



July 1, 2018 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|---|---|---|
| ALLERGIC REACTIONS | | |
| Anaphylaxis Treatment | Auvi-Q, EpiPen, Epinephrine injection made by Impax | Epinephrine injection (Authorized Generic of EpiPen made by Mylan) |
| ANALGESICS | | |
| Non-Steroidal Anti-Inflammatory Agents | Cambia | celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin |
| ANTICONVULSANTS | | |
| Antiepilepsy | Trokendi XR | topiramate ER |
| AUTONOMIC & CENTRAL NERVOUS SYSTEM | | |
| Interferon Beta Medications for Multiple Sclerosis | Extavia ¹ , Plegridy ¹ , Rebif ¹ | Avonex, Betaseron |
| Oral Long-Acting Opioid Analgesics | Arymo ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER | hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin |
| Oral Short-Acting Opioid Analgesics | Nucynta | codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl |
| Transmucosal Fentanyl Analgesics | Abstral, Fentora, Lazanda, Subsys | fentanyl citrate lozenge |
| DERMATOLOGICAL AGENTS | | |
| Non-Steroidal Anti-Inflammatory | Pennsaid | diclofenac solution |
| Topical Acne Treatment | Acanya, Aktipak, Veltin | adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo Forte, Onexton |
| DIABETES | | |
| Blood Glucose Meters, Test Strips and Control Solutions | Examples: Abbott (FreeStyle, Precision), Arkray(GlucoCard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek) | Lifescan (One Touch products) |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations | Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni | Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta |

(M) Co-branded product

*Tier 3 preferred

¹ Grandfathering allowed, no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

| Therapeutic Category | Excluded Medications | Preferred Alternatives |
|---|--|--|
| DIABETES | | |
| Sodium-glucose co-transporter (SGLT2) Inhibitors | Farxiga, Xigduo XR | Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR |
| Glucagon-Like Peptide-1 (GLP1) Agonists | Adlyxin, Tanzeum | Bydureon, Byetta, Trulicity, Victoza |
| Insulins | Novolin | Humulin |
| Rapid-acting insulin | Apidra, Fiasp, Novolog | Humalog |
| Basal insulin | Basaglar, Levemir, Tresiba | Lantus, Toujeo |
| ENDOCRINE (OTHER) | | |
| Growth Hormones | Genotropin, Humatrope, Saizen, Zomacton | Norditropin, Nutropin, Omnitrope |
| Infertility | Bravelle, Follistim AQ | Gonal-F |
| Topical Testosterone Gels | Fortesta, Testim, Testosterone 2% Gel (M), Volgelxo | Androgel 1.62% |
| GASTROINTESTINAL | | |
| Anti-Diarrheal Agents | Motofen | diphenoxylate/atropine, loperamide |
| Anti-Inflammatory, Anti-Ulcer Agents | Duexis, Vimovo | famotidine PLUS ibuprofen, omeprazole PLUS naproxen |
| | Zorvolex | ibuprofen, naproxen |
| Inflammatory Bowel Disease | Asacol HD, Delzicol, Mesalamine DR (M) | balsalazide, Apriso |
| Opioid-Induced Constipation | Movantik | Amitiza |
| Pancreatic Enzymes | Pancreaze, Pertzeye, Viokace | Creon, Zenpep |
| HEMATOLOGICAL | | |
| Erythropoiesis-Stimulating Agents | Aranesp, Epogen | Procrit |
| IMMUNOMODULATORS | | |
| Interleukin-17 (IL-17) | Taltz ¹ | Cosentyx* |
| Monoclonal Antibody | Inflectra | Remicade |
| MUSCULOSKELETAL | | |
| Muscle Relaxant | Amrix | cyclobenzaprine |
| OPHTHALMIC | | |
| Antiglaucoma Drugs | Rescula, Zioptan | latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z |
| RESPIRATORY | | |
| Pulmonary Anti-Inflammatory Inhalers | Alvesco, Asmanex, QVAR, QVAR Redihaler | Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler |
| Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers | AirDuo, Dulera | Advair Diskus, Advair HFA, Breo Ellipta, Symbicort |
| Short-Acting Beta-2 Adrenergic Inhalers | Levalbuterol Inhaler (M), Proventil HFA, Xopenex HFA | ProAir HFA, Ventolin HFA |
| Chronic Obstructive Pulmonary Disease (inhaled anticholinergics) | Tudorza | Incruse Ellipta, Spiriva |
| Cystic Fibrosis (inhaled antibiotics) | Kitabis Pak, TOBI Podhaler, Tobramycin Neb (M) | Bethkis |
| UROLOGICAL | | |
| Erectile Dysfunction Oral Agents | Levitra, Staxyn, Stendra | sildenafil, Cialis |

(M) Co-branded product

*Tier 3 preferred

¹ Grandfathering allowed, no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

Excluded brand-name medications with generic equivalents⁺

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

| | | | | |
|------------------|--------------------------|---------------------|---------------------------------|------------------------------------|
| Aciphex | Crestor | Lidoderm | Prozac | Wellbutrin SR |
| Acticlate | Cymbalta | Lipitor | Pulmicort Inhalation Suspension | Wellbutrin XL |
| Adderall XR | Cytomel | Lovaza | Retin-A Micro Gel 0.04%, 0.1% | Xanax |
| Alphagan P 0.15% | Depo – Testost Injection | Lunesta | Singulair | Xanax XR |
| Ambien | Dilantin Capsule 100mg | Minastrin | Taclonex Ointment | Yaz |
| Ambien CR | Dilantin Chewable | Nasonex | Tamiflu Capsule | Zegerid |
| Androgel 1% | Dilantin Suspension | Nexium Capsule | Tobi Nebulizer | Zetia |
| Azor | Diovan | Nitrostat | Tobradex Suspension | Ziana |
| Benicar | Diovan HCT | Norco | Toprol XL | Zoloft |
| Benicar HCT | Duac | Norvasc | Tribenzor | Zomig |
| Benzamycin | Duragesic | Nuvigil | Vagifem | Zomig ZMT |
| Benzaclin | Effexor XR | Ortho Tri Cyclen | Valium | Zovirax oral, ointment, suspension |
| Beyaz | Glumetza | Ortho Tri Cyclen Lo | Vitafol | |
| Carafate | Kadian | Percocet | Vivelle-Dot | |
| Celebrex | Lexapro | Prevacid Capsule | Voltaren Gel | |
| Concerta | Lialda | Pristiq | Vytorin | |

⁺These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the previous medication list.

Required Prior Authorization ⁺⁺

| Therapeutic Class | Non-Preferred Medications | Preferred Medications |
|--------------------|--|---|
| Hepatitis C | All other brands ¹ non-preferred with prior authorization | Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Mavyret: genotype 1, 2, 3, 4, 5 & 6 Vosevi: genotype 1, 2, 3, 4, 5 & 6 |
| Multiple Sclerosis | All other brands ¹ non-preferred with prior authorization and Gilenya ^{1*} Tier 3 with prior authorization | Avonex, Betaseron, Copaxone, Tecfidera |
| Immunomodulators | All other brands ¹ non-preferred with prior authorization | Cimzia, Humira, Otezla, Simponi, Simponi Aria, Stelara, Tremfya |

⁺⁺ 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). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators, Multiple Sclerosis and PCSK9 Inhibitors will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

(M) Co-branded product

*Tier 3 preferred

¹ Grandfathering allowed, no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.



© 2018 Optum, Inc. All rights reserved. OR100-7555

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.