

MEBC Rx Transition

Employee Talking Points and Frequently Asked Questions

MedImpact to Optum Rx | Effective January 1, 2027

What employees need to know

- Your pharmacy benefit administrator will change to Optum Rx on January 1, 2027.
- The **Broad Pharmacy Network** will be utilized and includes all major chains, most regional chains and independent pharmacies.
- Retail 30-day supply will change to a 31-day supply.
- Retail 90-day Rx is included. 90-day copay is 3x the 30-day retail supply cost share.
- The **Premium Drug Formulary** may differ from MedImpact's Formulary. Check medications and discuss alternatives with your prescriber if needed, prior to January 1st.

As part of the transition to Optum Rx, Optum Rx will plan on running a medication disruption analysis (Contingent upon MedImpact successful data transfer to Optum Rx prior to October 1st). If you are adversely affected, a letter will be mailed to your home around December 1st. Examples include:

- Your medication was Tier 2 with MedImpact but will be Tier 3 with Optum Rx (higher cost)
- Your medication has a Prior Authorization under MedImpact that is due to expire in January or February 2027
- Your medication under MedImpact is not covered under Optum Rx

NEW ID CARDS will be sent to your home address. Please be sure to share your New ID Card with your pharmacist as well as ALL of your providers.

1. What is changing?

Why is my prescription drug administrator changing?

- MEBC is moving pharmacy benefit administration from MedImpact to Optum Rx effective January 1, 2027.
- Beginning on that date, Optum Rx will process pharmacy claims, administer the formulary and clinical programs, provide member service, and support home delivery and specialty prescriptions.

Will I need a new ID card?

- **You will receive a new ID card close to January 1st.**
- Use the new pharmacy identification information provided for fills after January 1, 2027. **Present it to the pharmacy before your first 2027 prescription is processed.**
- Also be sure to **share your updated ID Card with your medical doctors!**
- Watch for Optum Rx welcome materials with final contact and card instructions, such as Optum Rx website and account creation, home delivery, and contact information.

NEW – PreCheck MyScript!

- Helps doctors see patient-specific prescription information upfront, directly in their electronic medical record system. This allows prescriptions to be written more efficiently and accurately.
- This feature runs a real-time, patient-specific trial claim based on your eligibility, formulary and plan requirements. It alerts the physician if Prior Authorization is required, identifies plan-preferred and clinically appropriate alternatives and helps the provider choose the fastest, simplest and best covered option for you, improving your overall experience.

What should I do before January 1?

- Review the Optum Rx **Premium Formulary** when member materials are available, especially if you take ongoing maintenance, specialty, high-cost, or compounded medications.
- Confirm that your pharmacy participates in the Optum Rx network and determine whether it participates in Retail90 if you prefer 90-day retail fills.
- Refill appropriately before the transition, but remember that refill-too-soon rules still apply.

2. Pharmacy access and prescription supply

Can I continue using my current pharmacy?

- MEBC will use the **Broad Network**, Optum Rx's largest network option, with more than 65,000 pharmacies nationwide, including major national chains, most regional chains, and independent pharmacies.
- Employees should confirm network status before filling a prescription.

Can I receive a 90-day supply at retail?

- Yes, participating Retail90 pharmacies can fill eligible prescriptions for either 31-day or 90-day supplies.
- A 90-day Retail90 fill uses three times the 30-day retail cost share. Retail90 availability depends on the participating pharmacy and eligible prescription.

How will days' supply and copays work?

- A standard retail cost share will cover up to a 31-day supply.
- Optum Rx home delivery will provide up to a 90-day supply. Certain prescriptions may have different limits under the plan.

What happens if I refill too early?

- For non-controlled medications, at least 75% of the prior retail supply or 70% of the prior home-delivery supply must generally be used before the next fill is covered.
- For controlled medications, at least 90% of the retail supply or 80% of the home-delivery supply must generally be used. Timing is based on the days' supply on the prior claim.

- Customer service may provide one [vacation override](#) for an additional 30-day supply per medication, per member, each year.

3. Formulary and medication coverage

What is the Premium Formulary?

- The **Premium Formulary** is Optum Rx's covered-drug list. It includes commonly prescribed drugs and excludes approximately 600 medications for which preferred alternatives are available.
- It includes a mandatory specialty prior authorization and quantity-limit list.
- Favorable formulary changes may occur monthly. Coverage reductions occur no more than twice per year, on January 1 and July 1.
- Because the list can change, use the current Optum Rx formulary and pricing tools rather than an older printed list.

What should I do if my medication is not preferred or covered?

- Do not stop taking a medication without talking with your prescriber.
- Ask your pharmacist or prescriber whether a covered preferred alternative is appropriate. Your prescriber can request a review when clinical circumstances support it.
- At the pharmacy, Optum Rx may send real-time messaging that identifies a preferred alternative; the message itself does not reject the claim unless the plan is closed.

How does the Restricted Generic Program work?

- When an A-rated generic is available, choosing the brand may mean paying the brand cost share plus the difference between the brand and lowest-cost generic.
- The additional brand-versus-generic charge is waived when the prescriber requires the brand and indicates "Dispense As Written."
- When a penalty applies, it counts toward the out-of-pocket maximum and stops after that maximum is reached.

What is Drug Utilization Review?

- Optum Rx checks prescriptions for safety and appropriate use, including interactions, allergies, duplicate therapy, dosage concerns, refill timing, quantity limits, and required prior or prerequisite therapy.
- The pharmacy or prescriber may need to review an alert before the prescription can be dispensed. Optum Rx also reviews claims after dispensing to identify safety or adherence concerns.

4. Vigilant Drug Programs

These programs remove or restrict products when lower-cost, established, or clinically preferable alternatives are available. A medical exception review process is available for excluded products when medically necessary.

Program	What it means for employees
Non-Essential Drug Program	Uses two exclusion lists for products with limited clinical value or products considered outside the pharmacy benefit. Lists are reviewed and updated weekly.
Clinical Duplicates	Excludes higher-cost medications that are chemically similar and work the same way as effective alternatives. The list is updated weekly.
High-Cost Brands with Generics	Excludes a higher-cost brand when a clinically equivalent, lower-cost generic is available.
High-Cost Generics	Excludes a higher-cost generic when a lower-cost generic equivalent is available.
Performance Drivers Drugs	Targets a select group of about 30 drugs identified as having the lowest clinical and economic value relative to cost across the Vigilant lists.

Program	What it means for employees
Low Value Exclusion List	Excludes select products with unique risk concerns, insufficient clinical evidence, or lower overall value than available alternatives.

5. Specialty prescriptions and utilization management

How will specialty medications be filled?

- Specialty medications will be obtained through Optum Specialty Pharmacy when the specialty program applies; retail fills generally will not be used for these prescriptions.
- Specialty prescriptions are limited to a 30-day supply per fill. Members receive delivery, specialized support, and therapy-management assistance.
- Specialty medications may also be subject to prior authorization and quantity limits under **the Premium Formulary**.

What is a quantity limit?

- A quantity limit sets the maximum amount that can be filled at one time or during a defined period to support safe dosing and appropriate use.
- A higher amount may be reviewed and approved when medically necessary.

What is prior authorization?

- Prior authorization means Optum Rx must approve certain medications before the plan covers them, based on clinical criteria, FDA guidance, and labeling.
- The prescriber supplies the needed information. Standard reviews are typically completed within two business days, and the member and provider receive the decision.

What is step therapy?

- Step therapy generally requires trying a preferred, proven medication before a higher-cost option in the same class.
- If the first option is ineffective or not tolerated, the prescriber may request a review. A one-time prior authorization may be needed when prior prescription history is unavailable.

How are compounded medications reviewed?

- Compounded drugs are custom-made and are not FDA-approved. Optum Rx generally restricts bulk ingredients when FDA-approved alternatives exist.
- If a compound costs the plan more than \$200, the claim will not process automatically. The prescriber may request prior authorization or discuss another covered option.

6. Diabetic supplies and Free Meter Program

What Diabetic items are available through the pharmacy benefit?

- Covered diabetic supplies include oral diabetes medications, insulin, insulin syringes, pre-filled pen needles, test strips, and lancets.
- The Free Meter Program provides an eligible blood glucose meter at no cost to the plan or member once every two years, ordered through a participating manufacturer.
- Continuous glucose monitors and related supplies may be covered under the pharmacy benefit. Omnipod 5 is available exclusively through the pharmacy benefit because of manufacturer distribution.
- Insulin Pump and supplies are NOT covered under Pharmacy – they are covered under the UMR Medical plan.

7. Member experience and support

What help is available if a prescription does not process?

- The pharmacy can contact the Optum Rx Pharmacy Help Desk. Customer service can address certain non-clinical situations, including a dose change, a home-delivery order not received, an incorrect days' supply, or an eligible vacation supply.
- When elected by the plan, MEBC may approve certain non-clinical benefit exceptions, such as copay or days' supply exceptions and specialty fills at retail.

What communications will employees receive?

- Optum Rx can provide a standard welcome booklet describing the plan, clinical programs, and how to use the pharmacy benefit. Standard materials may be delivered electronically or in print, and many are available in Spanish.
- Employees should review all transition communications and keep the new member-service information available for the first 2027 fill.

How can my doctor check coverage before prescribing?

- PreCheck MyScript can show patient-specific cost, coverage, formulary, and benefit information within a participating prescriber's electronic medical record system.
- It can alert the prescriber when prior authorization is required and identify plan-preferred, clinically appropriate alternatives before the prescription is sent.

What can I do in the member portal?

- View pharmacy benefit information, forms, contacts, claims history, and home-delivery order status.
- Request home-delivery refills, set medication or refill reminders, price medications based on plan and deductible status, review lower-cost alternatives, and locate network pharmacies.

Source and scope

Prepared from the Optum Rx Customer Implementation Guide, revised July 1, 2026, and the transition details supplied by MEBC.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your employer. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.