

## OptumRx Focused Utilization Management Program

OPTUMRX FOCUSED STEP THERAPY WITH QUANTITY LIMITS PROGRAMS				
THERAPEUTIC CATEGORY	STEP 2 DRUGS	STEP 1 DRUGS	QUANTITY LIMITS	
<b>DIABETES BUNDLE</b>				
Diabetes				
Basal Insulin	Basaglar	<b>All of the following:</b> Lantus, Levemir, and Toujeo	None	
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Janumet Janumet XR Januvia Jentadueto Jentadueto XR Tradjenta	<b>Any one of the following:</b> metformin, metformin ER glipizide-metformin, glyburide-metformin pioglitazone-metformin	None	
	alogliptin alogliptin-metformin alogliptin-pioglitazone Kazano Kombiglyze XR Nesina Onglyza Oseni	<b>Any one of the following:</b> Janumet*, Janumet XR*, Januvia* <b>AND</b> <b>Any one of the following:</b> Jentadueto*, Jentadueto XR*, Tradjenta*	None	
Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	Invokana Invokamet Invokamet XR Jardiance Synjardy Synjardy XR	<b>Any one of the following:</b> metformin, metformin ER glipizide-metformin, glyburide-metformin pioglitazone-metformin	None	
	Farxiga Glyxambi Qtern Segluromet Steglatro Steglujan Xigduo XR	<b>Any one of the following:</b> Invokana*, Invokamet*, Invokamet XR* <b>AND</b> <b>Any one of the following:</b> Jardiance*, Synjardy*, Synjardy XR*	None	
Glucagon-Like Peptide-1 Agonists	Byetta Bydureon Bydureon BCISE Trulicity Victoza	<b>Any one of the following:</b> metformin, metformin ER glipizide-metformin, glyburide-metformin pioglitazone-metformin	Byetta Bydureon  Bydureon BCISE Trulicity Victoza	1 syringe/30 days 4 pens/vials/28 days 4 syringes/28 days 4 pens/28 days 3 pens/30 days
	Adlyxin Ozempic Tanzeum	<b>Any one of the following:</b> Byetta*, Bydureon*, Bydureon BCISE* <b>AND</b> <b>Any one of the following:</b> Trulicity*, Victoza*	Adlyxin Adlyxin Starter Pack Ozempic Tanzeum	2 pens/28 days 2 packs/365 days 1 pen/28 days 4 syringes/28 days

\* These agents are also subject to additional step requirements as indicated in table.

**OPTUMRX FOCUSED STEP THERAPY WITH QUANTITY LIMITS PROGRAMS**

THERAPEUTIC CATEGORY	STEP 2 DRUGS	STEP 1 DRUGS	QUANTITY LIMITS	
<b>DIABETES BUNDLE, continued</b>				
Blood Glucose Meters & Strips	Accutrend At Last Bayer CVS Advanced Easymax Easyplus Embrace Exactech Fora GD50 Fortiscare Genstrip Glucocard Gmate Kroger Liberty Neutek On Call Optium Precision Quintet Truetest Relion Reveal Supreme True Metrix Truetrack Ultima Unistrip	<b>Both of the following:</b> Accu-Chek, One Touch	Blood Glucose Test Strips	300 strips/30 days

OPTUMRX FOCUSED STEP THERAPY WITH QUANTITY LIMITS PROGRAMS				
THERAPEUTIC CATEGORY	STEP 2 DRUGS	STEP 1 DRUGS	QUANTITY LIMITS	
<b>RESPIRATORY BUNDLE</b>				
Respiratory				
Pulmonary Anti-Inflammatory Inhalers	Alvesco Armonair Respiclick Asmanex	<b>Any two of the following:</b> Arnuity Ellipta, Flovent, Pulmicort Flexhaler, QVAR	Alvesco Armonair Respiclick Asmanex	2 inhalers/30 days 1 inhaler/30 days 1 inhaler/30 days
	Tudorza Pressair	<b>Both of the following:</b> Spiriva, Incruse Ellipta	Tudorza Pressair	1 inhaler/30 days
Pulmonary Anti-Inflammatory/ Long-Acting Beta Agonist Combination Inhalers	Airduo Respiclick Dulera	<b>Any two of the following:</b> fluticasone-salmeterol Advair, Breo Ellipta, Symbicort	Airduo Respiclick Dulera	1 inhaler/30 days 1 inhaler/30 days
Short-Acting Beta-2 Adrenergic Inhalers	Proventil HFA Xopenex HFA levalbuterol HFA	<b>Any one of the following:</b> Ventolin HFA <b>AND</b> <b>Any one of the following:</b> ProAir HFA, ProAir Respiclick	levalbuterol HFA Proventil HFA Xopenex HFA	2 inhalers/30 days 2 inhalers/30 days 2 inhalers/30 days
Cystic Fibrosis Inhaled Anti-Infectives	Tobi Podhaler Tobi Nebulizer tobramycin nebulizer solution Kitabis	<b>Any one of the following:</b> Bethkis	Tobi Podhaler	224 caps/56 days

**OPTUMRX FOCUSED STEP THERAPY/PRIOR AUTHORIZATION WITH QUANTITY LIMITS PROGRAMS**
**MISCELLANEOUS BUNDLE STEP THERAPY**

THERAPEUTIC CATEGORY	STEP 2 DRUGS	STEP 1 DRUGS	QUANTITY LIMITS	
<b>Allergic Reactions</b>				
Epinephrine Auto Injectors†	Adrenaclick Auvi-Q epinephrine Epipen Epipen-Jr	<b>Any one of the following:</b> generic Epipen or generic Epipen-Jr (Mylan manufacturer)	None	
<b>Central Nervous System</b>				
Non-Steroidal Anti-Inflammatory Agents	Cambia	<b>Any two of the following:</b> diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	None	
<b>Dermatology</b>				
Topical Acne Treatment	Acanya Aktipak Benzaclin Benzamycin Duac Veltin Ziana	<b>Any one of the following:</b> Epiduo/Epiduo Forte, Onexton	None	
Rosacea	Finacea	<b>Any one of the following:</b> Soolantra	None	
<b>Gastroenterology</b>				
Opioid-Induced Constipation	Movantik Symproic	<b>Any one of the following:</b> lactulose, polyethylene glycol <b>AND</b> Amitiza	Movantik Symproic	1 tab/day 1 tab/day
Pancreatic Enzymes	Pancreaze Pertzye Ultresa Viokace	<b>Both of the following:</b> Creon, Zenpep	None	
Inflammatory Bowel Disease	Asacol HD Delzicol Lialda mesalamine DR	<b>Any one of the following:</b> Apriso	None	

† Applies to new starts only.

MISCELLANEOUS BUNDLE PRIOR AUTHORIZATION			
THERAPEUTIC CATEGORY	TARGETED DRUGS	QUANTITY LIMITS	
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  <b>Non-preferred Agents:</b> 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 tabs/day 4 caps/day 2 caps/day 4 caps/day

**OPTUMRX FOCUSED SPECIALTY PRIOR AUTHORIZATION WITH QUANTITY LIMITS PROGRAMS\***

THERAPEUTIC CATEGORY	TARGETED DRUGS	QUANTITY LIMITS	
<b>SPECIALTY BUNDLE</b>			
Growth Hormones	<p><b>Preferred Agents:</b> Norditropin, Nutropin, Omnitrope</p> <p><b>Non-preferred Agents:</b> Genotropin, Humatrope, Saizen, Tev-Tropin, Zomacton</p>	None	
Hepatitis C	<p><b>Preferred Agents:</b> Epclusa (for genotypes 1, 2, 3, 4, 5, and 6) Harvoni (for genotypes 1, 4, 5, and 6) Mavyret (for genotypes 1, 2, 3, 4, 5, and 6) Vosevi (for genotypes 1, 2, 3, 4, 5, and 6)</p> <p><b>Non-preferred Agents:</b> Viekira, Viekira XR (for genotype 1) Vosevi (for genotype 1a patients who failed a sofosbuvir-based regimen without an NS5A inhibitor) Daklinza (for genotypes 1 and 3) Olysio, Zepatier (for genotypes 1 and 4) Sovaldi (for genotypes 1, 2, 3, and 4) Technivie (for genotype 4)</p>	<p>Harvoni Olysio Sovaldi Viekira Viekira XR Daklinza Epclusa Technivie Zepatier Vosevi Mavyret</p>	<p>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</p>
Infertility	<p><b>Preferred Agents:</b> Gonal-F</p> <p><b>Non-preferred Agents:</b> Bravelle, Follistim AQ</p>	None	
Immunomodulators	<p><b>Preferred Agents:</b> (First-line) Cimzia, Humira, Otezla, Remicade, Simponi, Stelara, Tremfya (Second-line) Cosentyx, Kevzara, Xeljanz, Xeljanz XR</p> <p><b>Non-preferred Agents:</b> Actemra, Enbrel, Ilumya, Inflectra, Kineret, Orencia, Rituxan, Taltz</p>	None	
Multiple Sclerosis	<p><b>Preferred Agents:</b> Avonex, Betaseron, Copaxone/glatiramer, Tecfidera</p> <p><b>Non-preferred Agents:</b> Aubagio, Extavia, Gilenya, Lemtrada, Plegridy, Rebif, Zinbryta</p>	<p>Aubagio Avonex Betaseron Copaxone 20 mg Copaxone 40 mg Extavia Gilenya Plegridy Kit Plegridy Rebif Titration Pack Rebif Tecfidera Starter Pack Tecfidera</p>	<p>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 1 kit/28 days 2 pens/syr/28 days 1 pack/year 12 syringes/28 days 1 pack/year 2 caps/day</p>

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\* All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators, and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.