

CalPERS Basic Plans

Key Required Prior Authorizations and Formulary Exclusions

OptumRx is pleased to be your pharmacy benefit manager. The purpose of this document is to assist you and your prescriber in identifying formulary preferred medications available to you to meet your healthcare needs. Below is a list of key drugs that require Prior Authorization, as well as formulary exclusions. The drugs are divided into two tables arranged by Therapeutic Category.

Preferred Medications in Key Therapeutic Categories Requiring Prior Authorization

All medications in this table require Prior Authorization. Non-Preferred medications, however, require additional clinical justification from your healthcare provider. This is not meant to be an exhaustive list of all required prior authorizations.

Therapeutic Category	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands*	Epclusa: genotype 2, 3, 5 and 6 Harvoni: genotype 1, 4, 5 and 6 Sovaldi: genotype 2 Zepatier: genotype 1 and 4
Immunomodulators	All other brands*	Cimzia, Humira, Simponi, Stelara
Multiple Sclerosis	All other brands*; Gilenya* Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK9 Inhibitors	All other brands*	Praluent

For drugs marked with an asterisk (*), “grandfathering” is allowed under certain conditions. This means that if you are already taking the medication, the drug will be covered if you meet those conditions.

EXCLUDED MEDICATIONS

Below is a list of medications by drug class that have been removed from your plan's formulary. A formulary exception review process is available for those members requesting a medication that is excluded from the formulary. The member or provider may call **1-855-505-8110** to initiate the formulary exception review process. The formulary exception review process does not guarantee coverage of excluded medications.

Therapeutic Category	Excluded Medications	Preferred Medications
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q	EpiPen
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Oral Long-Acting Opioid Analgesics	Hysingla ER, Kadian, Nucynta ER, Opana ER, Zohydro ER	Embeda, hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, OxyContin, oxymorphone HCl ER
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
DERMATOLOGICAL		
Topical Acne Treatment	Acanya, Benzacilin, Benzacilin Pump, Benzamycin, Duac, Veltin, Ziana Gel	avar cleanser, clindamycin/benzoyl peroxide, Epiduo/Epiduo Forte, erythromycin/benzoyl peroxide, Onexton, sodium sulfacetamide/sulfur wash
DIABETES		
Blood Glucose Meters and Strips	Abbott (FreeStyle, Precision), Arkray (Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch)
Dipeptidyl Peptidase-4 Inhibitors and Combinations	Alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Nesina, Oseni, Kombiglyze XR, Onglyza	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Glucagon-Like Peptide-1 Agonists	Tanzeum	Bydureon, Byetta, Trulicity, Victoza
Insulins — Rapid-Acting	Apidra	NovoLog
Insulins — Basal	Tresiba	Lantus, Levemir, Toujeo
Sodium-Glucose Co-Transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokana, Jardiance, Synjardy

Therapeutic Category	Excluded Medications	Preferred Medications
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Zomacton	Norditropin, Nutropin, Saizen
Topical Testosterone Gels	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Testosterone 1% Gel, Vogelxo	Androgel 1.62%
GASTROINTESTINAL		
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Inflammatory Bowel Disease	Asacol HD, Delzicol, Mesalamine DR	Apriso, Lialda, mesalamine, sulfasalazine
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
MULTIPLE SCLEROSIS		
Interferon Beta Medications	Extavia*, Plegridy*, Rebif*	Avonex, Betaseron, Copaxone, Tecfidera
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	Latanoprost ophthalmic solution, Lumigan, Travatan Z, Travoprost ophthalmic solution
RESPIRATORY		
Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent, Pulmicort Flexhaler
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, tobramycin
UROLOGICAL		
Bladder Antispasmodics	Myrbetriq	oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, Vesicare
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

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If you have any questions about this document or your prescription drug plan, call OptumRx customer service at **1-855-505-8110, TTY 711** or visit **optumrx.com/calpers**.



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