

OptumRx Focused Utilization Management Program

OptumRx focused step therapy with quantity limits programs

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Therapeutic Category	Step 1	Step 2	Quantity Limits
Diabetes Bundle			
Basal Insulin	Any two of the following: Lantus, Levemir, Toujeo, Tresiba	Basaglar	None
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta	None
	Any one of the following: Janumet*, Janumet XR*, Januvia* AND Any one of the following: Jentadueto*, Jentadueto XR*, Tradjenta*	alogliptin [Ⓒ] , alogliptin-metformin [Ⓒ] , alogliptin-pioglitazone [Ⓒ] , Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	None

*These products may need additional step therapy requirements.

[Ⓒ] Authorized Generic or cobranded product.

Therapeutic Category	Step 1	Step 2	Quantity Limits
Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	Any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Glyxambi, Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR	None
	Any one of the following: Invokamet*, Invokamet XR*, Invokana* AND Any one of the following: Glyxambi*, Jardiance*, Synjardy*, Synjardy XR*	Farxiga, Qtern, Segluromet, Steglatro, Steglujan, Xigduo XR	None
Glucagon-Like Peptide-1 Agonists	Any one of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Bydureon Bydureon BCISE Byetta Ozempic 0.25/0.5 mg Ozempic 1 mg Trulicity Victoza	4 pens/vials/28 days 4 syringes/28 days 1 pen injector/30 days 1 pen/28 days 2 pens/28 days 4 pens/28 days 3 pens/30 days
	Any one of the following: Byetta*, Bydureon*, Bydureon BCISE* AND Any one of the following: Ozempic*, Trulicity*, Victoza*	Adlyxin Adlyxin Starter Pack Tanzeum	2 pens/28 days 2 packs/365 days 4 pen injectors/28 days

*These products may need additional step therapy requirements.

Therapeutic Category	Step 1	Step 2	Quantity Limits	
Blood Glucose Meters & Strips	Both of the following: Accu-Chek, One Touch	Accutrend, At Last, Bayer, CVS Advanced, Easymax, Easyplus, Embrace, Exactech, Freestyle, Fora GD50, Fortiscare, Genstrip, Glucocard, Gmate, Kroger, Liberty, Neutek, On Call, Optium, Precision, Quintet, Truetest, Relion, Reveal, Supreme, True Metrix, Truetrack, Ultima, Unistrip	Blood Glucose Test Strips	300 strips/ 30 days
Respiratory Bundle				
Pulmonary Anti-Inflammatory Inhalers	Any two of the following: Arnuity Ellipta, Flovent, Pulmicort Flexhaler, QVAR	Alvesco Armonair Respiclick Asmanex	2 inhalers/30 days 1 inhaler/30 days 1 inhaler/30 days	
	Both of the following: Spiriva, Incruse Ellipta	Tudorza Pressair	1 inhaler/30 days	
Pulmonary Anti-Inflammatory/ Long-Acting Beta Agonist Combination Inhalers	Any two of the following: fluticasone-salmeterol, Advair, Breo Ellipta, Symbicort, Wixela Inhub	Airduo Respiclick Dulera	1 inhaler/30 days 1 inhaler/30 days	
Short-Acting Beta-2 Adrenergic Inhalers	Any one of the following: Ventolin HFA AND Any one of the following: Proair HFA, Proair Respiclick	Albuterol HFA ^G Levalbuterol HFA Proventil HFA Xopenex HFA	2 inhalers/30 days 2 inhalers/30 days 2 inhalers/30 days 2 inhalers/30 days	

^G Authorized Generic or cobranded product.

Therapeutic Category	Step 1	Step 2	Quantity Limits
Cystic Fibrosis (inhaled tobramycin)	Bethkis	Tobi Nebulizer tobramycin nebulizer solution Kitabis	None
Miscellaneous Bundle Step Therapy			
Allergic Reactions			
Epinephrine Auto Injectors	Any one of the following: epinephrine	Auvi-Q 0.15, 0.3 mg Epipen Epipen-Jr	None
Central Nervous System			
Non-Steroidal Anti-Inflammatory Agents	Any two of the following: diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Cambia	None
Dermatology			
Topical Acne Treatment	Any one of the following: Epiduo/Epiduo Forte, Onexton	Acanya, Aktipak, Benzaclin, Benzamycin, clindamycin-benzoyl peroxide ⁶ , Duac, Veltin, Ziana	None
Rosacea	Soolantra	Finacea	None
Gastroenterology			

⁶ Authorized Generic or cobranded product.

Therapeutic Category	Step 1	Step 2	Quantity Limits
Constipation Agents	<p>Any one of the following: lactulose, polyethylene glycol</p> <p>AND Any one of the following: Linzess*, Movantik*, Symproic*</p>	Amitiza	2 caps/day
	<p>Any one of the following: lactulose, polyethylene glycol</p> <p>AND Linzess*</p>	Trulance Motegrity	1 tab/day 1 tab/day
	<p>Any one of the following: lactulose, polyethylene glycol</p>	Linzess Movantik Symproic	1 cap/day 1 tab/day 1 tab/day
Pancreatic Enzymes	<p>Both of the following: Creon, Zenpep</p>	Pancreaze Pertzye Viokace	None
Inflammatory Bowel Disease	<p>Any one of the following: Apriso</p>	Asacol HD, Delzicol Lialda	None

*These products may need additional step therapy requirements.

Therapeutic Category	Targeted Drugs	Quantity limits	
Miscellaneous Bundle Prior Authorization			
Long-Acting Opioids	buprenorphine patch, fentanyl patch, hydromorphone ER, methadone tab, morphine sulfate ER, oxycodone ER, oxymorphone ER Avinza, Belbuca, Butrans, Dolophine, Duragesic, Embeda, Exalgo, Hysingla ER, MS Contin, Oxycontin Non-preferred Agents: Arymo ER, Kadian, Morphabond ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	Arymo ER Avinza Avinza 120 mg Belbuca Butrans Duragesic Duragesic 75 mcg/hr Duragesic 100 mcg/hr Embeda Exalgo Hysingla ER Kadian Morphabond ER MS Contin Nucynta ER Opana ER Oxycontin Xtampza ER Zohydro ER Zohydro ER 50 mg	3 tabs/day 1 cap/day 2 caps/day 2 films/day 4 patch/28 days 15 patch/30 days 30 patch/30 days 30 patch/30 days 2 caps/day 2 tabs/day 1 tab/day 2 caps/day 2 tabs/day 3 tabs/day 2 tabs/day 4 tabs/day 4 tabs/day 4 caps/day 2 caps/day 4 caps/day
Therapeutic Category	Step 1	Step 2	Quantity limits
Specialty Bundle Step Therapy			
Anti-Infectives			
HIV[†]	Any one of the following: Symfi, Symfi Lo, Triumeq, Juluca OR Cimduo AND Any one of the following: Isentress, Tivicay	Atripla	None

[†] New starts only

Optumrx Focused Specialty Prior Authorization With Quantity Limits Programs

Therapeutic Category	Targeted Drugs	Quantity Limits	
Specialty Bundle Prior Authorization*			
Growth Hormones	<p>Preferred Agents: Norditropin, Nutropin, Omnitrope</p> <p>Non-preferred Agents: Genotropin, Humatrope, Saizen, Zomacton</p>	None	
Hepatitis C	<p>Preferred Agents: Eplclusa, Harvoni, , Mavyret, Vosevi</p> <p>Non-preferred Agents: Daklinza, ledipasvir-sofosbuvir^G, Olysio, sofosbuvir-velpatasvir^G, Sovaldi, Technivie, Viekira, Viekira XR, Zepatier</p>	Harvoni Olysio Sovaldi Viekira Viekira XR Daklinza Eplclusa Technivie Zepatier Vosevi Mavyret ledipasvir/sofosbuvir ^G sofosbuvir-velpatasvir ^G	1 tab/day 1 cap/day 1 tab/day 4 tabs/day 3 tabs/day 1 tab/day 1 tab/day 2 tabs/day 1 tab/day 1 tab/day 3 tabs/day 1 tab/day 1 tab/day
Infertility	<p>Preferred Agents: Gonal-F</p> <p>Non-preferred Agents: Bravelle, Follistim AQ</p>	None	
Immuno-modulators	<p>Preferred Agents: (First-line) Cimzia, Humira, Otezla, Simponi/Simponi Aria, Stelara, Tremfya</p> <p>(Second-line) Actemra, Cosentyx, Xeljanz, Xeljanz XR</p> <p>Non-preferred Agents: Enbrel, Ilumya, Kevzara, Kineret, Olumiant, Orencia, Rituxan, Siliq, Taltz</p>	None	

^G Authorized Generic or cobranded product.

Therapeutic Category	Targeted Drugs	Quantity Limits	
Multiple Sclerosis	<p>Preferred Agents: Avonex, Betaseron, Copaxone/Glatopa/ glatiramer, Tecfidera</p> <p>Non-preferred Agents: Aubagio, Extavia, Gilenya, Lemtrada, Mayzent, Plegridy, Rebif, Zinbryta</p>	Aubagio Avonex Betaseron Copaxone/Glatopa/ glatiramer Copaxone 20 mg Copaxone 40 mg Extavia Gilenya Mayzent 0.25 mg Mayzent 2 mg Mayzent Starter Pack Plegridy Kit Plegridy Rebif Titration Pack Rebif Tecfidera Starter Pack Tecfidera	1 tab/day 1 kit/28 days 15 vials/30 days 30 syringes/30 days 12 syringes/28 days 15 vials/30 days 1 cap/day 4 tabs/day 1 tab/day 2 starter packs/ 365 days 1 kit/28 days 2 pens/syr/28 days 1 pack/year 12 syringes/28 days 1 pack/year 2 caps/day

*All of the products in this drug list can require prior authorization. Preferred medications must be tried before requesting a Non-Preferred medication. Those taking Non-Preferred medications in the Hepatitis C, Immunomodulators and Multiple Sclerosis categories can stay on the current therapy if used correctly. Exceptions may be allowed for specific products if the Preferred medication is not FDA approved.



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