac soln 0.07%	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac
Respiratory: Allergy (Intranasal)	XHANCE (fluticasone)	Any one of the following generics: mometasone nasal spray, flunisolide nasal spray

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
Anti-infectives: Antibiotics	NUZYRA TAB 150 MG (omadacycline)	1 course per fill, 2 fills per year
Immunology: Monoclonal Antibody	FASENRA INJ 30 MG/ML (benralizumab)	1 syringe per 56 days
	XOLAIR INJ 75 MG/0.5 ML (omalizumab)	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML (omalizumab)	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML (omalizumab)	4 syringes per 28 days
Immunology: Multiple Sclerosis	AUBAGIO TAB 7 MG (teriflunomide)	1 tablet per day
Miscellaneous: Movement Disorder Agents	AUSTEDO XR TAB 6 MG (deutetrabenazine)	1 tablet per day
	AUSTEDO XR TAB 12 MG (deutetrabenazine)	1 tablet per day
	AUSTEDO XR TAB 24 MG (deutetrabenazine)	1 tablet per day
Oncology: Kinase and Molecular Target Inhibitors	CABOMETYX TAB 20 MG (cabozantinib s-malate)	1 tablet per day
	OJJAARA TAB 100 MG (momelotinib)	1 tablet per day
	RUBRACA TAB 200 MG (rucaparib)	4 tablets per day
	VIZIMPRO TAB 15 MG (dacomitinib)	1 tablet per day
Oncology: Thalidomide-related Agents	POMALYST CAP 1 MG (pomalidomide)	1 capsule per day
	POMALYST CAP 2 MG (pomalidomide)	1 capsule per day
Respiratory: Cystic fibrosis	KALYDECO PAK (ivacaftor)	2 packets per day

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.

