

Utilization Management Updates

Effective January 1, 2019, 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, 2018.

OptumRx Focused UM Program

OptumRx clients in the OptumRx Focused UM Program will receive the following updates.

Updates To Existing OptumRx Focused Step Therapy With Quantity Limits Programs

Therapeutic Category	Current Step 1 Drugs	Current Step 2 Drugs (Requires trial of Step 1)	Updates Effective January 1, 2019
Diabetes — Basal Insulin	LANTUS, LEVEMIR, TOUJEO	BASAGLAR	Step 2 Drugs: BASAGLAR Step 1 Drugs: LANTUS, LEVEMIR, TOUJEO, TRESIBA
Diabetes — GLP-1 Agonists	BYDUREON, BYDUREON BCISE, BYETTA, TRULICITY, VICTOZA	ADLYXIN, OZEMPIC, TANZEUM	Step 2 Drugs: ADLYXIN, TANZEUM Step 1 Drugs: BYDUREON, BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY, VICTOZA
	metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON, BYDUREON BCISE, BYETTA, TRULICITY, VICTOZA	Step 2 Drugs: BYDUREON, BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY, VICTOZA Step 1 Drugs: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin

Therapeutic Category	Current Step 1 Drugs	Current Step 2 Drugs (Requires trial of Step 1)	Updates Effective January 1, 2019
Gastrointestinal — Constipation Agents	generic lactulose or polyethylene glycol AND AMITIZA	MOVANTIK, SYMPROIC	Step 2 Drugs: LINZESS, MOVANTIK, SYMPROIC Step 1 Drugs: generic lactulose or polyethylene glycol
	N/A	N/A	Step 2 Drugs: AMITIZA Step 1 Drugs: generic lactulose or polyethylene glycol AND LINZESS, MOVANTIK, or SYMPROIC
	N/A	N/A	Step 2 Drugs: TRULANCE Step 1 Drugs: generic lactulose or polyethylene glycol AND LINZESS
Respiratory — Cystic Fibrosis (inhaled tobramycin)	BETHKIS	KITABIS, TOBI, TOBI PODHALER, tobramycin nebulizer solution	Step 2 Drugs: KITABIS, TOBI, tobramycin nebulizer solution Step 1 Drugs: BETHKIS
HIV*	N/A	N/A	Step 2 Drugs: ATRIPLA Step 1 Drugs: SYMFI, SYMFI LO, TRIUMEQ, JULUCA OR CIMDUO AND ISENTRESS OR TIVICAY

*Applies to new therapy only

Additional Utilization Management Updates

Effective January 1, 2019, the following utilization management updates will apply to clients in the 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.

Step Therapy

Program Type	UM Type	Target Drugs	Program Rationale
ADHD — Select, Premium	ST w/QL	ADZENYS XR-ODT, COTEMPLA XR	Update to existing UM program. The existing ST on ADZENYS XR-ODT and COTEMPLA XR will be updated to require a trial of one step 1 alternative instead of two.
Anticonvulsants* — Select	ST	OXTELLAR XR	New UM program. New Anticonvulsant ST program. Requires trial of generic oxcarbazepine IR.
Anticonvulsants* — Select, Premium	ST	QUDEXY XR, TOPIRAMATE ER	New UM program. New Anticonvulsant ST program. Requires trial of generic topiramate IR.
Antigout Agents — Select, Premium	ST	colchicine, MITIGARE	Update to existing UM program. The authorized generic for COLCRYS will be added to the list of targets in the existing Antigout Agent ST program. Requires trial of COLCRYS.
Anti-Infectives — Select	ST	ACTICLATE, ADOXA, DORYX, DORYX MPC, MONODOX, TARGADOX	Update to existing UM program. Due to formulary changes, DORYX MPC will move from a step 1 alternative to a step 2 target in the Select Brand Oral Tetracycline ST program. Requires trial of generic doxycycline.
Anti-Infectives — Premium	ST	ADOXA, DORYX, MONODOX, TARGADOX	Update to existing UM program. DORYX MPC will move from a step 1 alternative to excluded on the Premium formulary. Existing targets will require a trial of generic doxycycline.
Antipsychotics* — Select, Premium	ST w/QL	FANAPT, VRAYLAR	Update to existing UM program. The existing ST on FANAPT and VRAYLAR will be updated to require a trial of one step 1 alternative instead of two.
Dermatology — Select	ST	CLINDAGEL	New UM program. New Topical Acne Treatment ST program. Requires trial of two generic single-agent topical clindamycin products.

*Applies to new therapy only

Program Type	UM Type	Target Drugs	Program Rationale
Diabetes — Select	ST	BASAGLAR	Update to existing UM program. Due to formulary changes, Tresiba will be added to the list of step 1 alternatives in the Basal Insulin ST program. The program currently requires trial of Lantus and Levemir and Toujeo; and will be updated to require trial of any two of the following: Lantus, Levemir, Toujeo or Tresiba.
	ST w/QL	ADLYXIN, TANZEUM	Update to existing UM program. Due to formulary changes, OZEMPIC will be added to the list of step 1 alternatives in the GLP-1 Agonist ST w/QL program targeting ADLYXIN and TANZEUM. Requires trial of any one of the following brands: BYDUREON, BYDUREON BCISE, BYETTA AND any one of the following brands: OZEMPIC, TRULICITY, VICTOZA.
	ST w/QL	XULTOPHY	Update to existing UM program. Due to formulary changes, OZEMPIC and TRESIBA will be added to the list of step 1 alternatives in the Select GLP-1 Agonist Combination ST w/QL program targeting XULTOPHY.
Diabetes — Select, Premium	ST w/QL	BYDUREON, BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY, VICTOZA	Update to existing UM program. Due to formulary changes, OZEMPIC will be added as a preferred target in the GLP-1 agonist ST w/QL program requiring a trial of generic metformin or a generic metformin-containing product.
Diabetes — Premium	ST w/QL	SOLIQUA, XULTOPHY	Update to existing UM program. Due to formulary changes, OZEMPIC will be added to the list of step 1 alternatives in the Premium GLP-1 Agonist Combination ST w/QL programs targeting SOLIQUA and XULTOPHY.

*Applies to new therapy only

Program Type	UM Type	Target Drugs	Program Rationale
Gastroenterology — Select	ST w/QL	AMITIZA	Update to existing UM program. Due to formulary changes, the existing Constipation Agents ST w/QL program targeting AMITIZA will now require trial of generic lactulose or polyethylene glycol AND LINZESS, MOVANTIK, or SYMPROIC.
	ST w/QL	MOVANTIK, SYMPROIC	Update to existing UM program. Due to formulary changes, The Opioid-Induced Constipation ST w/QL program targeting MOVANTIK and SYMPROIC will no longer require a trial of AMITIZA.
	ST w/QL	TRULANCE	Update to existing UM program. Due to formulary changes, AMITIZA will be removed from the list of step 1 alternatives in the existing Constipation Agent ST w/QL program targeting TRULANCE.
HIV* — Select	ST	ATRIPLA	New UM program. New HIV Antiretroviral ST program. Requires trial of one of the following: SYMFI, SYMFI LO, TRIUMEQ, JULUCA OR CIMDUO and ISENTRESS or TIVICAY.
Ophthalmology — Select	ST w/QL	BROMSITE, ILEVRO, NEVANAC	Update to existing UM program. Due to formulary changes, PROLENSA will be added as a step 1 alternative in the existing Select Ophthalmic Anti-Inflammatory ST w/QL program. Additionally, ILEVRO and NEVANAC will be added as targets.
Respiratory — Select	ST w/QL	BEVESPI, UTIBRON	Update to existing UM program. Due to formulary changes, the existing Long-Acting Bronchodilator ST w/QL program targeting BEVESPI and UTIBRON will be updated to require BOTH ANORO ELLIPTA and STIOLTO RESPIMAT.
	ST	KITABIS, TOBI, tobramycin nebulizer solution	Update to existing UM program. Due to formulary changes, TOBI PODHALER will be removed from the list of targets in the Cystic Fibrosis, Inhaled Tobramycin ST program.

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Program Type	UM Type	Target Drugs	Program Rationale
Statins — Select	ST	ZYPITAMAG	Update to existing UM program. Due to formulary changes, the existing Statin ST program targeting ZYPITAMAG will be updated to require a trial of LIVALO in addition to a generic product.

Prior Authorization

Program Type	UM Type	Target Drugs	Program Rationale
Immunology — Standard	PA	ACTIMMUNE	New UM program. A PA will be added to ensure appropriate use in this costly medication.

Quantity Limit

Please refer to the OptumRx Quantity Limit Change Details table below for specific quantity limits.

Program Type	UM Type	Target Drugs	Program Rationale
Oncology — Standard	QL	ALUNBRIG 30 mg tablet	Update to existing UM program. The QL for ALUNBRIG 30 mg tablets will be decreased due to the release of new strengths into the market.

OptumRx Quantity Limit Change Details

Drug	Current Quantity Limit	New Quantity Limit
ALUNBRIG 30 mg	6 tablets per day	4 tablets per day

OptumRx UM Program Retirements

Program Type	UM Type	Target Drugs	Rationale
Premium	PA	JUBLIA	JUBLIA will be excluded on the Premium formulary.

Program Type	UM Type	Target Drugs	Rationale
Premium	PA	metformin ER Modified Release	metformin ER Modified Release will be excluded on the Premium formulary.
Premium	PA w/QL	RELISTOR	RELISTOR will be excluded on the Premium formulary.
Premium	PA w/QL	SPRIX	SPRIX will be excluded on the Premium formulary.
Premium	QL	esomeprazole delayed release	esomeprazole delayed release will be excluded on the Premium formulary.
Premium	QL	omeprazole-sodium bicarbonate	omeprazole-sodium bicarbonate will be excluded on the Premium formulary.
Premium	QL	SANCUSO	SANCUSO will be excluded on the Premium formulary.
Premium	QL	SUMAVEL DOSEPRO	SUMAVEL DOSEPRO will be excluded on the Premium formulary.
Premium	QL	ZEMBRACE SYMTOUCH	ZEMBRACE SYMTOUCH will be excluded on the Premium formulary.
Premium	ST w/QL	AMITIZA	AMITIZA will be excluded on the Premium formulary.
Premium	ST w/QL	BEVESPI	BEVESPI will be excluded on the Premium formulary.
Premium	ST w/QL	BROMSITE	BROMSITE will be excluded on the Premium formulary.
Premium	ST w/QL	ONZETRA XSAIL	ONZETRA XSAIL will be excluded on the Premium formulary.
Premium	ST w/QL	SEEBRI	SEEBRI will be excluded on the Premium formulary.
Premium	ST w/QL	TRULANCE	TRULANCE will be excluded on the Premium formulary.
Premium	ST w/QL	UTIBRON	UTIBRON will be excluded on the Premium formulary.
Select	ST	TRELEGY	TRELEGY will move from non-preferred to preferred status.
Select, Focused	ST	TOBI PODHALER	TOBI PODHALER will move from non-preferred to preferred status.

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