

Your prescription benefit updates

Utilization Management changes

Effective July 1, 2026



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
Cardiology: Antihypertensive	ARBLI SUSP 10 MG/ML (losartan) LOPRESSOR SOLN 10 MG/ML (metoprolol)
Miscellaneous: Chelating Agents	DEPEN TAB 250 MG (penicillamine)

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)
Central Nervous System: Amyotrophic Lateral Sclerosis (ALS) Agents	TIGLUTIK, TEGLUTIK SUSP (riluzole)	Generic riluzole
Dermatology: Topical Acne Treatments	ACANYA GEL 1.2-2.5%* (clindamycin/benzoyl peroxide) BENZAMYCIN GEL 5-3%* (benzoyl peroxide/erythromycin) ZIANA GEL 1.2-0.025%* (clindamycin/tretinoin)	Any one of the following: EPIDUO FORTE, ONEXTON
	TWYNEO CREAM 0.1-3%* (tretinoin/benzoyl peroxide)	Any one of the following: EPIDUO FORTE, ONEXTON, (only for ages 9-11 years) generic adapalene/benzoyl peroxide gel 0.1-2.5%
Dermatology: Topical Immunomodulators	ZORYVE FOAM 0.3% (roflumilast)	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene, clotrimazole, econazole, ketoconazole, luliconazole, miconazole, oxiconazole, sertaconazole, sulconazole, selenium sulfide
Generic First: Various	DYMISTA NASAL SPRAY* (fluticasone/azelastine) NUVARING* (etonogestrel/ethinyl estradiol)	Generic equivalent

*Excluded on premium

^Can apply to both brand and generic

Therapeutic use	Requested medication	New or revised trial medications (step requirement)
Miscellaneous: Phosphate Binders/ Iron Replacement	AURYXIA TAB*, FERRIC CITRATE TAB* (ferric citrate)	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl OR any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate
Miscellaneous: Phosphate Binders	VELPHORO CHEW TAB* (sucroferrous hydroxide) XPHOZAH TAB* (tenapanor)	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl
Respiratory: Long-Acting Bronchodilators (COPD)	INCRUSE ELLIPTA* (umeclidinium) SPIRIVA HANDIHALER* (tiotropium) TUDORZA PRESSAIR* (aclidinium)	Generic tiotropium inhalation capsules

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: Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
	BILTRICIDE TAB 600 MG, praziquantel tab 600 mg	105 tablets per 180 days
	EMVERM TAB 100 MG	6 tablets per 180 days
	ivermectin 6 mg tab	9 tablets per 180 days
	STROMEKTOL TAB 3 MG, ivermectin 3 mg tab	18 tablets per 180 days
Central Nervous System: Alzheimer's Agents	LEQEMBI IV SOLN 200 MG/2 ML*	10 vials per 28 days
	LEQEMBI IV SOLN 500 MG/5 ML*	4 vials per 28 days
Miscellaneous: Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA INJ 20 MG/2 ML	6 syringes per 180 days
	GEL-ONE INJ 30 MG/3 ML*	2 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
	GENVISC 850 INJ 25 MG/2.5 ML*	6 syringes per 180 days
	HYALGAN INJ 20 MG/2 ML*	6 syringes or 10 vials per 180 days
	HYMOVIS INJ 24 MG/3 ML*	4 syringes per 180 days
	HYMOVIS ONE INJ 32 MG/4 ML*	2 syringes per 180 days
	MONOVISC INJ 88 MG/4 ML*	2 syringes per 180 days
	ORTHOVISC INJ 30 MG/2 ML*	8 syringes per 180 days
	SUPARTZ FX INJ 25 MG/2.5 ML*	6 syringes per 180 days
	SYNOJOYNT INJ 20 MG/2 ML*	6 syringes per 180 days
SYNVISC INJ 8 MG/ML*	6 syringes per 180 days	

*Excluded on premium

^Can apply to both brand and generic

Therapeutic use	Medication name	New or revised quantity limit
	SYNVISC ONE INJ 8 MG/ML*	2 syringes per 180 days
	TRILURON INJ 20 MG/2 ML*	6 syringes per 180 days
	TRIVISC INJ 25 MG/2.5 ML*	6 syringes per 180 days
	VISCO-3 INJ 25 MG/2.5 ML*	6 syringes per 180 days
Ophthalmology: Anti-Inflammatory	XDEMVI SOLN 0.25%*	2 bottles per 180 days
Respiratory: Pulmonary Fibrosis	ESBRIET TAB/CAP 267 MG*, pirfenidone tab/cap 267 mg	9 tablets per day
	ESBRIET TAB 801 MG*, pirfenidone tab 801 mg	3 tablets per day
	OFEV 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)** សេវាជំនួយភាសាភាគតិចតិច និងការទំនាក់ទំនង ភាគតិចតិចក្នុងទម្រង់ផ្សេងទៀត ដូចជាព្រឹត្តិបត្រ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចតិចនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 kominikasyon 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'ÁKONÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íni ninaaltsoos nitł'izí bee nééhoziní baąh 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.



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