OPTUMRx®

Jan. 1, 2018 Premium Formulary Exclusions

& Preferred Specialty Prior Authorization Requirements

Therapeutic Category	Excluded Medications	Preferred Alternatives
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Auvi-Q, EpiPen, Epinephrine injection made by Impax	Epinephrine injection (Authorized Generic of EpiPen made by Mylan)
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
ANTICONVULSANTS		
Antiepilepsy	Trokendi XR	topiramate ER
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Extavia[1], Plegridy[1], Rebif[1]	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Arymo ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
DERMATOLOGICAL AGENTS		
Non-Steroidal Anti-Inflammatory	Pennsaid	diclofenac solution
Topical Acne Treatment	Acanya, Aktipak, Veltin	adapalene gel, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo/Epiduo Forte, Onexton
DIABETES		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity, Victoza

(M) Co-branded product

*Tier 3 preferred

[1] Grandfathering allowed, no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.**

Therapeutic Category	Excluded Medications	Preferred Alternatives
DIABETES		
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Fortesta, Testim, Testosterone 1% Gel (M), Volgelxo	Androgel 1.62%
GASTROINTESTINAL		
Anti-Inflammatory, Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Inflammatory Bowel Disease	Asacol HD, Delzicol, Lialda, Mesalamine DR (M)	balsalazide, Apriso
Opioid-Induced Constipation	Movantik	Amitiza
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
IMMUNOMODULATORS		
Interleukin-17 (IL-17)	Taltz[1]	Cosentyx*
Monoclonal Antibody	Inflectra	Remicade
MUSCULOSKELETAL		
Muscle Relaxant	Amrix	cyclobenzaprine
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
RESPIRATORY		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol Inhaler (M), Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb (M)	Bethkis
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	sildenafil, Cialis

(M) Co-branded product

*Tier 3 preferred

[1] Grandfathering allowed, no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.**

Excluded brand-name medications with generic equivalents for 2018[+]

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Aciphex	Crestor	Lipitor	Pulmicort Inhalation Suspension	Wellbutrin SR
Acticlate	Cymbalta	Lovaza	Retin-A Micro Gel 0.04%, 0.1%	Wellbutrin XL
Adderall XR	Cytomel	Lunesta	Singulair	Xanax
Alphagan P 0.15%	Depo – Testost Injection	Minastrin	Taclonex Ointment	Xanax XR
Ambien	Dilantin Capsule 100mg	Nasonex	Tamiflu Capsule	Yaz
Ambien CR	Dilantin Chewable	Nexium Capsule	Tobi Nebulizer	Zegerid
Androgel 1%	Dilantin Suspension	Nitrostat	Tobradex Suspension	Zetia
Azor	Diovan	Norco	Toprol XL	Ziana
Benicar	Diovan HCT	Norvasc	Tribenzor	Zoloft
Benicar HCT	Duac	Nuvigil	Vagifem	Zomig
Benzamycin	Duragesic	Ortho Tri Cyclen	Valium	Zomig ZMT
Benzaclin	Effexor XR	Ortho Tri Cyclen Lo	Vitafol	Zovirax oral, ointment, suspension
Beyaz	Glumetza	Percocet	Vivelle-Dot	
Carafate	Kadian	Prevacid Capsule	Voltaren Gel	
Celebrex	Lexapro	Pristiq	Vytorin	
Concerta	Lidoderm	Prozac	Wellbutrin	

[+]These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the previous medication list.

Required Prior Authorization [++]

Therapeutic Class	***Non-Preferred*** **Medications**	Preferred Medications
Hepatitis C	All other brands[1] non-preferred with prior authorization	Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Mavyret: genotype 1,2,3,4,5 & 6
Multiple Sclerosis	All other brands[1] non-preferred with prior authorization and Gilenya[1*] Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK-9	All other brands[1] non-preferred with prior authorization	Praluent
Immunomodulators	All other brands[1] non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Simponi Aria, Stelara

[++] 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, Multiple Sclerosis and PCSK9 Inhibitors 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.

© 2017 Optum, Inc. All rights reserved. OR100-7555

All Optum® trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.