

Your Prescription Benefit Updates

Prior Authorization

Prior Authorization requires your doctor to provide more information to see if you can get coverage for your medication.

Therapeutic use	Medication name
Cardiology: Antilipemics	LOVAZA (omega-3 fatty acids)
	VASCEPA (icosapent ethyl)
Central Nervous System: Anticonvulsants	BANZEL (rufinamide)
Hormones: Fertility Agents	OVIDREL (human chorionic gonadotropin)
Musculoskeletal: Muscle Relaxants	BOTOX COSMETIC (onabotulinumtoxinA)
Oncology	AVASTIN (bevacizumab)
	BENDEKA (bendamustine)
	TREANDA (bendamustine)

Step Therapy

If you have Step Therapy, you must try a lower-cost medication (Step 1) before a higher-cost medication (Step 2 or 3) is covered.

Therapeutic use	Medication name	Step 1 Medications
Anti-Infectives: Oral Brand Tetracyclines	SEYSARA (sarecycline)	Both of the following generics: doxycycline AND minocycline
	ORACEA* (doxycycline) SOLODYN (minocycline)	One of the following generics: Doxycycline, Minocycline
Dermatology: Atopic Dermatitis	ELIDEL* (pimecrolimus)	Generic pimecrolimus cream
Dermatology: Skin Cancer Agents	ZYCLARA* (imiquimod)	Generic imiquimod 5%
Endocrinology: Short-Acting Insulin	ADMELOG* (insulin lispro) APIDRA* (insulin glulisine) FIASP* (insulin aspart)	Both of the following preferred brands: Humalog AND Novolog
Gastroenterology: Bowel-Prep Agents	MOVIPREP* (polyethylene glycol, electrolytes, ascorbic acid)	Any one of the following brands: Clenpiq, Plenvu, Prepopik, Suprep
Gastroenterology: Opioid-Induced Constipation	RELISTOR* (methylnaltrexone bromide)	Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: Movantik, Symproic
Ophthalmology: Ophthalmic Antihistamines	BEPREVE (bepotastine)	Both of the following generics: azelastine AND olopatadine
	LASTACFT (alcaftadine)	

Therapeutic use	Medication name	Step 1 Medications
Ophthalmology: Ophthalmic Beta-Blockers	TIMOPTIC* (timolol) TIMOPTIC OCUDOSE* (timolol) TIMOPTIC-XE* (timolol)	Generic ophthalmic timolol
Respiratory: Asthma/COPD	YUPELRI* (revedfenacin)	Lonhala AND One of the following: Incruse Ellipta, Spiriva
Respiratory: Allergy (Intranasal)	XHANCE* (fluticasone)	Generic mometasone nasal spray AND Beconase AQ

* Medication is excluded on the Premium PDL.

Therapeutic use	Medication name	Step 1 Medications
Generic-First*	ADDERALL ALTACE ARIMIDEX ARTHROTEC ATACAND AVAPRO AVODART BARACLUDE BRISDELLE CANASA CARBATROL CARDIZEM LA CARNITOR CATAPRES-TTS CELEXA CIALIS CLARINEX CLIMARA CLOBEX CLODERM COLESTID COREG CORTEF COSOPT	Generic equivalent

* Medication is excluded on the Premium PDL.

Therapeutic use	Medication name	Step 1 Medications
Generic-First*	COZAAR DELESTROGEN DEPAKOTE DYAZIDE EPIDUO ESTRACE EVEKEO EXFORGE FINACEA FIORICET FLOMAX FOCALIN GENERESS FE GLUCOPHAGE GOLYTELY HYZAAR IMITREX INDERAL INNOPRAN KENALOG KEPPRA KLONOPIN K-TAB LAMICTAL LASIX LATISSE LESCOL XL	Generic equivalent

* Medication is excluded on the Premium PDL.

Therapeutic use	Medication name	Step 1 Medications
Generic-First*	LOESTRIN LOTREL LYRICA MAXALT METROGEL MICARDIS MOBIC NALFON NATROBA NEURONTIN NIASPAN NULYTELY ORTHO MICRON ORTHO-CYCLEN ORTHO-NOVUM PATADAY PATANOL PAXIL PLAQUENIL PLAVIX PRAVACHOL PRED FORTE PRINIVIL PROMETRIUM PROPECIA QUESTRAN RANEXA	Generic equivalent

* Medication is excluded on the Premium PDL.

Therapeutic use	Medication name	Step 1 Medications
Generic-First*	RELPAX RENAGEL RESTORIL RISPERDAL RITALIN SAFYRAL SEASONIQUE SEROQUEL SILVADENE SKELAXIN SOMA STRATTERA SUBOXONE TAMIFLU TEGRETOL TENORMIN TIKOSYN TOPAMAX TRICOR TRILEPTAL UCERIS VALTREX VECTICAL VESICARE VIGAMOX WELCHOL XALATAN	Generic equivalent

* Medication is excluded on the Premium PDL.

Therapeutic use	Medication name	Step 1 Medications
Generic-First*	YASMIN ZANAFLEX ZESTRIL ZOCOR ZONEGRAN ZOVIRAX ZYPREXA	Generic equivalent

* Medication is excluded on the Premium PDL.

For the most current list of covered medications, or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a network retail pharmacy by ZIP code.
 - Look up possible lower-cost medications.
 - Compare medication pricing.
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Applies to the Premium Formulary