OptumRx Essential Health Benefits (EHB) Utilization Management Program
UM Changes
Effective 1.1.2017

UTILIZATION MANAGEMENT CHANGES

Effective January 1st, 2017, the following Utilization Management changes will apply to RxClaim A5/A6/CCTA environments. These changes will affect all EHB clients currently attached to the GPI List ID(s) indicated below. For changes involving maintenance medications, a letter will be sent to all current utilizing members notifying them of these changes 60 days prior to the effective date.

The member letters will be sent on or before November 1, 2016.

PRIOR AUTHORIZATION CHANGES:

Program Type	UM Type	Target Drugs	OptumRx Use Only	Program Rationale
Acne				
Standard	PA	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN (isotretinoin) ZENATANE (isotretinoin)	XXP_EHBN	New UM program. New Oral Isotretinoin PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisite; prescriber restriction.
Analgesics (non-opioid)				
Standard	PA w/QL	SPRIX	XXP_EHBN	New UM program. New SPRIX PA w/QL program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites. A quantity limit of 5 bottles or 5 days supply/30 days will apply.
Androgens, Testosterone				
Standard	PA	ANDROGEL (testosterone) 1.62% STRIANT (testosterone)	XXP_EHBN	New UM program. New Topical Testosterone PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indications; absence of contraindications to therapy; appropriate laboratory testing; compendia supported off-label indications.
Standard	PA	ANDROXY (fluoxymesterone) METHITEST (methyltestosterone) methyltestosterone	XXP_EHBN	Update to existing UM program. As part of the OptumRx UM alignment, the Anabolic Steroid PA w/QL program will be updated to include ANDROXY, METHITEST, and generic methyltestosterone. Criteria verify FDA-approved indications; absence of contraindications to therapy; appropriate laboratory testing; compendia supported off-label indications.
Anti-Infectives				
Standard	PA	DARAPRIM (pyrimethamine)	XXP_EHBN	New UM program. New DARAPRIM PA program will be added due to cost concerns for this product.

Standard	PA	JUBLIA (efinaconazole) KERYDIN (tavaborole)	XXP_EHBN	Update to existing UM program. As part of the EHB formulary update, the Antifungal PA program will be updated to include JUBLIA and KERYDIN. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; diagnostic testing; no contraindications to therapy.
Anticonvulsants				
Standard	PA	ONFI (clobazam)	XXP_EHBN	New UM program. New ONFI PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; prescriber restriction.
Asthma/COPD				
Standard	PA	DALIRESP (roflumilast)	XXP_EHBN	New UM program. New DALIRESP PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites; prescriber restriction; severity of disease; diagnostic testing; confirmation of age; absence of contraindications to therapy.
Chelating Agents				
Standard	PA	CUPRIMINE (penicillamine) SYPRINE (trientine)	XXP_EHBS	New UM program. New Copper Chelating Agents PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites
Diabetes				
Standard	PA	GLUMETZA (metformin)	XXP_EHBN	New UM program. New GLUMETZA PA program will be added due to cost concerns for this product.
Enzyme Replacement				
Standard	PA	CERDELGA (eliglustat)	XXP_EHBS	New UM program. New CERDELGA PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; verification of genetic testing; confirmation of age.
Fertility				
Standard	PA	chorionic gonadotropin NOVAREL (chorionic gonadotropin) PREGNYL (chorionic gonadotropin)	XXP_EHBS	New UM program. New Fertility Agents PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indications; prescriber restriction; absence of contraindications to therapy; confirm trial/failure of appropriate prerequisites; appropriate lab testing.
Gastroenterology				
Standard	PA	LOTRONEX (alosetron)	XXP_EHBN	New UM program. New LOTRONEX PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites; confirm age.
Gonadotropins				

Standard	PA w/QL	LUPANETA (leuprolide) pack	XXP_EHBS	New UM program. New LUPANETA PACK PA w/QL program will be added as part of the EHB formulary update. Criteria verify FDA-approved indications and trial/failure of appropriate prerequisites. A quantity limit of 1 pack/28 days will apply for the 3.75 mg strength, and 1 pack/84 days for the 11.25 mg strength.
Hematopoietic Agents				
Standard	PA	MIRCERA (methoxy polyethylene glycol-epoetin)	XXP_EHBS	New UM program. New MIRCERA PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; verification of appropriate laboratory testing.
Hepatitis C				
Standard	PA w/QL	EPCLUSA (sofosbuvir-velpatasvir)	XXP_EHBS	New UM program. New EPCLUSA PA w/QL program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; prescriber restriction; verification of diagnostic testing; verification of no contraindications to therapy. A quantity limit of 1 tab/day will apply.
Standard	PA w/QL	OLYSIO (simeprevir)	XXP_EHBS	New UM program. New OLYSIO PA w/QL program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; prescriber restriction; verification of diagnostic testing; verification of no contraindications to therapy. A quantity limit of 1 cap/day will apply.
Standard	PA w/QL	VIEKIRA PACK (ombitas-paritapre-riton & dasab)	XXP_EHBS	New UM program. New VIEKIRA PA w/QL program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; prescriber restriction; verification of diagnostic testing; verification of no contraindications to therapy. A quantity limit of 4 tabs/day will apply.
Hereditary Angioedema				
Standard	PA	BERINERT (C1 esterase inhibitor) CINRYZE (C1 esterase inhibitor) FIRAZYR (icatibant) KALBITOR (ecallantide) RUCONEST (C1 esterase inhibitor)	XXP_EHBS	New UM program. New Hereditary Angioedema PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites; prescriber restriction; confirmation of age; absence of contraindications to therapy; continuation of therapy; verify compendia supported off-label indications.
Immune Globulins				
Standard	PA	HYQVIA (hyaluron immune globulin)	XXP_EHBS	New UM program. New HYQVIA PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; verification of severity of disease; verification of diagnostic testing; verification of appropriate

				laboratory testing; verification of no contraindications to therapy; confirmation of age
Immunomodulators				
Standard	PA	COSENTYX (secukinumab)	XXP_EHBS	New UM program. New COSENTYX PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; prescriber restriction; verification of severity of disease; verification of no contraindications to therapy.
Standard	PA	OTEZLA (apremilast)	XXP_EHBS	New UM program. New OTEZLA PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indications, prescriber restriction, trial/failure of appropriate prerequisites, contraindications to therapy, and continuation of prior therapy.
Standard	PA	XELJANZ (tofacitinib)	XXP_EHBS	New UM program. New XELJANZ PA program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication; confirms trial/failure of appropriate prerequisites; prescriber restriction; verification of severity of disease; verification of no contraindications to therapy.
Insomnia Agents				
Standard	PA w/QL	flurazepam	XXP_EHBN	New UM program. New Flurazepam PA w/QL program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication and trial/failure of appropriate prerequisites. A quantity limit of 1 cap/day will apply.
Multiple Sclerosis				
Standard	PA w/QL	AVONEX (interferon beta-1a)	XXP_EHBS	New UM program. New AVONEX PA w/QL program. Criteria verify FDA-approved indication. A quantity limit of 1 kit (4 syringes)/28 days will apply.
Standard	PA w/QL	PLEGRIDY (peginterferon beta-1a)	XXP_EHBS	New UM program. New PLEGRIDY PA w/QL program will be added as part of the EHB formulary update. Criteria verify FDA-approved indication. A quantity limit of 2 pens/28 days will apply for the prefilled syringes, and 1 pack/30 days for the starter pack.
Oncology				
Standard	PA	ERBITUX (cetuximab)	XXP_EHBS	New UM program. New ERBITUX PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication, genetic testing; prescriber restriction; confirm trial/failure of appropriate prerequisites; verify compendia supported off-label indications.
Standard	PA	FOLOTYN (pralatrexate)	XXP_EHBS	New UM program. New FOLOTYN PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirms trial/failure of appropriate

				prerequisites.
Opioid Antagonists				
Standard	PA	VIVITROL (naltrexone)	XXP_EHBS	New UM program. New VIVITROL PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; diagnostic testing.
Osteoporosis				
Standard	PA	FORTEO (teriparatide)	XXP_EHBS	New UM program. New FORTEO PA program will be added as part of the OptumRx UM alignment. Criteria verify FDA-approved indication; confirm trial/failure of appropriate prerequisites; severity of disease; appropriate laboratory testing.
Urology				
Standard	PA w/QL	CIALIS (tadalafil) 2.5 mg and 5 mg	XXP_EHBN	New UM program. New CIALIS PA w/QL program will be added in order to allow coverage for a diagnosis of benign prostatic hyperplasia (BPH). A quantity limit of 1 tab/day will apply.

STEP THERAPY CHANGES:

Program Type	UM Type	Target Drugs	GPI/NDC Super List IDs Affected	Program Rationale
Cardiology				
Standard	ST	COREG CR (carvedilol)	XXSQ_EHB	New UM program. New Beta Blocker ST program will require a trial of generic carvedilol.
Standard	ST	AZOR (amlodipine-olmesartan) BENICAR (olmesartan) BENICAR HCT (olmesartan-HCTZ) EDARBI (azilsartan) EDARBYCLOR (azilsartan-chlorthalidone) TEKTURNA (aliskiren) TEKTURNA HCT (aliskiren-HCTZ) TRIBENZOR (olmesartan-amoldipine-HCTZ)	XXSQ_EHB	New UM program. New Renin-Angiotensin Agents ST program. Requires a trial of one of the following generics: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ, amlodipine-benazepril, trandolapril-verapamil losartan, losartan-HCTZ, candesartan, candesartan-HCTZ, irbesartan, irbesartan-HCTZ, telmisartan
Standard	ST	AMTURNIDE (aliskiren-amlodipine-HCTZ) TEKAMLO (aliskiren-amlodipine)	XXSQ_EHB	New UM program. New Renin-Angiotensin Agents ST program. Requires a trial of one of the following generics: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ, amlodipine-benazepril, trandolapril-verapamil losartan, losartan-HCTZ, candesartan, candesartan-HCTZ, irbesartan, irbesartan-

				HCTZ, telmisartan AND any one of the following preferred brands: Tekturna, Tekturna HCT
Standard	ST	RANEXA (ranolazine)	XXSQ_EHB	New UM program. New Antianginals ST program. Requires a trial of one of the following generics or preferred brands: acebutolol, amlodipine, amlodipine-benazepril, amlodipine-telmisartan, amlodipine-valsartan, atenolol, bextaxolol, bisoprolol, carvedilol, diltiazem, diltiazem ER, felodipine ER, isosorbide dinitrate ER, isosorbide mononitrate ER, isradipine, metoprolol, metoprolol ER, nadolol, nicardipine, nifedipine, nisoldipine SR, nitroglycerin ER, pindolol, propranolol, propranolol SR, timolol, trandolapril-verapamil, verapamil, verapamil ER Azor, Bystolic, Cardene SR, Dilatrate SR, Inderal XL, Innopran XL, Levatol
Central Nervous System				
Standard	ST w/QL	APLENZIN (bupropion)	XXSQ_EHB	New UM program. New Antidepressants ST w/QL program. Requires a trial of generic bupropion SR.
Standard	ST w/QL	TRINTELLIX (vortioxetine) VIIBRYD (vilazodone)	XXSQ_EHB	New UM program. New Antidepressants ST w/QL program. Requires a trial of any two of the following generics or preferred brands: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER Pristiq.
Standard	ST w/QL	FETZIMA (levomilnacipran)	XXSQ_EHB	New UM program. New Antidepressants ST w/QL program. Requires a trial of any two of the following generics or preferred brands: duloxetine, venlafaxine, venlafaxine ER Pristiq.
Standard	ST w/QL	FANAPT (iloperidone) LATUDA (lurasidone)	XXSQ_EHB	Update to existing UM program. The Antipsychotics ST w/QL program will be updated to align with the new EHB formulary. Paliperidone and SAPHRIS will be removed from the list of targets, and LATUDA will be added. Requires a trial of any two of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine, risperidone, Saphris, Seroquel XR.
Standard	ST w/QL	BELSOMRA (suvorexant)	XXSQ_EHB	New UM program. New Insomnia Agents ST w/QL program. Requires a trial of any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR.

Standard	ST w/QL	tramadol ER	XXSQ_EHB	New UM program. New Narcotic Analgesics ST w/QL program. Requires a trial of any one of the following generics:ctramadol, tramadol-acetaminophen.
Standard	ST w/QL	HYSINGLA ER (hydrocodone) NUCYNTA ER (tapentadol)	XXSQ_EHB	New UM program. New Narcotic Analgesics ST w/QL program. Requires a trial of any two of the following generics or preferred brands: hydromorphone ER, morphine sulfate ER, oxymorphone ER Embeda, Opana ER, Oxycontin.
Standard	ST w/QL	GRALISE (gabapentin)	XXSQ_EHB	New UM program. New Neurologic Agents ST w/QL program. Requires a trial of generic gabapentin.
Standard	ST w/QL	SAVELLA (milnacipran)	XXSQ_EHB	New UM program. New Neurologic Agents ST w/QL program. Requires a trial of any one of the following generics or preferred brands: amitriptyline, cyclobenzaprine, duloxetine, Lyrica.
Dermatology				
Standard	ST	FINACEA (azelaic acid)	XXSQ_EHB	New UM program. New Rosacea ST program. Requires a trial of Soolantra.
Standard	ST	PICATO (ingenol)	XXSQ_EHB	New UM program. New Skin Cancer Agents ST program. Requires a trial of any one of the following generics: fluorouracil, imiquimod.
Standard	ST	ELIDEL (pimecrolimus)	XXSQ_EHB	New UM program. New Topical Immunomodulators ST program. Requires a trial of any one of the following generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone.
Diabetes				
Standard	ST	ACTOPLUS MET XR (pioglitazone-metformin) AVANDIA (rosiglitazone) CYCLOSET (bromocriptine)	XXSQ_EHB	New UM program. New Diabetic Agents ST program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin.
Standard	ST	JANUMET (sitagliptin-metformin) JANUMET XR (sitagliptin-metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin-metformin) ONGLYZA (saxagliptin)	XXSQ_EHB	New UM program. New DPP4 Inhibitor ST program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin.
		JENTADUETO (linagliptin-metformin) JENTADUETO XR (linagliptin-metformin) NESINA (alogliptin) TRADJENTA (linagliptin)		New UM program. New DPP4 Inhibitor ST program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin

				AND any one of the following preferred brands: Janumet, Janumet XR, Januvia AND any one of the following preferred brands: Kombiglyze XR, Onglyza.
Standard	ST w/QL	BYDUREON (exenetide) BYETTA (exenetide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	XXSQ_EHB	New UM program. New GLP-1 Agonist ST w/QL program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin.
Standard	ST	INVOKAMET (canagliflozin-metformin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin) SYNJARDY (empagliflozin-metformin)	XXSQ_EHB	New UM program. New SGLT2 Inhibitor ST program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin.
		FARXIGA (dapagliflozin) XIGDUO XR (dapagliflozin-metformin)		New UM program. New SGLT2 Inhibitor ST program. Requires a trial of any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND any one of the following preferred brands: Invokamet, Invokana AND any one of the following preferred brands: Jardiance, Synjardy.
Standard	ST	APIDRA (insulin glulisine)	XXSQEH	Update to existing UM program. The Short-Acting Insulin ST program will be updated to align with the new EHB formulary. HUMALOG and HUMULIN products will no longer be targeted. Requires a trial of any one of the following preferred brands: Humalog, Novolog.
Gastroenterology				
Standard	ST w/QL	AMITIZA (lubiprostone) LINZESS (linaclotide)	XXSQ_EHB	New UM program. New Constipation Agents ST w/QL program. Requires a trial of any one of the following generics: lactulose, polyethylene glycol
Miscellaneous				
Standard	ST	ULORIC (febuxostat)	XXSQ_EHB	New UM program. New Antigout Agents ST program. Requires a trial of generic allopurinol.
Ophthalmology				
Standard	ST	BEPREVE (bepotastine) LASTACAFT (alcaftadine)	XXSQ_EHB	New UM program. New Ophthalmic Antihistamines ST program. Requires a trial of any one of the following generics or preferred brands: azelastine, Pataday, Patanol.
Respiratory				
Standard	ST	ZYFLO CR (zileuton)	XXSQ_EHB	New UM program. New Leukotriene Modifier ST program. Requires a trial of any one of the following generics: montelukast, zafirlukast.

Standard	ST w/QL	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	XXSQ_EHB	New UM program. New Long-Acting Bronchodilators ST w/QL program. Requires a trial of any two of the following preferred brands: Advair, Breo Ellipta, Serevent, Symbicort
Urology				
Standard	ST	MYRBETRIQ (mirabegron)	XXSQ_EHB	New UM program. New Bladder Antispasmodics ST program. Requires a trial of any two of the following generics or preferred brands: Oxybutynin IR/ER, tolterodine IR/ER, Vesicare.

QUANTITY LIMIT CHANGES (please refer to *OptumRx Quantity Limit Change Details* table below for specific quantity limits):

Program Type	UM Type	Target Drugs	GPI/NDC List IDs Affected	Program Rationale
ADHD Agents				
Standard	QL	METADATE CD (methylphenidate) 10 mg, 20 mg, 30 mg RITALIN LA (methylphenidate) 20 mg, 30 mg METHYLIN (methylphenidate) solution	XXQL_EHBN	Update to existing UM programs. As part of the OptumRx UM alignment, the QLs for METADATE CD 10, 20, and 30 mg; and Ritalin LA 20 and 30 mg will be decreased to account for maximum dosing frequency. Additionally, a QL for METHYLIN ORAL SOLUTION will be added to allow for maximum daily dosing.
Alzheimer's Agents				
Standard	QL	NAMZARIC (memantine-donepezil)	XXQL_EHBN	New UM program. New NAMZARIC QL will be added as part of the EHB formulary update.
Anti-Infectives				
Standard	QL	SIVEXTRO (tedizolid)	XXQL_EHBN	New UM program. New SIVEXTRO QL will be added as part of the EHB formulary update.
Anticonvulsants				
Standard	QL	DIASTAT (diazepam gel)	XXQL_EHBN	New UM program. New DIASTAT QL will be added as part of the OptumRx UM alignment.
Antiemetics				
Standard	QL	CESAMET (nabilone)	XXP_EHBN	Update to existing UM program. As part of the OptumRx UM alignment, the QL for CESAMET will be modified to allow for maximum dosing frequency.
Antipsychotics				
Standard	QL	ABILIFY (aripiprazole) 2 mg, 5 mg, oral solution	XXQL_EHBN	Update to existing UM programs. As part of the OptumRx UM alignment, the QLs for ABILIFY 2 and 5 mg; and ABILIFY solution will be decreased to allow for dose optimization/max daily dosing.
Benzodiazepines				
Standard	QL	ATIVAN (lorazepam DORAL (quazepam) estazolam HALCION (triazolam) RESTORIL (temazepam)	XXQL_EHBN	New UM program. New Benzodiazepine QLs will be added as part of the OptumRx UM alignment.

		chlordiazepoxide clonazepam ODT KLONOPIN (clonazepam) oxazepam TRANXENE (clorazepate) XANAX (alprazolam) XANAX XR (alprazolam)		
Dermatology				
Standard	QL	SOLARAZE (diclofenac) GEL	XXQL_NSPE	New UM program. Due to compounding pharmacies submitting claims for excessive quantities of SOLARAZE GEL, a QL has been developed.
Diabetes				
Standard	QL	BYDUREON (exenetide) BYETTA (exenetide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	XXQL_NSPE	New UM program. New GLP-1 Agonist QL program will be added to allow for maximum daily dosing.
Gastroenterology				
Standard	QL	FULYZAQ (crofelemer)	XXQL_EHBN	New UM program. New FULYZAQ QL will be added as part of the EHB formulary update.
Hepatitis C				
Standard	QL	DAKLINZA (daclatasvir) 30 mg	XXP_EHBS	Update to existing UM program. With the availability of higher strengths, the QL for DAKLINZA 30 mg will be decreased to allow for dose optimization.
Ophthalmology				
Standard	QL	RESCULA (unoprostone) ZIOPTAN (tafluprost)	XXQL_EHBN	New UM program. New RESCULA and ZIOPTAN QLs will be added as part of the EHB formulary update.
Respiratory				
Standard	QL	ANORO ELLIPTA (umeclidinium-vilanterol) ADVAIR DISKUS (fluticasone-salmeterol) ADVAIR HFA (fluticasone-salmeterol) ARNUITY ELLIPTA (fluticasone) BREO ELLIPTA (fluticasone-vilanterol) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) STRIVERDI RESPIMAT (olodaterol) VENTOLIN HFA (albuterol)	XXQL_EHBN	Update to existing UM program. The Asthma/COPD (inhaled) QL program will be updated to include QLs for ANORO ELLIPTA, ADVAIR DISKUS, ADVAIR HFA, ARNUITY ELLIPTA, BREO ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, STRIVERDI RESPIMAT, and VENTOLIN HFA.
Standard	QL	BECONASE AQ (beclomethasone) OMNARIS (ciclesonide)	XXQL_EHBN	Update to existing UM program. The Allergy (Intranasal) QL program will be updated to include QLs for BECONASE AQ and OMNARIS.
Oncology				
Standard	QL	TARCEVA (erlotinib)	XXP_EHBS	Update to existing UM program. As part of the OptumRx UM alignment, the QL for TARCEVA will be decreased to account for maximum daily dosing.

DRUG	CURRENT QUANTITY LIMIT	NEW QUANTITY LIMIT
ABILIFY (aripiprazole) 2 mg	60 tablets per 30 days	30 tablets per 30 days
ABILIFY (aripiprazole) 5 mg	60 tablets per 30 days	30 tablets per 30 days
ABILIFY (aripiprazole) oral solution	900 mL per 30 days	750 mL per 30 days
ADVAIR DISKUS (fluticasone-salmeterol)	None	1 inhaler per 30 days
ADVAIR HFA (fluticasone-salmeterol)	None	1 inhaler per 30 days
ANORO ELLIPTA (umeclidinium-vilanterol)	None	1 inhaler per 30 days
ARNUITY ELLIPTA (fluticasone)	None	1 inhaler per 30 days
ATIVAN (lorazepam) 0.5 mg	None	90 tablets per 30 days
ATIVAN (lorazepam) 1 mg	None	90 tablets per 30 days
ATIVAN (lorazepam) 2 mg	None	300 tablets per 30 days
AVONEX (interferon beta-1a)	None	1 kit (4 syringes) per 28 days
BECONASE AQ (beclomethasone)	None	1 inhaler per 25 days
BELSOMRA (suvorexant)	None	30 tabs per 30 days
BREO ELLIPTA (fluticasone-vilanterol)	None	1 inhaler per 30 days
BYDUREON (exenetide)	None	4 vials/pens per 28 days
BYETTA (exenetide)	None	1 syringe per 30 days
CESAMET (nabilone)	60 capsules per 30 days	20 capsules per prescription or up to a maximum 3-day supply, whichever is less
chlordiazepoxide 5 mg	None	120 capsules per 30 days
chlordiazepoxide 10 mg	None	900 capsules per 30 days
clonazepam ODT 0.125 mg	None	90 tablets per 30 days
clonazepam ODT 0.25 mg	None	90 tablets per 30 days
clonazepam ODT 0.5 mg	None	90 tablets per 30 days
clonazepam ODT 1 mg	None	90 tablets per 30 days
clonazepam ODT 2 mg	None	300 tablets per 30 days
DAKLINZA 30 mg	3 tablets per day	1 tablet per day
DIASTAT (diazepam) gel	None	2 boxes per prescription
DORAL (quazepam)	None	30 tablets per 30 days
estazolam	None	30 tablets per 30 days
FETZIMA (levomilnacipran)	None	30 capsules per 30 days
FETZIMA (levomilnacipran) Pack	None	1 pack per 365 days
flurazepam	None	30 capsules per 30 days
HALCION (triazolam)	None	60 tablets per 30 days
FLOVENT DISKUS (fluticasone) 50 mcg	None	1 inhaler per 30 days
FLOVENT DISKUS (fluticasone) 100 mcg	None	1 inhaler per 30 days
FLOVENT DISKUS (fluticasone) 250 mcg	None	4 inhalers per 30 days
FLOVENT HFA (fluticasone)	None	2 inhalers per 30 days
FULYZAQ (crofelemer)	None	60 tablets per 30 days
HYSINGLA ER (hydrocodone)	None	30 tablets per 30 days
KLONOPIN (clonazepam)	None	90 tablets per 30 days
METADATE CD (methylphenidate) 10 mg	60 capsules per 30 days	30 capsules per 30 days
METADATE CD (methylphenidate) 20 mg	60 capsules per 30 days	30 capsules per 30 days
METADATE CD (methylphenidate) 30 mg	60 capsules per 30 days	30 capsules per 30 days
METHYLIN 5 mg/5 mL oral solution	None	60 mL per day
METHYLIN 10 mg/5 mL oral solution	None	30 mL per day
NAMZARIC (memantine-donepezil)	None	30 capsules per 30 days
OMNARIS (ciclesonide)	None	1 inhaler per 30 days
oxazepam	None	120 capsules per 30 days
RESCULA (unoprostone)	None	1 bottle (5 mL) per 25 days

RESTORIL (temazepam)	None	30 capsules per 30 days
RITALIN LA (methylphenidate) 20 mg	60 capsules per 30 days	30 capsules per 30 days
RITALIN LA (methylphenidate) 30 mg	60 capsules per 30 days	30 capsules per 30 days
SIVEXTRO (tedizolid)	None	6 tablets per 30 days
SOLARAZE 3% gel	None	300 gm per 30 days
STRIVERDI RESPIMAT (olodaterol)	None	1 inhaler per 30 days
TARCEVA (erlotinib) 100 mg	90 tablets per 30 days	30 tablets per 30 days
TARCEVA (erlotinib) 150 mg	90 tablets per 30 days	30 tablets per 30 days
TRANXENE (clorazepate) 3.75 mg	None	720 tablets per 30 days
TRANXENE (clorazepate) 7.5 mg	None	360 tablets per 30 days
TRANXENE (clorazepate) 15 mg	None	180 tablets per 30 days
TRINTELLIX (vortioxetine)	None	30 tablets per 30 days
TRULICITY (dulaglutide)	None	4 pens per 28 days
VENTOLIN HFA (albuterol)	None	2 inhalers per 30 days
VICTOZA (liraglutide)	None	3 pens per 30 days
XANAX (alprazolam) 0.25 mg	None	120 tablets per 30 days
XANAX (alprazolam) 0.5 mg	None	120 tablets per 30 days
XANAX (alprazolam) 1 mg	None	120 tablets per 30 days
XANAX (alprazolam) 2 mg	None	150 tablets per 30 days
XANAX XR (alprazolam) 0.5 mg	None	30 tablets per 30 days
XANAX XR (alprazolam) 1 mg	None	30 tablets per 30 days
XANAX XR (alprazolam) 2 mg	None	150 tablets per 30 days
XANAX XR (alprazolam) 3 mg	None	90 tablets per 30 days
ZIOPTAN (tafluprost)	None	1 container per day

OPTUMRX EHB UM PROGRAM RETIREMENTS

Program Type	UM Type	Targeted Drugs	Rationale
Standard	PA	ARANESP (darbepoetin alfa)	ARANESP will move to excluded on the EHB formulary.
Standard	PA	CICLOPIROX Solution 8% Kit	CICLOPIROX 8% will move to excluded on the EHB formulary.
Standard	PA	EPOGEN (epoetin alfa)	EPOGEN will move to excluded on the EHB formulary.
Standard	PA w/QL	LAZANDA (fentanyl)	LAZANDA will move to excluded on the EHB formulary.
Standard	PA	SPORANOX (itraconazole) oral solution	SPORANOX oral solution will move to excluded on the EHB formulary.
Standard	PA	THYROGEN (thyrotropin alfa)	THYROGEN will move to excluded on the EHB formulary.
Standard	PA w/QL	TYSABRI (natalizumab)	TYSABRI will move to excluded on the EHB formulary.
Standard	PA	VYTORIN (simvastatin-ezetimibe)	VYTORIN will move to excluded on the EHB formulary.
Standard	ST	candesartan EDARBI (azilsartan)	The ARBs ST program will be retired to align with the new

			EHB formulary.
Standard	ST	NEUPRO (rotigotine)	The NEUPRO ST program will be retired to align with the new EHB formulary.
Standard	ST w/QL	almotriptan frovatriptan ZOMIG (zolmitriptan) nasal	The Triptans ST w/QL program will be retired to align with the new EHB formulary.
Standard	ST	ERTACZO (sertaconazole) EXELDERM (sulconazole) MENTAX (butenafine) naftifine XOLEGEL (ketoconazole)	The Topical Antifungals ST program will be retired to align with the new EHB formulary.
Standard	ST	STRIANT (testosterone)	The Topical Testosterone ST program will be retired to align with the new EHB formulary.
Standard	ST w/QL	ibandronate IV risedronate	The Bisphosphonate ST w/QL program will be retired to align with the new EHB formulary.
Standard	ST	LEVEMIR (insulin detemir)	The Basal Insulin ST program will be retired to align with the new EHB formulary.
Standard	ST	ZENPEP (pancrelipase)	The Pancreatic Enzyme ST program will be retired to align with the new EHB formulary.
Standard	QL	ASMANEX (mometasone) ASMANEX (mometasone) HFA	ASMANEX will move to excluded on the EHB formulary.
Standard	QL	CIALIS (tadalafil) 10 mg, 20 mg	CIALIS 10 and 20 mg will move to excluded on the EHB formulary.
Standard	QL	DULERA (mometasone-formoterol)	DULERA will move to excluded on the EHB formulary.
Standard	QL	EXALGO (hydromorphone) 32 mg	EXALGO 32 mg will move to excluded on the EHB formulary.
Standard	QL	NEXIUM (esomeprazole) granules	NEXIUM granules will move to excluded on the EHB formulary.
Standard	QL	OXYTROL (oxybutynin)	OXYTROL will move to excluded on the EHB formulary.
Standard	QL	QVAR (beclomethasone)	QVAR will move to excluded on the EHB formulary.
Standard	QL	SAVAYSA (exoxaban)	SAVAYSA will move to excluded on the EHB formulary.
Standard	QL	SIVEXTRO (tedizolid) inj	SIVEXTRO injection will move to excluded on the EHB formulary.
Standard	QL	TOBI (tobramycin) Podhaler	TOBI PODHALER will move to excluded on the EHB formulary.
Standard	QL	TUDORZA (aclidinium) Pressair	TUDORZA PRESSAIR will move to excluded on the EHB

			formulary.
Standard	QL	VIAGRA (sildenafil)	VIAGRA will move to excluded on the EHB formulary.

Thank You,

Utilization Management Team