

# Your prescription benefit updates

Utilization Management changes  
Effective Jan. 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 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), FOCALIN XR* (dexmethylphenidate), METHYLIN SOLN (methylphenidate), MYDAYIS* (amphetamine/dextroamphetamine), PROCENTRA (dextroamphetamine), QUILLICHEW ER* (methylphenidate), QUILLIVANT* (methylphenidate), RELEXXII, METHYLPHENIDATE ER (methylphenidate), RITALIN* (methylphenidate), RITALIN LA* (methylphenidate), VYVANSE CAP* (lisdexamfetamine) VYVANSE CHEW* (lisdexamfetamine) XELSTRYM* (dextroamphetamine) 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

\*Medication is excluded on the Premium PDL.

<sup>a</sup>Applies to brand and generic products.

<sup>c</sup>Allows 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/ tetracycline)	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.

\*Medication is excluded on the Premium PDL.

^Applies to brand and generic products.

^Allows 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.

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