

Utilization Management Updates

Effective January 1, 2021, the following utilization management updates will apply to RxClaim Book 1 and Book A environments. A maintenance medication update letter will be sent to all current utilizers 60 days before the effective date. The member letters will be sent on or before November 1, 2020.

Step Therapy

Program Type	UM Type	Target Drugs	Program Rationale
Antidepressants: Select	ST w/QL	FORFIVO XL	Update to existing UM program. New target to existing Antidepressants ST program. Requires trial of generic bupropion ER.
Antigout Agents: Select	ST	COLCRYS COLCHICINE CAPSULES GLOPERBA MITIGARE	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of generic colchicine tablets.
Atypical Antipsychotics: Select, Premium	ST w/QL	CAPLYTA FANAPT FANAPT PACK	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of two of the following: quetiapine IR/ER, risperidone, aripiprazole, olanzapine, Saphris.
Atypical Antipsychotics: Select		SECUADO	
Bowel Prep Agents: Select	ST	MOVIPREP	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of Clenpiq, Prepopik, or Suprep.
		OSMOPREP PLENVU	New UM program. New Bowel Prep ST program. Requires trial of Clenpiq, Prepopik, or Suprep.

Program Type	UM Type	Target Drugs	Program Rationale
Diabetic Test Strips/ Blood Glucose Meters: Select, Focused	ST w/QL	NON-PREFERRED TEST STRIPS/ BLOOD GLUCOSE METERS	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of Contour Next.
Hormone Replacement: Select, Premium	ST	ALORA MENOSTAR MINIVELLE	New UM program. New Hormone Replacement ST program. Requires trial of generic estradiol patch.
		INTRAROSA	New UM program. New Hormone Replacement ST program. Requires trial of two of the following: Premarin vaginal cream, Imvexxy vaginal insert, Osphena tablet.
	ST w/QL	FEMRING	New UM program. New Hormone Replacement ST program. Requires trial of one of the following: Premarin vaginal cream, Imvexxy vaginal insert, or Osphena tablet.
Long-Acting Bronchodilators: Select, Focused	ST w/QL	INCRUSE ELLIPTA TUDORZA PRESSAIR SEEBRI NEOHALER	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of Spiriva.
MeToo Products: Select	ST w/QL	CONSENSI	New UM program. New MeToo ST program. Requires trial of generic amlodipine and celecoxib.
	ST	KATERZIA	New UM program. New MeToo ST program. Requires trial of generic amlodipine.

Program Type	UM Type	Target Drugs	Program Rationale
MeToo Products: Select	ST	OZOBAX	New UM program. New MeToo ST program. Requires trial of generic baclofen.
		RAYOS	New UM program. New MeToo ST program. Requires trial of two oral generics from the following: prednisone, prednisolone, methylprednisolone.
		RELAFEN DS	New UM program. New MeToo ST program. Requires trial of generic nabumetone.
Migraine Agents: Select	ST w/QL	TREXIMET TOSYMRA	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of two of the following: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, sumatriptan nasal, zolmitriptan.
Migraine Agents: Select, Premium		ZOMIG NASAL	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of two of the following: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, sumatriptan nasal, zolmitriptan.
Prostaglandins: Select, Premium	ST w/QL	VYZULTA XELPROS	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of all the following: latanoprost, travoprost, and Lumigan.
Short-Acting Bronchodilators: Select	ST w/QL	PROAIR HFA VENTOLIN HFA	New UM program. New Short-Acting Bronchodilators ST program. Requires trial of Albuterol HFA.
		PROAIR DIGIHALER PROVENTIL HFA LEVALBUTEROL HFA ALBUTEROL HFA (manufactured by Prasco)	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of Albuterol HFA.

Program Type	UM Type	Target Drugs	Program Rationale
Topical Acne Agents	ST	ADAPALENE LOTION ADAPALENE PAD ADAPALENE SOLUTION AKLIEF ALTRENO ATRALIN DIFFERIN CREAM DIFFERIN GEL DIFFERIN LOTION RETIN-A RETIN-A MICRO	New UM program. New ST program. Members under the age of 25 will require trial of generic adapalene and topical tretinoin.
Topical Acne Agents	ST	FABIOR TAZORAC GEL	New UM program. New ST program. Members under the age of 25 will require trial of generic tazarotene and one of the following: generic adapalene or topical tretinoin.
Topical Rosacea Agents: Select, Focused, Premium	ST	FINACEA GEL	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of generic azelaic acid gel, Soolantra or Finacea foam.
Topical Rosacea Agents: Select, Focused		METROGEL	Update to existing UM program. Step 1 alternatives will be modified. Requires trial of generic metronidazole gel, Soolantra or Finacea foam.
		NORITATE	New UM program. New Rosacea ST program. Requires trial of Soolantra or Finacea foam.

Prior Authorization

Program Type	UM Type	Target Drugs	Program Rationale
Acne	PA (age > 25 only)	TAZORAC CREAM TAZORAC GEL TAZAROTENE CREAM FABIOR FOAM	New UM program. A PA will be added to maintain consistency with the management of topical acne agents.
Antiretrovirals, HIV	PA	TRUVADA	New UM program. A PA will be added to support a formulary strategy affecting antiretroviral agents used for PrEP.
Migraine Agents	PA w/QL	D.H.E. 45	New UM program. A PA and QL will be added to maintain consistency with the management of migraine agents. The QL will be 24 ampules per 28 days.
		MIGRANAL	New UM program. A PA will be added to maintain consistency with the management of migraine agents.
Vascular Endothelial Growth Factor (VEGF) Inhibitors	PA	BEOVU	New UM program. A PA will be added to ensure appropriate use of this medication. Requires trial of compounded Avastin or Lucentis.
		EYLEA	New UM program. A PA will be added to ensure appropriate use of this medication. Requires trial of compounded Avastin or Lucentis.
		LUCENTIS	New UM program. A PA will be added to ensure appropriate use of this medication.
		MACUGEN	New UM program. A PA will be added to ensure appropriate use of this medication. Requires trial of compounded Avastin or Lucentis.

Quantity Limits

Program Type	UM Type	Target Drugs	Program Rationale
Biologic Immunomodulators	QL	STELARA	New UM program. A QL will be added to Stelara to ensure appropriate use and minimize overutilization. The QL will be 1 unit per 56 days.
Ergot Alkaloids	QL	METHERGINE	New UM program. A QL will be added to Methergine to ensure appropriate use for postpartum hemorrhage. The QL will be 28 tablets per fill, limited to 2 fills per 365 days.
Hemostatic Agents	QL	BERINERT	New UM program. A QL will be added to Berinert to ensure appropriate use and to minimize overutilization. The QL will be 10 vials per 30 days.
		FIRAZYR	New UM program. A QL will be added to Firazyr to ensure appropriate use and to minimize overutilization. The QL will be 6 syringes per 30 days.
		KALBITOR	New UM program. A QL will be added to Kalbitor to ensure appropriate use and to minimize overutilization. The QL will be 6 vials per 30 days.
		RUCONEST	New UM program. A QL will be added to Ruconest to ensure appropriate use and to minimize overutilization. The QL will be 8 vials per 30 days.
Prostaglandins	QL	RHOPRESSA	New UM program. A QL will be added to Rhopressa. The QL will be 1 bottle per 25 days to align with other prostaglandin eye drops.

OptumRx UM Program Retirements

Program Type	UM Type	Target Drugs	Program Rationale
Focused	ST	COLCHICINE GLOPERBA MITIGARE	Step Therapy will be removed from the Focused UM program
Focused	ST w/QL	ALBUTEROL HFA (manufactured by Par and Prasco) LEVALBUTEROL HFA PROVENTIL HFA PROAIR DIGIHALER XOPENEX HFA	Step Therapy will be removed from the Focused UM program
Premium	PA	AVEED	AVEED will be excluded on the Premium formulary
Premium	PA	AVITA CREAM	AVITA CREAM will be excluded on the Premium formulary
Premium	PA	AVITA GEL	AVITA GEL will be excluded on the Premium formulary
Premium	PA	CONTRACE	CONTRACE will be excluded on the Premium formulary
Premium	PA	DESCOVY	DESCOVY will be excluded on the Premium formulary
Premium	ST	EVZIO	EVZIO will be excluded on the Premium formulary
Premium	PA	EXONDYS 51	EXONDYS 51 will be excluded on the Premium formulary
Premium	ST	LIVALO	LIVALO will be excluded on the Premium formulary
Premium	PA	NATESTO	NATESTO will be excluded on the Premium formulary
Premium	PA w/QL	REBIF	REBIF will be excluded on the Premium formulary
Premium	PA	TESTOPEL	TESTOPEL will be excluded on the Premium formulary
Premium	PA	UDENYCA	UDENYCA will be excluded on the Premium formulary

For the most current list of covered medications, or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a network retail pharmacy by ZIP code.
 - Look up possible lower-cost medications.
 - Compare medication pricing.
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