



## OptumRx Utilization Management (UM) Programs Updates

Effective Jan. 1, 2018

### OptumRx Focused UM Program

All OptumRx clients attached to the **OptumRx Focused UM Program** will have the following updates put in place:

Therapeutic Category	Current Step 2 Drugs (Requires trial of Step 1)	Current Step 1 Drugs	Updates effective Jan. 1, 2018
<b>Central Nervous System</b>			
<b>Long-Acting Opioids</b>	Arymo ER Hysingla ER Kadian Morphabond ER Nucynta ER Xtampza ER Zohydro ER	Any two of the following generics or preferred brands: hydromorphone ER, morphine sulfate ER, oxymorphone ER, Embeda, Oxycontin	Step therapy edit will be replaced with a prior authorization on all long-acting opioids.
<b>Gastrointestinal</b>			
<b>Irritable Bowel Syndrome</b>	Asacol HD Delzicol mesalamine DR	Both Apriso and Lialda	<b>Step 2 Drugs:</b> Asacol HD Delzicol Lialda mesalamine DR  <b>Step 1 Drugs:</b> Apriso

Therapeutic Category	Current Targeted Drugs	Updates effective Jan. 1, 2018
<b>Biologic Immunomodulators</b>	<b>Preferred Agents:</b> Cimzia, Humira, Simponi, Stelara, Taltz  <b>Non-preferred Agents:</b> Actemra, Cosentyx, Enbrel, Kineret, Orenicia, Otezla, Rituxan, Siliq, Xeljanz, Xeljanz XR	<b>Preferred Agents:</b> Cimzia, Cosentyx, Humira, Simponi, Stelara  <b>Non-preferred Agents:</b> Actemra, Enbrel, Kineret, Orenicia, Otezla, Rituxan, Siliq, Taltz, Xeljanz, Xeljanz XR

\* 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). Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.