


Pharmacy benefits updates

What is a formulary?

A formulary is a list of your plan’s covered medications and it:

- Has generic and brand-name drugs approved by the Food and Drug Administration (FDA).
- Is broken into cost levels called tiers.
- Flags drugs with special coverage rules. These include prior authorization, step therapy and quantity limits.

	Tier 1 Lower cost medications	Tier 2 Mid-range cost medications
	Tier 3 Higher cost medications	EXC Medications may not be covered or need prior authorization. Lower-cost options are available and covered.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when there is a generic for it.
- If a medication will no longer be covered, it takes place on January 1 or July 1 of each year.

When a medication changes tiers, the amount you pay changes, too.

Why are some medications no longer covered?

A medication may no longer be covered by your plan when there is another covered drug that works the same and costs less or if there is an over-the-counter option.



In this issue: Jan 1, 2024 benefit changes

- Formulary updates
- Prior authorization
- Quantity limit changes
- Step Therapy

See next page for a summary of upcoming benefit changes.



Medication tiers

Tier 1

Lower cost medications

Tier 2

Mid-range cost medications

Tier 3

Higher cost medications

EXC

Medications may not be covered

In this formulary update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Medications moving to a lower tier

These medications are moving to a lower tier, making them more affordable.

Medication name	Tier placement
Blood products / modifiers / volume expanders - drugs for bleeding disorders	
UDENYCA AUTO-INJECTOR 6MG/0.6ML	EXC to Tier 3
UDENYCA PREFILLED SYRINGE 6MG/0.6ML	EXC to Tier 3
Central nervous system agents - drugs for attention deficit disorder	
amphetamine/dextroamphetamine er cap 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	EXC to Tier 1
Diabetes - insulins	
ADMELOG INJ 100U/ML	EXC to Tier 1
ADMELOG SOLOSTAR	EXC to Tier 1
APIDRA SOLOSTAR	EXC to Tier 1
APIDRA INJ U-100	EXC to Tier 1
BASAGLAR KWIKPEN	EXC to Tier 1
FIASP FLEX INJ TOUCH	EXC to Tier 1
FIASP INJ 100U/ML	EXC to Tier 1
FIASP PENFIL INJ U-100	EXC to Tier 1
INSULIN LISPRO JUNIOR KWIKPEN	EXC to Tier 1
INSULIN LISPRO KWIKPEN	EXC to Tier 1
INSULIN LISPRO/PROTAMINE KWIKPEN	EXC to Tier 1
NOVOLIN 70/30 FLEXPEN	EXC to Tier 1
NOVOLIN 70/30 INJ	EXC to Tier 1
NOVOLIN N FLEXPEN	EXC to Tier 1
NOVOLIN N INJ	EXC to Tier 1
NOVOLIN R INJ	EXC to Tier 1
NOVOLIN R FLEXPEN	EXC to Tier 1
NOVOLOG INJ 100U/ML	EXC to Tier 1
NOVOLOG INJ FLEXPEN	EXC to Tier 1
NOVOLOG INJ PENFILL	EXC to Tier 1
NOVOLOG MIX INJ 70/30	EXC to Tier 1
NOVOLOG MIX 70/30 FLEXPEN	EXC to Tier 1
REZVOGLAR KWIKPEN	EXC to Tier 1

Medication name	Tier placement
Inflammatory bowel disease agents	
mesalamine tab 1.2gm	EXC to Tier 1
Miscellaneous therapeutic agents	
DYSPOIN INJ 300UNIT, 500UNIT*	Tier 3 to Tier 2
MYOBLOC INJ 2500U/0.5ML, 5000U/ML, 10000U/2ML*	Tier 3 to Tier 2
XEOMIN INJ 50 UNIT, 100UNIT, 200UNIT*	Tier 3 to Tier 2
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	
ADVAIR HFA AER 45/21, 115/21, 230/21	Tier 2 to Tier 1
BREO ELLIPTA INH 100-25, 200-25	Tier 2 to Tier 1
fluticasone/salmeterol aer 100/50, 250/50, 500/50	EXC to Tier 1
QVAR REDIHALER 40MCG, 80MCG	EXC to Tier 2
wixela inhub 100/50, 250/50, 500/50	EXC to Tier 1

Medications moving to a higher tier

These medications are moving to a higher tier and will cost more because there are other lower-cost options. If your medication is listed below, you may still take it, but you may pay a higher cost. Please talk to your doctor about lower-cost option(s) to see if they will work for you.

Medication name	Tier placement	Lower cost medications
Antineoplastics - Drugs for Cancer		
FOLOTYN INJ 20MG/ML, 40MG/2ML	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
MEKINIST TAB 0.5MG, 2MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
TAFINLAR CAP 50MG, 75MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Antivirals		
COMPLERA TAB	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
TIVICAY PD TAB 5MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
TIVICAY TAB 10MG, 25MG, 50MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Dermatological Agents - Drugs for Skin Conditions		
RETIN-A MICRO GEL 0.06%, 0.08%	Tier 2 to Tier 3	tretinoin gel
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
PYLERA CAP	Tier 2 to Tier 3	bismuth subcit/metronidazole/tetracycline
Miscellaneous Therapeutic Agents		
BOTOX INJ 100UNIT, 200UNIT*	Tier 2 to Tier 3	Please talk to your doctor about other option(s).

Medications moving to exclusion

The following excluded medications* may not be covered by your plan.

Medication name	Tier placement	Lower cost medications
Anticonvulsants - Drugs for Seizures		
TROKENDI XR CAP 25MG, 50MG, 100MG, 200MG	Tier 3 to EXC	topiramate ER/IR
Antineoplastics - Drugs for Cancer		
IMBRUVICA TAB 140MG, 280MG	Tier 3 to EXC	CALQUENCE, IMBRUVICA CAP 140MG
XALKORI CAP 200MG, 250MG	Tier 3 to EXC	Please talk to your doctor about other option(s).

*Medication/products can be filled at a network retail pharmacy starting Jan. 1, 2024.

Medication name	Tier placement	Lower cost medications
Antipsychotics - Drugs for Mood Disorders		
LATUDA TAB 20MG, 40MG, 60MG, 80MG, 120MG	Tier 3 to EXC	lurasidone
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ZIEXTENZO INJ 6MG/0.6ML	Tier 3 to EXC	NEULASTA, UDENYCA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR CAP 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	Tier 1 to EXC	amphetamine-dextroamphetamine cap ER
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	Tier 2 to EXC	amphetamine-dextroamphetamine ER/IR, dexamethylphenidate ER/IR, dextroamphetamine IR/SR, lisdexamfetamine, methylphenidate ER/IR
VYVANSE CHW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	Tier 2 to EXC	amphetamine-dextroamphetamine ER/IR, dexamethylphenidate ER/IR, dextroamphetamine IR/SR, lisdexamfetamine, methylphenidate ER/IR
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA TAB 10MG	Tier 3 to EXC	dalfampridine
AUBAGIO TAB 7MG, 14MG	Tier 3 to EXC	teriflunomide
COPAXONE INJ 20MG/ML	Tier 2 to EXC	glatiramer
Hormonal Agents - Men's Health		
XYOSTED INJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	Tier 3 to EXC	testosterone cypionate, testosterone enanthate
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
CINRYZE SOL 500 UNIT	Tier 3 to EXC	HAEGARDA, ORLADEYO, TAKHZYRO
Inflammatory Bowel Disease Agents		
LIALDA TAB 1.2GM	Tier 1 to EXC	mesalamine dr tab 1.2gm, APRISO
PENTASA CR CAP 250MG	Tier 3 to EXC	mesalamine dr cap 400mg, mesalamine dr tab 800mg, mesalamine dr tab 1.2gm, APRISO
Respiratory Tract/ Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS 100/50, 250/50, 500/50	Tier 1 to EXC	ADVAIR HFA, BREO ELLIPTA INH, SYMBICORT AER
ESBRIET CAP 267MG	Tier 3 to EXC	pirfenidone
FLOVENT DISKUS 50MCG, 100MCG, 250MCG	Tier 2 to EXC	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
FLOVENT HFA 44MCG, 110MCG, 220MCG	Tier 2 to EXC	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
PULMICORT FLEXHALER 90MCG, 180MCG	Tier 2 to EXC	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
Respiratory Tract/ Pulmonary Agents - Drugs for Pulmonary Hypertension		
REVATIO INJ, SUSP, TAB	Tier 3 to EXC	sildenafil

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		Generic ezetimibe and any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin
Central Nervous System: ADHD Agents	AZSTARYS (serdexmethylphenidate/dexamethylphenidate), JORNAY PM (methylphenidate)	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
Central Nervous System: ADHD Agents	ADDERALL XR (amphetamine/dextroamphetamine) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) EVEKEO ODT (amphetamine) METHYLIN SOLN (methylphenidate), PROCENTRA (dextroamphetamine), RELEXII, METHYLPHENIDATE ER (methylphenidate),	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER
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	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)	(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)	(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)		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?



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