

Your prescription benefit updates

Utilization Management changes — Effective July 1, 2021



At OptumRx, 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 medications require 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
Anti-infectives: Antifungals	NOXAFIL (posaconazole)
Anti-infectives: Respiratory	ARIKAYCE (amikacin)
Dermatology: Topical Acne Agents	ARAZLO LOTION* (tazarotene)
Miscellaneous: Interstitial Cystitis	ELMIRON* (pentosan)
Musculoskeletal: Pain Management	tramadol ER tablets
Obstetrics & Gynecology: Contraceptives	PHEXXI GEL* (lactic acid-citric acid-potassium bitartrate)

Step Therapy

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
Anti-infectives: Cystic Fibrosis	BETHKIS* (tobramycin) KITABIS* (tobramycin) TOBI* (tobramycin)	Both of the following: tobramycin 300 mg/4 mL, tobramycin 300 mg/5 mL
Central Nervous System: Atypical Antipsychotics	CAPLYTA (lumateperone) FANAPT (iloperidone) FANAPT PACK (iloperidone) SAPHRIS* (asenapine) SECUADO* (asenapine) VRAYLAR (cariprazine)	Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone
Dermatology: Topical Immunomodulators	ELIDEL* (pimecrolimus) pimecrolimus PROTOPIC OINTMENT (tacrolimus)	Tacrolimus ointment
Obstetrics & Gynecology: Contraceptives	TWIRLA* (ethinyl estradiol-levonorgestrel)	Generic oral formulation of levonorgestrel-ethinyl estradiol AND one of the following: Xulane patch, Zafemy patch
Ophthalmology: Allergy	PAZEO* (olopatadine)	Both of the following generics: azelastine, olopatadine

Quantity Limits

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
Cardiology: Anticoagulants	ELIQUIS STARTER PACK (apixaban)	2 packs per 365 days
Central Nervous System: Antidepressants	KHEDEZLA 100 MG (desvenlafaxine)	30 tablets per 30 days
	PRISTIQ 100 MG (desvenlafaxine)	30 tablets per 30 days
	VIIBRYD STARTER KIT (vilazodone)	2 starter kits per 365 days
Gastroenterology: Antiemetics	SUSTOL INJECTION (granisetron)	2 syringes per 30 days
Obstetrics & Gynecology: Contraceptives	PHEXXI* (lactic acid-citric acid-potassium bitartrate)	12 applicators per 60 days

*Medication is excluded on the Premium PDL.

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.

Questions?



Call the number on your member ID card



Visit your plan's website on your member ID card or log on to the OptumRx 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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