

## Utilization Management Updates

Effective January 1, 2020, the following utilization management updates will apply to ORx standard Select and Premium drug lists.

### Step Therapy

Program Type	UM Type	Target Drugs	Program Rationale
Antigout Agents: Select	ST	COLCHICINE, MITIGARE	<b>Update to existing UM program.</b> Lookback period for Step 1 alternatives will be modified to 180 days. Requires a 60-day trial of Colcris.
Anti-infectives: Select, Premium	ST	SEYSARA	<b>Update to existing UM program.</b> Step 1 alternatives for SEYSARA will be modified. Requires trial of generic doxycycline AND minocycline.
Anti-infectives: Select, Premium	ST	SOLODYN	<b>Update to existing UM program.</b> SOLODYN will be added as a target in the existing Brand Oral Tetracycline ST program. Requires trial of generic doxycycline or minocycline.
Anti-infectives: Select	ST	ORACEA	<b>Update to existing UM program.</b> ORACEA will be added as a target in the existing Brand Oral Tetracycline ST program. Requires trial of generic doxycycline or minocycline.

Program Type	UM Type	Target Drugs	Program Rationale
<b>Asthma/COPD: Select</b>	ST	YUPELRI	<b>Update to existing UM program.</b> YUPELRI will be added as a target in the existing Long-Acting Bronchodilator ST program. Requires trial of Lonhala AND One of the following: Incruse Ellipta, Spiriva.
<b>Atopic Dermatitis: Select</b>	ST	ELIDEL	<b>New UM program.</b> New Atopic Dermatitis ST program. Requires trial of generic pimecromilus cream.
<b>Hormone Replacement: Select</b>	ST	ARMOUR THYROID NATURETHROID SYNTHROID	<b>Update to existing UM program.</b> Grandfathering will no longer be allowed.
<b>Intranasal Steroids: Select</b>	ST	XHANCE	<b>New UM program.</b> New intranasal steroid ST program. Requires trial of generic mometasone nasal spray and Beconase AQ.
<b>Insulin, Short-Acting: Select</b>	ST	ADMELOG, APIDRA, FIASP	<b>Update to existing UM program.</b> Step 1 alternatives for ADMELOG, APIDRA, and FIASP will be modified. Requires trial of BOTH of the following preferred brands: Humalog AND Novolog.
<b>Ophthalmic Agents: Select, Premium</b>	ST	BEPREVE, LASTACAFT	<b>Update to existing UM program.</b> Step 1 alternatives for BEPREVE and LASTACAFT will be modified. Requires trial of BOTH of the following generics: azelastine AND olopatadine.

Program Type	UM Type	Target Drugs	Program Rationale
<b>Opioid-Induced Constipation: Select</b>	<b>ST</b>	<b>RELISTOR</b>	<b>Update to existing UM program.</b> RELISTOR will be added to the existing Opioid-Induced Constipation ST program. Requires a trial of any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: Movantik, Symproic.
<b>Skin Cancer/Warts: Select</b>	<b>ST</b>	<b>ZYCLARA</b>	<b>New UM program.</b> New skin cancer ST program. Requires trial of generic imiquimod 5%.

Program Type	UM Type	Target Drugs	Program Rationale
<b>Generic-First: Select</b>		<b>HYZAAR</b> <b>IMITREX</b> <b>INDERAL</b> <b>INNOPRAN</b> <b>KENALOG</b> <b>KEPPRA</b> <b>KLONOPIN</b> <b>K-TAB</b> <b>LAMICTAL</b> <b>LASIX</b> <b>LATISSE</b> <b>LESCOL XL</b> <b>LOESTRIN</b> <b>LOTREL</b> <b>LYRICA</b> <b>MAXALT</b> <b>METROGEL</b> <b>MICARDIS</b> <b>MOBIC</b> <b>NALFON</b> <b>NATROBA</b> <b>NEURONTIN</b> <b>NIASPAN</b> <b>NULYTELY</b> <b>ORTHO MICRON</b> <b>ORTHO-CYCLEN</b> <b>ORTHO-NOVUM</b> <b>PATADAY</b> <b>PATANOL</b> <b>PAXIL</b> <b>PLAQUENIL</b> <b>PLAVIX</b> <b>PRAVACHOL</b> <b>PRED FORTE</b> <b>PRINIVIL</b> <b>PROMETRIUM</b> <b>PROPECIA</b> <b>QUESTRAN</b> <b>RANEXA</b>	Generic equivalent

Program Type	UM Type	Target Drugs	Program Rationale
Generic-First: Select		RESTORIL RISPERDAL RITALIN SAFYRAL SEASONIQUE SEROQUEL SILVADENE SKELAXIN SOMA STRATTERA SUBOXONE TAMIFLU TEGRETOL TENORMIN TIKOSYN TOPAMAX TRICOR TRILEPTAL UCERIS VALTREX VECTICAL VESICARE VIGAMOX WELCHOL XALATAN YASMIN ZANAFLEX ZESTRIL ZOCOR ZONEGRAN ZOVIRAX ZYPREXA	Generic equivalent

Program Type	UM Type	Target Drugs	Program Rationale
<b>Generic-First: Select</b>		<b>ADDERALL</b> <b>ALTACE</b> <b>ARIMIDEX</b> <b>ARTHROTEC</b> <b>ATACAND</b> <b>AVAPRO</b> <b>AVODART</b> <b>BARACLUDE</b> <b>BRISDELLE</b> <b>CANASA</b> <b>CARBATROL</b> <b>CARDIZEM LA</b> <b>CARNITOR</b> <b>CATAPRES-TTS</b> <b>CELEXA</b> <b>CIALIS</b> <b>CLARINEX</b> <b>CLIMARA</b> <b>CLOBEX</b> <b>CLODERM</b> <b>COLESTID</b> <b>COREG</b> <b>CORTEF</b> <b>COSOPT</b> <b>COZAAR</b> <b>DELESTROGEN</b> <b>DEPAKOTE</b> <b>DYAZIDE</b> <b>EPIDUO</b> <b>ESTRACE</b> <b>EVEKEO</b> <b>EXFORGE</b> <b>FINACEA</b> <b>FIORICET</b> <b>FLOMAX</b> <b>FOCALIN</b> <b>GENERESS FE</b> <b>GLUCOPHAGE</b> <b>GOLYTELY</b>	Generic equivalent

\*Applies to new starts only

## Prior Authorization

Program Type	UM Type	Target Drugs	Program Rationale
Anticonvulsants	PA	BANZEL	<b>New UM program.</b> A PA will be added to ensure appropriate use of this costly medication.
Antilipemics	PA	LOVAZA VASCEPA	<b>New UM program.</b> A PA will be added to ensure appropriate use of these costly medications.
Fertility	PA	OVIDREL	<b>New UM program.</b> A PA will be added to align with management of these products.
Musculoskeletal	PA	BOTOX COSMETIC	<b>New UM program.</b> A PA will be added to manage use for non-cosmetic indications.
Oncology	PA	AVASTIN, BENDEKA, TREANDA	<b>New UM program.</b> A PA will be added to ensure appropriate use of these costly medications.

## OptumRx UM Program Retirements

The following medications are not covered.

Program Type	UM Type	Targeted Drugs	Program Rationale
Premium	PA	CETROTIDE	CETROTIDE will be excluded on the Premium formulary
Premium	ST	COLCHICINE	COLCHICINE will be excluded on the Premium formulary
Premium	PA	GEL-ONE	GEL-ONE will be excluded on the Premium formulary
Premium	PA	GENVISC 850	GENVISC 850 will be excluded on the Premium formulary
Premium	PA	GOCOVRI	GOCOVRI will be excluded on the Premium formulary
Premium	PA	GONAL-F	GONAL-F will be excluded on the Premium formulary

Program Type	UM Type	Targeted Drugs	Program Rationale
Premium	PA	HYALGAN	HYALGAN will be excluded on the Premium formulary
Premium	PA	HYMOVIS	HYMOVIS will be excluded on the Premium formulary
Premium	ST	MITIGARE	MITIGARE will be excluded on the Premium formulary
Premium	PA	MONOVISC	MONOVISC will be excluded on the Premium formulary
Premium	PA	ORTHOVISC	ORTHOVISC will be excluded on the Premium formulary
Premium	PA	PROCRIT	PROCRIT will be excluded on the Premium formulary.
Select, Premium	PA	RELISTOR	RELISTOR will be excluded on the Premium formulary and will be managed via Step Therapy on the Select formulary
Premium	PA	SUPARTZ	SUPARTZ will be excluded on the Premium formulary
Premium	ST	SYNTHROID	SYNTHROID will be excluded on the Premium formulary
Premium	PA	SYNVISC SYNVISC ONE	SYNVISC and SYNVISC ONE will be excluded on the Premium formulary
Premium	PA	TRIVISC	TRIVISC will be excluded on the Premium formulary
Premium	PA	VISCO-3	VISCO-3 will be excluded on the Premium formulary
Premium	QL	YUPELRI	YUPELRI will be excluded on the Premium formulary



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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. © 2020 Optum, Inc. All rights reserved. ORX\_UM Program Updates\_08122019