

External product guide

Pharmacy care services | Pharmacy benefit management

Product Name	External Product Guide Description	Market Segment Name
Ala Carte Utilization Management	Lets you pick and choose prior authorization, step therapy and quantity limit edits across multiple drug classes within the comprehensive utilization management program. This approach is designed to meet individual client needs based on unique drug trending and market dynamics. The program offers flexibility and additional plan paid savings but does not include rebate potential.	Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Audit Services: Advanced Pharmacy Audit Services (APAS)	Advanced Pharmacy Audit Services is a suite of additional, focused audit services offered in conjunction with our standard audit services to detect, correct, and prevent fraud waste and abuse in the pharmacy network. The Advanced Pharmacy Audit Services package is designed to maximize the affordability and recovery savings for participating clients by providing expanded audit services with experts and technology aimed specifically toward a client’s pharmacy claims. This extra focused attention provides a greater degree of insight to uncover questionable claims that might otherwise go undetected and has been proven to help clients maximize their prescription drug affordability by increasing monetary recoveries as much as an average of 250 percent during the first year.	Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Bridge to Wellness	<p>Enhancing data-driven patient-care opportunities for our clients' members at their pharmacy, Bridge to Wellness delivers high-touch, provider-administered medication services that closes gaps in care, promotes medication adherence and improves health outcomes through more accessible clinical engagement by a licensed Pharmacist.</p> <p>Our program is a partnership between Optum Rx® and CPESN USA, a clinically integrated network (CIN) of pharmacy providers organized as a network of more than 3,500 local community pharmacy networks.</p> <p>Optum Rx facilitates this engagement between our clients and CPESN (Community Pharmacy Enhanced Services Network) by brokering the exchange and standardizing the product offering, using our economies of scale to bring CPESN’s tools to the marketplace as an additional provider-care solution. Our facilitation makes interaction between members and providers, as smooth and seamless to the member and to the pharmacy involved, ultimately driving increased touchpoints at a lower overall cost.</p>	Payer (Health Plans) PBM

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<p>Care Gap Management (Formerly RDUR Gaps in Care Program)</p>	<p>Our Care Gap Management Program identifies gaps in medication therapy to improve health outcomes and reduce total health care costs.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA</p>
<p>Client Brand Experience</p>	<p>The Client Brand Experience product modifies select Optum Rx member materials and touch points by using the health plan client's logo instead of the Optum Rx logo (some exclusions/limitations apply). Using your logo on select pharmacy benefit communications give members a consistent brand experience, boosts your brand recognition, and offers a seamless member experience. The Client Brand Experience excludes Optum® home delivery, Optum Specialty Pharmacy, and CVS90/Walgreens90. These products will retain their respective logos on all member materials. In addition, prior authorization and utilization management letters are subject to state and other regulatory limitations.</p>	
<p>Comprehensive Utilization Management</p>	<p>Incorporates our full suite of prior authorization, step therapy and quantity limit edits, which are layered on to the Select or Premium formularies. This solution is designed for clients who want to aggressively manage their pharmacy benefit, ensure appropriate medication use and enjoy plan paid savings and rebate potential. The program is also available to clients with open benefit design and custom formularies.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Concurrent Drug Utilization Review (CDUR)</p>	<p>The concurrent Drug Use Review program (cDUR) applies real-time point of service edits that check incoming prescriptions against the member's prescription history looking for potential medication use conflicts and typically responds by pharmacy and/or member messaging. This type of DUR is designed to ensure appropriate and safe use of drugs based on member data, claims history, and/or other drug-specific considerations.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Critical Drug Affordability</p>	<p>The Optum Rx Critical Drug Affordability Program advocates for lower member cost share for multiple drug classes considered to be critical, life-sustaining therapies — where a short interruption in therapy has a significant clinical impact. These initiatives let clients choose a maximum out-of-pocket member cost share of \$35 per monthly supply of critical drugs within 15 medication classes.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Diabetes Management Program</p>	<p>More than 37 million Americans have diabetes. Poorly controlled diabetes can lead to serious conditions like cardiovascular disease, kidney failure, blindness and amputation — conditions that significantly diminish quality of life. At Optum Rx, we're here to help people with diabetes live healthier lives, reduce complications and avoid progression to more complicated conditions. Choose from our Diabetes Management program's flexible, modular options to build a program best suited to your business objectives and member needs.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Focused Utilization Management</p>	<p>Includes a dedicated suite of bundles with specifically contracted edits layered on to the Select formulary to increase savings opportunities.</p> <p>This strategy is a good choice for clients looking for a less restrictive pharmacy benefit that minimizes member disruption with the same rebate savings as the comprehensive utilization management program, when all four bundles are implemented. It is also available to clients with open benefit design and custom formularies.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Base HIX Formulary</p>	<p>This formulary has specific tiers that accommodate the following: non-specialty generics, preferred brands-generics, non-preferred brands-generics, specialty medications- generics and an ACA tier for zero cost share preventive medications. Formulary submission support including required drug count tool validation, clinical justifications, discrimination requirement reviews and P&T committee oversight. Ability to accommodate a chemo parity tier.</p>	<p>Payer (Health Plans) Provider (Health Systems)</p>
<p>Formulary: Bronze 6 Tier</p>	<p>The Optum Rx Bronze Six-Tier Formulary is a closed Part D formulary that has standard utilization management. It helps clients control overall health care costs by promoting use of clinically proven generic medications across major therapeutic drug classes. The sixth tier includes many of the generic Star adherence medications offered at a \$0 copay to reduce beneficiary cost share barriers and increase the Centers for Medicare & Medicaid Services (CMS) Star ratings.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Formulary: Bronze Five Tier Formulary</p>	<p>This is one of our leanest, most cost-effective Part D formularies designed for Medicare Advantage prescription drug (MAPD) Part D plan clients who are cost-conscious and are willing to accept moderate member disruption. This formulary is nearly identical to the Copper Five-Tier Formulary with a small number of differences in the diabetes category, mainly exclusive Lilly brand insulin coverage.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Client Custom Formulary</p>	<p>Client custom formulary & UM does not use a portfolio. Offerings and rebates, etc. are all done based on client dictation. Clients can customize a formulary tailored to their specific needs. Custom formularies are available on a case-by-case basis and may be subject to additional fees. Client pays custom formulary management fees and if they need P&T support, they have to pay a delegated P&T fee as well.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Copper Four Tier EGWP</p>	<p>The Optum Rx Copper Four-Tier Formulary provides an additional leaner option for Employer Group Waiver Plan (EGWP) Part D clients. It's a closed Part D formulary that has standard utilization management and contains the same drug list as the Bronze formularies, but with the majority of generic drugs placed on Tier 1.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Core PDP Five-Tier Formulary</p>	<p>This is one of our most cost-effective, leaner Part D formularies, designed for PDP clients who are highly cost conscious and are willing to accept more member disruption. The client's benefit design must utilize higher coinsurance amount on Tier 4 than on Tier 5.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Enhanced HIX Formulary</p>	<p>The Enhanced Health Exchange Formulary is designed to meet Essential Health Benefits (EHB). This formulary has tiers that accommodate non-specialty generics, non-preferred, non-specialty generics, preferred brands-generics, non-preferred brands-generics, specialty medications- generics, non-preferred Specialty-generics and an ACA tier for zero cost share preventive medications. Formulary Submission support including required drug count tool validation, clinical justifications, discrimination requirement reviews and P&T committee oversight. Ability to accommodate a chemo parity tier.</p>	<p>Payer (Health Plans) Provider (Health Systems)</p>

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<p>Formulary: Gold Five Tier Formulary</p>	<p>The Gold Five-Tier Formulary is a closed Part D formulary that has standard utilization management. It balances cost-effectiveness with member choice and is designed for Medicare Advantage prescription drug (MAPD) Part D plans. This is the most frequently utilized formulary for our current MAPD clients.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: Gold Six Tier Formulary</p>	<p>The Gold Six-Tier Formulary is a closed Part D formulary that has standard utilization management. It balances cost-effectiveness with member choice and is designed for Medicare Advantage prescription drug (MAPD) Part D plans. The sixth tier includes many of the generic Star adherence medications offered at a \$0 copay to reduce beneficiary cost share barriers and increase the Centers for Medicare & Medicaid Services (CMS) Star ratings.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: ORx Premium Formulary</p>	<p>The Premium formulary is a three-tier, open formulary with select exclusions to drive value along with mandatory utilization management in select drug categories. This formulary uses exclusion capabilities to reduce costs, maintain medication choices and promote lower-cost alternatives.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: ORx Select Formulary</p>	<p>The Select formulary is a three-tier, open formulary that includes a copay differential of more than \$10 between tiers. This solution is clinically driven and cost-effective to meet client needs. The open and robust formulary design promotes member choice, and the addition of utilization management strategies offers client flexibility.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Formulary: PDP Basic Five-Tier Formulary</p>	<p>The PDP Basic Five-Tier Formulary for Medicare prescription drug plan (PDP) clients is a closed Part D formulary that has standard utilization management and requires Tier 4 coinsurance to be higher than the Tier 5 specialty tier coinsurance. This is our most cost-effective and leanest Part D formulary, designed for PDP clients who are highly cost conscious and are willing to accept more member disruption.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Formulary: Silver Formulary</p>	<p>The Silver Formulary is a closed Part D formulary that will be utilized by EGWPs . It can be offered to clients in a 2 or 3 Tier option for full service EGWP clients only. For external or FMS clients who may be interested - please confirm pricing has been done with underwriting. Just for EGWP.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Hospice Pharmacy Benefit Management (PBM)</p>	<p>"For over 25 years Optum has been empowering hospice care through a flexible, forward-thinking approach by providing industry leading expertise in helping you control costs, improve technology and deliver exceptional service so you can put your energy where it matters most — with your patients."</p>	<p>Direct Provider (Health Systems)</p>
<p>Mail Service Member Select</p>	<p>Mail Service Member Select requires members filling maintenance prescriptions at retail to use home delivery as a cost-saving measure. After two grace fills at a participating retail pharmacy, Members have the option to dis-enroll from home delivery and continue filling at retail without a penalty.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Mail Service Saver</p>	<p>Mail Service Saver is a preferred home delivery program where members are incented to use Optum Rx home delivery for maintenance medications. After two grace fills at a participating retail pharmacy, members must move their maintenance prescriptions to Optum Rx home delivery or pay a higher cost as designated by the client.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Mail Service Saver Plus</p>	<p>Mail Service Saver Plus is a mandatory home delivery program where members are incented to use Optum Rx home delivery for maintenance medications. After two grace fills at a participating retail pharmacy, members must move their maintenance prescriptions to Optum Rx or pay the full cash price of the drug.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Medical Insights Management</p>	<p>Optum Rx addresses errors and other safety concerns, along with cost and quality of care, through clinical intervention programs that use retrospective claims data to guide therapy changes and promote evidence-based prescribing. Medical Insights Management is a provider facing program that identifies potential clinical concerns utilizing both pharmacy and medical claims data.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>MedicalRx Rebates Program</p>	<p>MedicalRx Rebates Program is a product for Health Plan, PBM, and TPA clients, including clients who do not use Optum Rx as their PBM. The product provides rebate administration services for drugs paid as a medical claim. The product includes medical rebate negotiation, collection of eligible medical rebates from the pharmaceutical companies and disbursement of medical rebates to the client. The product also includes robust consulting, reporting, modeling, forecasting, and file management services to help customers submit medical claim files for rebate collection.</p>	<p>Direct Payer (Health Plans) PBM Provider (Health Systems) TPA (Non-UMR)</p>
<p>MedicalRx Specialty Provider Network</p>	<p>MedicalRx Specialty Provider Network shifts certain infused or injected drugs from the medical benefit to the pharmacy benefit. The network consists of contracted providers focused on clinically appropriate, convenient, and lower cost administration of targeted medications. Contracted providers continue to self-procure and administer medications and then bill the bundled service through the patient’s pharmacy benefit using contracted reimbursement rates for the drug and administration.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Medicare Prescription Payment Plan (M3P)</p>	<p>CMS required interest-free copay smoothing program for Part D members that caps member OOP spending at \$2000 and enables \$0 cost share at point-of-sale, starting 1/1/25.</p>	<p>Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Medicare Rising Star Report</p>	<p>The Rising Star Report is a Tableau dashboard that is available to all Medicare plans and includes real time, actionable information on Medicare Part D clinical Star and display measures. The report allows customers to evaluate their plan’s Star performance as it occurs through various viewpoints. The contract-level performance is based on claims data vs. PDE data. Clients already receive CMS reporting on the Part D clinical measures (Acumen Patient Safety Reports); however, those reports use PDE data and are a month behind. Our clients value the Rising Star Report since it is more real-time than the Acumen reports and is available by the 15th of each month. Clients can monitor and benchmark their current measure performance against the Optum Rx Medicare book of business and the national average.</p>	<p>Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Medicare Stars Advanced Analytics Reports</p>	<p>Analyze Star performance with comprehensive reporting of your member data and other variables. Optum Rx offers an advanced reporting package that contains measure detail and summary scorecard reports encompassing:</p> <ul style="list-style-type: none"> • Medication adherence Star measures (diabetes, hypertension, and statins) • Statin Use in Persons with Diabetes • Adherence to Anti-Retrovirals • Concurrent Use of Opioids and Benzodiazepines, • Initial Opioid Prescribing for Long Duration (IOP-LD) • Use of Multiple Central-Nervous System (CNS)-Active Medications in Older Adults • Use of Multiple Anticholinergic Medications in Older Adults • PQA opioid measures • Persistence to Basal Insulin (PST-INS) <p>The advanced analytics package is a powerful strategic tool that not only provides you with insight into trends and drivers of each Star measure, but also highlights areas for improvement and intervention opportunities to maximize Star measure performance.</p>	<p>Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Medication Safety Management (Formerly RDUR Safety Management)</p>	<p>Our Medication Safety Management Program notifies providers of possible medication concerns to improve quality of care and reduce plan prescription costs. Includes behavioral conditions.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA</p>
<p>Meds on Track</p>	<p>The Meds on Track Program promotes medication adherence by following the member with their new prescription, refill reminders, and continuance with their medication regimen through timely interventions and education. The program uses a data-driven approach to identify members with adherence barriers. The program targets a vast array of conditions including diabetes, hypertension and respiratory. Clients can choose to focus on modules combinations that are most appropriate to needs, including top diseases, specialty and non-specialty medications as well as Behavioral Health and Medication Assisted Treatment adherence. Program components include: New to Therapy; Refill Reminder; Primary Medication Non-Adherence; Low Adherence; and Predictive Non-Adherence. We engage members with early information and support on the importance of condition management and new medication adherence – this is our capability for first fill and beyond. We remind members to properly refill and stay on track with medications.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>MTM: Medicare Medication Therapy Management</p>	<p>The Optum Rx Medicare MTM program is designed to meet the Medicare Part D CMS Medication Therapy Management Program requirements set forth in 42 CFR §423.153(d). As an experienced MTM program administrator, Optum Rx has developed a holistic approach to MTM through an impressive suite of services and engagement strategies. Using our proprietary, state-of-the-art clinical case management application and omnichannel member engagement strategies the Optum Rx MTM program delivers a high quality, clinically robust and operationally strong product that exceeds CMS expectations.</p>	<p>Coalitions – HealthTrust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Multi-Dose Packaging</p>	<p>Optum Rx and divvyDOSE have joined forces to help simplify managing your medications. divvyDOSE is a full-service pharmacy that pre-sorts your prescription medications, vitamins and/or supplements by day, date and time. They put it all together and send you a box each month. No more sorting. No missed doses.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Multi-Dose Packaging - Network</p>	<p>Optum Rx and divvyDOSE have joined forces to help simplify managing your medications. divvyDOSE is a full-service pharmacy that pre-sorts your prescription medications, vitamins and/or supplements by day, date and time. They put it all together and send you a box each month. No more sorting. No missed doses.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: Custom Network</p>	<p>A custom network can be built for groups with specific goals and needed restrictions. Custom preferred network offers deeper discounts and utilizes copay differentials to influence member pharmacy selection. Custom restricted network offers deeper discounts and a narrower selection of pharmacies. We work with the client to identify chains and independent pharmacies that will be included.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: National Pharmacy Network</p>	<p>Competitive Pricing with Broadest Access Nationwide access to ~67K retail pharmacies Includes all contracted retail pharmacies negotiated discounts off Average Wholesale Price (AWP) affords client and member savings.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Network: R90 Partnership: CVS90 Saver</p>	<p>Anchor network, plus, Optum Rx Home Delivery Pharmacy as preferred mail service pharmacy for 90-day fills.</p> <p>After grace-fill, members fill with the anchor network or pay a higher copay for a 90-day supply.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: R90 Partnership: CVS90 Saver Plus</p>	<p>Mandatory retail anchor pharmacy and Optum Rx Home Delivery Pharmacy as the mandatory mail service pharmacy for 90-day fills.</p> <p>After grace-fill, members fill with the anchor network or claim will reject and the member pays 100% out of pocket.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: R90 Partnership: WAG90 Saver</p>	<p>Anchor network, plus, Optum Rx Home Delivery Pharmacy as preferred mail service pharmacy for 90-day fills.</p> <p>After grace-fill, members fill with the anchor network or pay a higher copay for a 90-day supply.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: R90 Partnership: WAG90 Saver Plus</p>	<p>Mandatory retail anchor pharmacy and Optum Rx Home Delivery Pharmacy as the mandatory mail service pharmacy for 90-day fills.</p> <p>After grace-fill, members fill with the anchor network or claim will reject and the member pays 100% out of pocket.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Network: Standard Select</p>	<p>Optimized Access and Savings Nationwide access to ~50K retail pharmacies Walgreens or CVS anchor (client choice) Includes all other contracted retail pharmacies including mass merchants, grocers, smaller chains, Pharmacy Services Administration Organizations (PSAOs) and independents.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Network: Value Network</p>	<p>Tailored Access and Improved Savings Tailored Access and Improved Savings Nationwide access to ~35K retail pharmacies Walgreens or CVS core pharmacy (client selects one) Includes a limited line-up of mass merchants, grocers, smaller chains, PSAOs and independents.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Opioid Drug Management Program: Medicare</p>	<p>The Drug Management Program (DMP) identifies Members who are using high doses of opioids that are prescribed by multiple prescribers and/or filled at multiple pharmacies and those that have had a recent opioid related overdose. These Members are potentially at risk for abuse or misuse of opioids and their case will be reviewed by an assigned clinical pharmacist.</p>	<p>Payer (Health Plans)</p>
<p>Opioid Risk Management</p>	<p>The Opioid Risk Management Program attempts to combat the significant human and financial impact that opioids have taken on our society by prevention and education, minimizing early exposure, reducing inappropriate supply, treating at-risk and high-risk populations, and supporting chronic populations and recovery.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Copay Card Solutions: Accumulator Adjustment</p>	<p>Our accumulator adjustment solution maintains the integrity and intention of the pharmacy benefit by providing a real time solution to exclude copay card dollars from members' accumulators. Applying copay card dollars subsidized by a manufacturer towards a member's deductible and out-of-pocket maximums increases the plan sponsor's liability throughout the plan year. Preventing the application of the copay card towards a member's deductible and out-of-pocket maximums allows the benefit design to work as intended to drive plan sponsor savings.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Gene Therapy Risk Protection</p>	<p>Therapies are emerging quickly, with more than 900 investigational new drug applications awaiting review from the Food and Drug Administration (FDA). As more therapies come to market, the risk of</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer</p>

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	<p>a high-cost claim increases. The Gene Therapy Risk Protection solution helps administrative services-only (ASO) plan sponsors manage risk exposure by spreading the cost of an unexpected million-dollar therapy into a manageable and predictable per member per month (PMPM) fee. The solution also includes cost and quality management services:</p> <ul style="list-style-type: none"> • Client-specific analytics and risk modeling to predict exposure to a potential gene therapy claim • Industry-accepted clinical coverage criteria to provide appropriate patient access • Utilization management services including prior authorizations and appeals to provide quality member experience • Optum-exclusive outcomes based contracts 	<p>Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Patient Portal</p>	<p>The Optum Patient Portal and My Optum app give you a simple and secure way to manage your health care at home or on the go. Here's what you can do:</p> <ul style="list-style-type: none"> • Schedule an appointment with your provider • Get your lab results faster, on demand • Message your provider 24/7 • Pay your bills instantly 	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Rx Clear Trend Guarantee</p>	<p>New transparent Optum Rx Clear Trend Guarantee that delivers a clear view of pharmacy spend and applies discounts at point of sale. This value-based model has a shared savings scale based on specific client actions. Leveraging outcome-driven, member or population level, disease-specific data, this innovative offering also promotes affordability.</p> <ul style="list-style-type: none"> • Transparent trend guarantee that delivers a clear view of pharmacy spend • Predictability in overall pricing for plan sponsors • Reconciles to one PMPM or PMPY fee • Available for direct commercial clients: employer, public sector, government, labor & trust, coalitions and TPAs <p>There is not a hard life count threshold for trend guarantee; however, it may not make financial sense for clients with less than 5k lives. We would prefer clients with 20k lives or more but can go down to 5k.</p>	<p>Coalitions – Direct Employer Labor and Trust PBM Pharma Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Optum Rx Compound Management Program</p>	<p>The Optum Rx compound management strategy is a standard offering that establishes clear parameters for compound use and assists clients in addressing the safety and rising costs of compound medications by delivering a comprehensive approach to compound management. The Optum Rx compound management strategy includes a variety of modular components to choose from to tailor an approach that's right for the client.</p> <p>Options include:</p> <ul style="list-style-type: none"> • Select bulk chemical exclusions: Excludes select bulk chemicals not recommended for compound use by the U.S. Food and Drug Administration (FDA) or due to questionable clinical value. • Compound kit exclusions: Excludes certain pre-packaged formulations from coverage. • Clinical prior authorization on compounds of high concern: Requires prior authorization for targeted active ingredients commonly used in compounds regardless of cost. • Clinical reviews on high-cost claims: Requires prior authorization (PA) for compound medications exceeding threshold. 	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Rx Cost Advantage</p>	<p>Cost Advantage Pricing is transparent, pass-through drug pricing; cost plus pricing approach with lower ingredient cost (using AWP/MAC). Clients receive value delivered through the administrative fee. Real-time price improvements reflect latest pricing available in Cost Advantage network. Pay-for-performance approach with aligned incentives to continually decrease retail network costs.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Pharma Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Rx Cost Clarity</p>	<p>Cost Clarity pricing is transparent, pass-through drug pricing for retail network, HDP, and OSP. Cost plus pricing approach with lower ingredient cost (using CMS NADAC or WAC pricing benchmark). Clients receive value delivered through the administrative fee. No network financial guarantees are provided to a client, but clients can still have rebate guarantees.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Pharma Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Optum Rx Weight Engage</p>	<p>The prevalence of obesity is increasing across all age groups and is now considered to be a global epidemic. Optum Rx is taking proactive steps to help members and plan sponsors address poor health outcomes and high costs associated with obesity. The Optum Rx Weight Engage program is an innovative solution that integrates managed formulary access for GLP-1 anti-obesity medications with rigorous weight loss goals for members including lifestyle and behavior change strategies. The program ensures appropriate medication utilization through support programs designed to facilitate change in behaviors contributing to obesity.</p> <p>Client can choose to cover anti-obesity medications with or without enhanced clinical requirements for coverage and can also choose whether to require a member to participate in a lifestyle change program.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Pharma Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Optum Smart Fill Program</p>	<p>We offer a split fill option for patients when implemented by their plan sponsors as part of their pharmacy coverage. This targets oral oncology medications as well as select cardiovascular specialty medication, an enzyme therapy and a pulmonary fibrosis drug that can cause severe side effects, leading patients to early discontinuation of their medication. This discontinuation results in wasted medications and increased costs.</p> <p>To avoid waste, patients will fill a half-month supply for the first three months. If needed, they can get refills every two weeks for no additional cost. After those first three months, refills will be for a full one-month supply. This allows for better adherence monitoring, early identification of adverse events, minimization of drug waste and realization of the corresponding cost savings associated with reduced waste.</p>	<p>Coalitions – HealthTrust Payer (Health Plans)</p>
<p>Orphan Drug Management Program</p>	<p>Orphan drugs are high-cost products that treat rare conditions. These medications also have safety and efficacy concerns requiring close monitoring and are often used for non-orphan indications where alternatives are available. We offer individualized longitudinal care to our members where it matters most helping address impact to cost, safety and efficacy concerns through therapy optimization and deprescribing.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Personal Coaching</p>	<p>Wellness Coaching has a range of programs that can help you get dialed in to your unique goals for living healthier. Whether it's sleeping and eating better, reducing stress or building exercise into your daily routine – you'll be guided through personalized 1-on-1 coach support and self-paced digital courses every step of the way.</p>	<p>Coalitions – Direct Direct Employer Government Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local Surest TPA (Non-UMR)</p>
<p>Personalized Rx Counselor</p>	<p>The Optum Rx Personalized Rx Counselor Program addresses the most complex conditions and offers comprehensive case management support to extend care throughout a member's entire journey to wellness. It helps plan sponsors identify, educate, monitor and coordinate care for members who may be at risk for an adverse drug event or who may benefit from medication counseling. Personalized member consultations support condition management, medication use, and promote healthy diet and exercise.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Point of Sale Quick Check</p>	<p>Point of sale prior authorization approval using medical and pharmacy data.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Polypharmacy Value Management</p>	<p>The Optum Rx Polypharmacy Value Management program helps reduce that health risk and cost burden by 1) identifying opportunities to stop, adjust or change medications within the polypharmacy population, and 2) enabling pharmacists, members and physicians to discuss options and take action. These conversations can help avoid and address concerns about a medication’s uncertain benefits or potential for adverse events.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>PreCheck MyScript</p>	<p>PreCheck MyScript® simplifies the prescribing experience for members and physicians by providing real-time, member-specific medication pricing and coverage information as well as formulary-specific alternatives — all at the point of prescribing. This empowers physicians to set expectations with their patients, so they avoid surprises at the pharmacy such as high costs or rejections.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Prescription Relief Program</p>	<p>The Optum Perks® Prescription Relief Program is a free pharmacy discount service, providing members ongoing savings on prescriptions and continued access to mail order when their coverage ends.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Price Edge</p>	<p>As prescription costs rise, more and more people shop around for the best price. But researching medication prices can be overwhelming, especially with so many promotions for discounts and cash programs in the market. Many members end up going off benefit to find lower medication prices, which may cause them to question the value of their pharmacy plan. Optum Rx Price Edge does all the comparisons for your members — so they know they are getting a competitive price for all their drugs, covered or not. They’ll also get peace of mind knowing that our clinical oversight means they’re taking the right medication for them.</p>	<p>Coalitions – Direct Employer Government – HIX Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>Price Transparency Solutions: MyScript Finder</p>	<p>MyScript Finder™ is an application that makes it easy for members to source prescription needs (on and off benefit) at the best cost and greatest convenience without sacrificing health outcomes. The tool uses the power of our intuitive pricing technology, compelling consumer engagements (via texts, emails and select outbound calls), and other strategies, such as off-benefit savings options.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Price Transparency Solutions: POS Discounts</p>	<p>POS D is drug discount program that gives Clients the ability to share a portion of their rebate in the form of a discount at point-of-sale with the aim of providing economic relief to members on rebated drugs.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Proactive PA Renewal Program- ePRO</p>	<p>Point of sale prior authorization approval using medical and pharmacy data.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Provider Detailing Hub</p>	<p>Provider Detailing Hub is an actionable decision-support platform that provides data-driven insights to influence prescribing at a provider group and provider level — highlighting pharmacy spend and formulary status. The platform delivers comprehensive detail organized modularly to support targeted interventions and cost-saving strategies.</p>	
<p>Quantity Limit (QL)</p>	<p>Quantity Limit Programs provide coverage for an amount of medication sufficient for treatment for most members and conditions. An exception process exists for situations where coverage is needed for an amount above the clinically defined limit. Quantity Limits prevent coverage for excessive quantities that can lead to waste and dosing errors.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) TPA (Non-UMR)</p>

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<p>Rebate Hub</p>	<p>Rebate Hub provides information for pharmacy benefit planning - Clients will have access to insights about rebate data allowing them to monitor their pharmacy benefit [MMC1] strategy. Rebate Hub serves as the single source of truth with data – refreshed weekly in the client portal for more immediate access to information. The dashboards display rebate data in clear, easy-to-interpret visuals. Clients can see their performance across multiple dimensions – all refreshed on a weekly basis – as well as dig into specific areas for a closer look.</p>	<p>Coalitions – Direct EGWP Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Resource Bridge</p>	<p>A Health Equity product designed to identify social determinants of health in Optum Rx for Commercial and Government members (excluding UHC), through administration of a modified PRAPARE survey. Contracted pharmacies will administer the modified PRAPARE survey to Optum Rx members. In partnership with Unite Us, an approved enterprise vendor, the member-collected data is analyzed to identify factors contributing to health inequities. Unite Us care coordinators then work to connect Optum Rx members with resources in their community based upon their specific needs. Participating pharmacies receive a monetary incentive for each survey completed for an Optum Rx member.</p>	<p>Coalitions – Direct Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Retail Network Alliance</p>	<p>Small to mid-size PBMs are looking to partner with a larger PBM with buying power and scale to achieve deeper rate discounts alongside broader network access.</p> <p>The Optum Rx® Retail Network Alliance can help. Our Retail Network Alliance product offers a range of network products that vary along the choice and savings continuum, while allowing clients to maintain claims adjudication and operational management on their platforms.</p> <p>We maintain strong network pharmacy relations and rigorous credentialing and re-credentialing standards, so our networks remain consistent, current and accessible. All of our contracted retail pharmacies meet our high level of quality and safety standards.</p>	<p>PBM</p>
<p>Retrospective Intervention Services (RDUR)</p>	<p>Optum Rx addresses errors and other safety concerns, along with cost and quality of care, through clinical intervention programs that use retrospective claims data to guide therapy changes and promote evidence-based prescribing.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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Review My Care	Review My Care is an analytics-and-experts solution that brings members and prescribers opportunities to change treatment in ways that help improve both member outcomes and specialty trend management.	Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Rx OTC Alternative Strategy	The Optum Rx OTC alternative strategy is an optional list that excludes certain prescription products when therapeutically acceptable over-the-counter (OTC) alternatives are available. The strategy promotes the use of clinically appropriate and affordable medications.	Coalitions – Direct Employer Labor and Trust Payer (Health Plans) Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Specialty Compass	No more searching through different spreadsheets to find the information needed: Specialty Compass delivers all the information clients need in an easy-to-use analytics platform that compiles five years of comprehensive specialty medication history data into a single location. The platform synthesizes all of a client's medical and pharmacy specialty spend and models savings opportunities in a few simple clicks.	Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Specialty Risk Protection	Specialty Risk Protection is a risk-bearing insurance product for specialty medications in which ASO plan sponsors pay a fixed PMPM premium in exchange for first-dollar specialty claim coverage and a suite of cost management programs.	Coalitions – Direct Employer Labor and Trust Payer (Health Plans) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Specialty Standards	Optum Rx Specialty Standards brings together the most effective benefit management strategies to help plan sponsors get the most value out of their specialty benefits. We include expert reviews on highly complex medications, precision edits to optimize fills and reduce waste, and a new specialty tiering formulary design with ambassador support.	Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)
Standard Medicare UM	Utilization management including PA, ST and QL for Optum Rx Medicare Part D standard and formularies.	Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)

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<p>STARS Quality Management</p>	<p>Based on the Centers for Medicare & Medicaid Services (CMS) quality measure-focused program, the Stars Quality Management program alerts providers of possible medication issues to promote safety and appropriate utilization.</p>	<p>Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Step Therapy</p>	<p>Step therapy requires members to try preferred medications as the first step in treatment before certain non-preferred medications are covered. Preferred medications, such as low-cost generics included in the program, are widely recognized as clinically equivalent to brand name options. Step therapy can lower both client and member costs while still providing access to non-preferred medications.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) TPA (Non-UMR)</p>
<p>Targeted Clinical Analytics (TCA)</p>	<p>Targeted Clinical Analytics-Meds on Track provides reporting of members identified for adherence concerns. Clients can use the report to provide their own interventions. Reporting is available for the following Meds on Track programs: Refill Reminder, Low Adherence, New to Therapy, and Primary Medication Non-Adherence. Members can be identified for the following therapeutic classes: Top 3 conditions (Diabetes, Hypertension, and High Cholesterol), Chronic Non-Specialty, Specialty, Behavioral Health, and MOUD (Medication for Opioid Use Disorder).</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Government - FFS Medicaid Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Top 3 Conditions</p>	<p>All Meds on Track program components available for diabetes drugs, antihypertensives and statins.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Transparency in Coverage</p>	<p>Optum Rx has developed the infrastructure and taken internal steps to support our clients with solutions that will make the TiC data available to clients in a variety of outputs depending on the type of client and their benefit complexity.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>

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<p>UM Optimization</p>	<p>Prior authorization and other utilization management programs help support clinically appropriate medication use and lower overall health care costs. Building on the strength of our foundational UM and PA programs, we are introducing an enhanced approach for managing specialty medications. Optum Rx Utilization Management Optimization can deliver significant additional savings for consumers and plan sponsors for certain specialty drugs. With Utilization Management Optimization, a pharmacist reviews submitted documentation to ensure the use of the drug meets prior authorization criteria for a set list of specialty drugs. This verification can help you save an average of \$2,000 per prior authorization case per year for targeted drugs.</p>	<p>Coalitions – Direct Employer Labor and Trust Payer (Health Plans) PBM Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>
<p>Vigilant Drug Program</p>	<p>Our innovative and industry-leading Optum Rx Vigilant Drug Program safeguards customers and members from sudden market impact and substantially higher-cost products that offer no additional value over other medication choices. This helps to provide access to clinically appropriate medications while minimizing drug spend by removing certain medications from coverage and driving use of lower-cost options. The Vigilant Drug Program is an optional standard offering available at no additional charge. The Vigilant Drug lists may be implemented together or individually; however, individual lists are not customizable.</p>	<p>Coalitions – Direct Coalitions – HealthTrust Employer Labor and Trust Payer (Health Plans) Provider (Health Systems) Public Sector - Federal Public Sector - State, Local TPA (Non-UMR)</p>



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