

## 2016 Premium Formulary Exclusions

Therapeutic Category	Medications	Preferred Alternatives
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Interferon Beta Medications for Multiple Sclerosis	Betaseron <sup>1</sup> , Extavia <sup>1</sup> , Rebif <sup>1</sup>	Avonex, Plegridy
Oral Long-Acting Opioid Analgesics	Embeda, Hysingla ER, Kadian, Nucynta ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone hydrochloride ER, Opana ER, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda	fentanyl citrate lozenge
<b>CARDIOVASCULAR</b>		
Statins	Altoprev, Lipitor, Livalo, Lescol, Mevacor, Pravachol, Vytorin, Zocor	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, Crestor
<b>DIABETES</b>		
Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Kazano/Nesina/Oseni, Tradjenta/Jentadueto	Janumet/Januvia, Kombiglyze XR/Onglyza
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokana, Jardiance, Synjardy
Glucagon-Like Peptide-1 Agonists	Tanzeum	Bydureon, Byetta, Trulicity Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, NovoLog	Humalog
Basal insulin	Levemir	Lantus
<b>ENDOCRINE (OTHER)</b>		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Zomacton	Norditropin, Nutropin, Saizen
Topical Testosterone Products	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Testosterone 1% Gel, Vogelxo	Androgel 1.62%
<b>GASTROINTESTINAL</b>		
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Apriso, Asacol HD, Delzicol	Lialda

Therapeutic Category	Medications	Preferred Alternatives
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
<b>RESPIRATORY</b>		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Combination Inhalers	Dulera	Advair Diskus, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	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, TOBI Nebulizer, TOBI Podhaler	Bethkis
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Viagra	Cialis, Stendra
<b>ALLERGIC REACTIONS</b>		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q	EpiPen

Required Prior Authorization Additions <sup>2</sup>		
Therapeutic Class	Medications	Preferred Medications
Hepatitis C	All other brands <sup>1</sup> non-preferred with prior authorization	Daklinza: genotype 3 Harvoni: genotype 1 & 4 Sovaldi: genotype 2, 3 & 4
Immunomodulators	All other brands <sup>1</sup> non-preferred with prior authorization	Cimzia, Humira, Simponi, Stelara
Multiple Sclerosis	All other brands <sup>1</sup> non-preferred with prior authorization and Gilenya <sup>1</sup> tier 3 with prior authorization	Avonex, Copaxone, Plegridy, Tecfidera
PCSK-9	All other brands <sup>1</sup> non-preferred with prior authorization	Praluent

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

<sup>2</sup> All medications require a Prior Authorization. Non-preferred require Step Therapy prior to beginning therapy on preferred agents.

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