



The following formulary decisions and updates apply to **Optum Rx® commercial business**.

The Optum Rx Business Committee meets monthly to evaluate tier placements and new prescription products approved by the Food and Drug Administration (FDA). This committee makes decisions based on information and recommendations from the Optum Rx National Pharmacy & Therapeutics Committee, comprised of independent physician providers and pharmacists.

The following are the strategic clinical decisions made in the past month. Your actual plan's copays and/or coinsurance may differ from those indicated depending on the selected plan design, which determines coverage and pharmacy provider(s). Refer to your benefit plan documents to make sure the listed medications are included in your benefit.

Please note:

If your plan includes Specialty Pharmacy (SP), your members may obtain specialty products from Optum Specialty Pharmacy for your plan's designated copay or coinsurance. If your plan does not include SP, your members may purchase self-injectable and oral specialty medications from retail pharmacies, or specialty products may be covered under your medical plan. Specialty program medications may be limited to a 30-day supply depending on plan design. Please consult your plan coverage documents.

Available formularies

Select	Three tier formulary with generic drugs included in Tier 1, preferred brand name drugs included in Tier 2 and non-preferred drugs included in Tier 3. Many Tier 3 drugs have lower-cost options in Tier 1 or 2.
Premium	Three tier formulary with generic drugs included in Tier 1. Some drugs may be excluded from the Premium Formulary due to a strategic evaluation of the market, utilization, quality outcomes and total cost of care.
Premium Value (PVF)	Four-tiered, closed formulary with tiering based on net cost, regardless if the drug is a brand or generic. Drugs are added to PVF after a strategic evaluation of the market, utilization, quality outcomes and total cost of care.

Key **SP:** Specialty Pharmacy **PA:** Prior Authorization **ST:** Step Therapy **QL:** Quantity Limits

FDA approves the first oral treatment for postpartum depression

On Aug. 4, 2023, the FDA approved the first oral treatment for postpartum depression (PPD). Zurzuvae (zuranolone) is indicated for the treatment of PPD in adults. It is available as a once-daily capsule in 20 mg, 25 mg, or 30 mg strengths. Other FDA approved treatments for PPD include Zulresso (brexanolone) IV solution.

According to the CDC, mental health conditions are the leading cause of maternal mortality with PPD being among the most common complication during and after pregnancy. PPD is a major depressive episode that is characterized by sadness and/or loss of interest in activities, a decreased ability to feel pleasure, cognitive impairment, loss of energy or suicidal ideation. It typically occurs after childbirth but can also begin during the later stages of pregnancy. It is often managed with psychotherapy or antidepressants. Prior to the approval of Zurzuvae, treatment specifically for PPD was only available as an IV injection given by a health care provider.

Allopregnanolone is a substance that occurs naturally in the body as a metabolite of the hormone progesterone. Allopregnanolone levels can rise significantly during pregnancy, and drop dramatically after childbirth, possibly contributing to postpartum depression in certain women. Zuranolone is a neuroactive steroid that is closely related to allopregnanolone and is thought to have a positive allosteric modulation of GABA-A receptors.

Zurzuvae is currently being evaluated by Optum Rx to determine its place on Optum Rx standard formularies.

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
ADHD Agents	Azstarys (serdexmethylphenidate- dexmethylphenidate) capsule	Brand	3 > 2	3 > 2	12/1/23
Hormone Modifying Agents	Omnitrope** (somatropin) SC injection	Brand	3 > 2	EXC > 2	8/15/23
Respiratory Agents	Symbicort (budesonide- formoterol) aerosol	Brand	2 > 1	2 > 1	8/15/23

**Downtier due to drug shortage of Nutropin and Norditropin

N/C: No change

EXC: Excluded

Up-tiers

Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Brand medications may move to a higher tier at any time when a generic equivalent becomes available. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
Respiratory Agents	Breyna (budesonide- fometerol) aerosol powder	Brand	1 > 3	EXC (N/C)	8/15/23

Premium Value Up-tiers/Down-tiers

Medications may move to a lower tier or added to the formulary throughout the year, helping members take immediate advantage of cost savings. Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Please note there are no up-tiers or down-tiers at this time.

New Brand Launches

New brand name medications launch throughout the year. Final coverage status is determined after medications are thoroughly reviewed by the Optum Rx National Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Analgesic Agents	Brixadi (buprenorphine) SC injection*	Tier 3	EXC	EXC	X	---	---	---	7/19/23
Antidiabetic Agents	Brenzavvy (bexagliflozin) tablet*	Tier 3	EXC	EXC	---	---	---	---	7/18/23
Antineoplastic Agents	Adstiladrin (nadofaragene firadenov-vncg) intravesical suspension*	Tier 3	EXC	EXC	X	---	---	---	7/19/23

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Cyclophosphamide IV solution 500mg, 1g, 2g	Tier 3	Tier 3	EXC	X	---	---	---	7/24/23
	Vanflyta (quizartinib) tablet*	Tier 3	EXC	EXC	X	---	---	---	7/26/23
Dermatological Agents	Cosentyx (secukinumab) SC auto-injection	Tier 3	EXC	EXC	X	X	---	X	8/22/23
	Litfulo (ritlecitinib) capsule*	Tier 3	EXC	EXC	X	---	---	---	7/7/23
Endocrine and Metabolic Agents	Xenpozyme (olipudase alfa-rpcp) IV solution	Tier 3	Tier 3	EXC	X	---	---	---	7/26/23
Gastrointestinal Agents	Suflave (PEG 3350-KCL-NACL-NA-SU-MAG SuL FOR) oral solution*	Tier 3	EXC	EXC	---	---	---	---	6/30/23
Hematological Agents	Roctavian (valoctocogene roxaparvovec-rvox) IV suspension*	Tier 3	EXC	EXC	X	X	---	---	7/18/23
Hormonal Agents	Ngenla (somatrogon-ghla) pen injection*	Tier 3	EXC	EXC	X	---	---	---	8/2/23
Immunological Agents	Rystiggo (rozanolixizumab-noli SC injection*)	Tier 3	EXC	EXC	X	---	---	---	6/30/23
Ophthalmic Agents	Xdemvy (lotilaner) ophthalmic solution*	Tier 3	EXC	EXC	---	---	---	---	7/28/23

*Medication product added to the Focused UM Program.

*Medications or products added to the New Drugs to Market exclusion list can remain excluded for up to six months. Updates for these products will be listed in the **New Benefit Coverage for Medications Removed from the New Drugs to Market Exclusion List** section below.

Authorized Brand Alternatives (ABA), also referred to as Authorized Generics, are approved brand name medications marketed by either the brand company or another company. Although it does not have the brand name on its label, it is the exact same drug product as the brand product.

EXC: Excluded

New Generic Launches

New generic medication launches occur throughout the year. Generic medications will be placed in Tier 1 on the Select and Premium Formularies. Brand medications may move to a higher tier at any time when a generic equivalent becomes available.

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Hematological Agents	Plerixafor SC injection	Mozobil	Tier 1	Tier 1	Tier 4	X	X	---	X	7/12/23
Metabolic Agents	levocarnitine injection	Carnitor	Tier 1	Tier 1	EXC	---	---	---	---	7/27/23
Respiratory Agents	Breyna* (budesonide-formoterol) aerosol	Symbicort	Tier 3	EXC	EXC	---	X	---	X	8/15/23

*Higher Priced Generic strategy: Premium (EXC), Select (Tier 3)

New Benefit Coverage for Medications Removed from the New Drugs to Market Exclusion List

New Drugs to Market updates apply to all plans that have this exclusion list in place. New drugs can be maintained on this list for up to six months. Medications that are removed from this exclusion list have new benefit coverage as shown below.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Endocrine and Metabolic Agents	Lamzede (velmanase alfa-tycv) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	9/16/23
Genitourinary Agents	Filspari (sparsentan) tablet	Brand	Tier 3	Tier 3	EXC	X	X	---	X	8/23/23
Hematological Agents	Altuviiio (antihemophilic factor-rcmb) IV solution	Brand	Tier 3	Tier 3	EXC	X	---	---	---	9/8//23
Neurological Agents	Sodium Oxybate oral solution (made by Amneal) 500mg/mL*	Brand	Tier 3	EXC	EXC	X	X	---	X	1/1/24

Specialty Updates

Specialty medication updates include existing medications being added to or removed from the Specialty Pharmacy Program.

Please note there are no specialty medication updates at this time.

PA Prior Authorization

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage. This table only shows Prior Authorizations that have been added or removed. Existing utilization management such as Step Therapy and Quantity Limits may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Dermatological Agents	adapalene gel	Remove	8/1/23
Endocrine and Metabolic Agents	Elfabrio (pegungalsidase alfa-iwxj) IV solution	Add	8/1/23
	Veozah (fezolinetant) tablet	Add	8/1/23
Gastrointestinal Agents	Vowst (fecal microbiota spore) capsule	Add	8/1/23
Hormonal Agents	Sogroya (somapacitan-beco) SC solution	Add	8/1/23
Neurological Agents	Qalsody (tofersen) intrathecal solution	Add	8/1/23
Respiratory Agents	fluticasone-salmeterol aerosol powder	Remove	1/1/24
	Wixela Inhub (fluticasone-salmeterol) aerosol	Remove	1/1/24

ST Step Therapy

Step Therapy directs members to try a lower-cost alternative (Step 1) before a higher-cost medication (Step 2) may be eligible for coverage. This table only shows Step Therapy that have been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Respiratory Agents	Advair Diskus (fluticasone-salmeterol) aerosol powder	Add	1/1/24
	fluticasone-salmeterol aerosol powder	Add	1/1/24
	Wixela Inhub (fluticasone-salmeterol) aerosol	Add	1/1/24

QL Quantity limits

Quantity limits establish the maximum quantity of a drug that is covered within a specified timeframe. This table only shows Quantity Limits that have been added or removed. Existing utilization management such as Prior Authorizations and Step Therapy may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Endocrine and Metabolic Agents	Veozah (fezolinetant) tablet	Add	8/1/23
Gastrointestinal Agents	Vowst (fecal microbiota spore) capsule	Add	8/1/23



If you would like additional information that is not listed, please contact your Optum Rx representative.

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