

Your Prescription Benefit Updates

Utilization Management Changes

Effective
January 1, 2027



At Optum Rx, we use utilization management (UM) strategies—tools and reviews that help make sure you get medications that are effective, appropriate for your needs, and help 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).

New 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
Central Nervous System: Non-Narcotic Analgesics	ZYBIC*, MELOXICAM SUSP 7.5 MG/5 ML* (meloxicam)

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	Requested medication	New or revised trial medications (step requirement)
Cardiology: Heart Failure	CORLANOR TAB* (ivabradine)	Generic ivabradine
Cardiology: Renin-Angiotensin System Agents	BENICAR TAB* (olmesartan)	Any one of the following generics: amlodipine/benazepril, amlodipine/olmesartan, benazepril, benazepril/HCTZ, candesartan, candesartan/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, irbesartan, irbesartan/HCTZ, lisinopril, lisinopril/HCTZ, losartan, losartan/HCTZ, moexipril, olmesartan, olmesartan/HCTZ, olmesartan/amlodipine/HCTZ, perindopril, quinapril, quinapril/HCTZ, ramipril, telmisartan, telmisartan/HCTZ, trandolapril, trandolapril/verapamil
Central Nervous System: Neurologic Agents	SAVELLA TAB* (milnacipran) SAVELLA STARTER PACK* (milnacipran)	Generic milnacipran and any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, pregabalin
Central Nervous System: Anticonvulsants	BRIVIACT SOLN 10 MG/ML* (brivaracetam) BRIVIACT TAB* (brivaracetam)	Generic brivaracetam and any one of the following generics: lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR
Endocrinology: Diabetes Supplies	V-GO 20 KIT V-GO 30 KIT V-GO 40 KIT	Any one of the following: OMNIPOD or TWIIIST

*Excluded on premium

^Can apply to both brand and generic

Therapeutic use	Requested medication	New or revised trial medications (step requirement)
Endocrinology: DPP4 Inhibitors	ALOGLIPTIN TAB* (alogliptin) ALOGLIPTIN/METFORMIN TAB* (alogliptin/metformin) ALOGLIPTIN/PIOGLITAZONE TAB* (alogliptin/pioglitazone) BRYNOVIN SOLN 25 MG/ML* (sitagliptin) JANUVIA TAB* (sitagliptin) JANUMET TAB* (sitagliptin/metformin) JANUMET XR TAB* (sitagliptin/metformin) ONGLYZA TAB* (saxagliptin) ZITUVIMET, SITAGLIPTIN/METFORMIN TAB* (sitagliptin/metformin) ZITUVIMET XR TAB* (sitagliptin/metformin) ZITUVIO, SITAGLIPTIN TAB* (sitagliptin)	Any one of the following generics: metformin IR/ER, glipizide/metformin, glyburide/metformin, pioglitazone/metformin AND any one of the following generics: sitagliptin, sitagliptin/metformin AND any one of the following: Jentadueto, Jentadueto XR, Tradjenta
Endocrinology: SGLT-2 Inhibitors	BRENZAVVY TAB*, BEXAGLIFLOZIN TAB* (bexagliflozin) FARXIGA TAB* (dapagliflozin) INVOKAMET TAB* (canagliflozin/metformin) INVOKAMET XR TAB* (canagliflozin/metformin) INVOKANA TAB* (canagliflozin) QTERN*, DAPAGLIFLOZIN/SAXAGLIPTIN TAB* (dapagliflozin/saxagliptin) STEGLATRO TAB* (ertugliflozin) STEGLUJAN TAB* (ertugliflozin/sitagliptin) SEGLUROMET TAB* (ertugliflozin/metformin) XIGDUO XR TAB* (dapagliflozin/metformin ER)	Any one of the following generics: metformin IR/ER, glipizide/metformin, glyburide/metformin, pioglitazone/metformin AND any one of the following generics: dapagliflozin, dapagliflozin/metformin AND any one of the following: GLYXAMBI, TRIJARDY XR, JARDIANCE, SYNJARDY, SYNJARDY XR
Endocrinology: SGLT-2 Inhibitors	INPEFA TAB* (sotagliflozin)	Both of the following: generic dapagliflozin and JARDIANCE
Gastroenterology: Irritable Bowel Syndrome	DELZICOL CAP* (mesalamine) LIALDA TAB 1.2 GM* (mesalamine)	Both of the following: generic mesalamine and APRISO
Miscellaneous: Smoking Cessation Products	CHANTIX* (varenicline)	Generic varenicline

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Therapeutic use	Requested medication	New or revised trial medications (step requirement)
Ophthalmology: Antiglaucoma Agents	IYUZEH SOLN 0.005%* (latanoprost) LUMIGAN SOLN* (bimatoprost) OMLONTI SOLN 0.002%* (omidienepag) XELPROS EMULSION (latanoprost) VYZULTA SOLN* (latanoprostene bunod)	All of the following generic ophthalmic solutions: latanoprost, travoprost, bimatoprost
Respiratory: Short-Acting Bronchodilator	ATROVENT HFA 17 MCG	Generic ipratropium HFA
Urology: Overactive Bladder	GELNIQUE GEL (oxybutynin) GEMTESA TAB* (vibegron) MYRBETRIQ TAB* (mirabegron) MYRBETRIQ SUSP 8 MG/ML* (mirabegron) OXYTROL PATCH (oxybutynin) TOVIAZ TAB* (fesoterodine)	Any two of the following: darifenacin ER, fesoterodine ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, mirabegron

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: Antiretrovirals, HIV	CABENUVA SUSP 400 MG-600 MG	1 kit per 28 days
	CABENUVA SUSP 600 MG-900 MG	1 kit per 28 days
Cardiology: Antilipemic	JUXTAPID 5 MG	56 caps per 365 days
	JUXTAPID 10 MG	56 caps per 365 days
Endocrinology & Metabolism: Diabetic Supplies	GLUCOSE TEST STRIPS (ALL BRANDS)	Plan covers 100 strips per 30 days without insulin use; or 300 strips per 30 days with insulin use
	OMNIPOD DASH PODS (GEN 4), OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5), OMNIPOD 5 LIBRE2 PLUS G6 PODS	10 pods per 30 days
	MODD1 SUPPLY KIT, TWIIST REFILL KIT/INFUSION SET	1 kit per 30 days
	TWIIST REFILL KIT	1 kit per 30 days
	V-GO KIT	1 kit per 30 days
	MOVIPREP*	2 kits per 365 days
Gastroenterology: Bowel Prep Agents	MOVIPREP*	2 kits per 365 days

*Excluded on premium

^Can apply to both brand and generic

Therapeutic use	Medication name	New or revised quantity limit
Oncology (Oral): Kinase and Molecular Target Inhibitors	PIQRAY THERAPY PACK	2 tablets per day
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	ZYDELIG TAB	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	COPIKTRA CAP	2 capsules 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.

*Excluded on premium

^Can apply to both brand and generic

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة العربية (**Arabic**)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说中文 (**Chinese**)，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說中文 (**Chinese**)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak komunikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी (**Hindi**) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: Se parla **italiano (Italian)** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語（**Japanese**）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahíł hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní ɓaɣh t'áá jíik'eh bee hane'í námboo bee hodílnih

توجه: اگر به زبان فارسی (**Farsi**) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

