



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 first therapy for rare non-cancerous desmoid tumors

On Nov. 27, 2023, the FDA approved Ogsiveo (nirogacestat) to treat desmoid tumors. Ogsiveo is indicated for adult patients with progressing desmoid tumors who require systemic treatment. It is available as a 50mg oral tablet to be dosed twice daily until the disease progresses or an unacceptable level of toxicity is reached.

Desmoid tumors, also known as aggressive fibromatosis, are rare, dense, non-cancerous, soft-tissue tumors. These tumors typically grow aggressively and affect nearby tissues and organs. When these tumors invade surrounding structures and organs, it often results in pain, mobility issues, nerve damage, and decreased quality of life. Treatment options of desmoid tumors include local ablation, radiation therapy, or surgical removal. However, there is a high-risk that the tumor will return with surgical intervention. Other pharmacological therapies for desmoid tumors include off-label use of tyrosine kinase inhibitors and systemic chemotherapies.

Ogsiveo is the first FDA-approved therapy for patients with desmoid tumors. When dysregulated, activation of the Notch receptors can contribute to tumor growth. Ogsiveo works by inhibiting the activation of the Notch receptor.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Ogsiveo for clinical value and safety. Afterwards, Optum Rx will determine its place on the 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.

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

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.

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

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.

**The Premium Value Formulary is not applicable to UMR business.*

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	Coxanto (oxaprozin) capsule*	Tier 3	EXC	EXC	---	---	---	---	12/04/23
	Oxaprozin capsule* (ABA for Coxanto)	Tier 3	EXC	EXC	---	---	---	---	12/21/23
Antidiabetic Agents	Zituvio (sitagliptin) tablet*	Tier 3	EXC	EXC	---	---	---	---	12/20/23
Antineoplastic Agents	lwilfin (eflornithine) tablet*	Tier 3	EXC	EXC	X	---	---	---	12/21/23
Dermatological Agents	Zoryve (roflumilast) topical foam*	Tier 3	EXC	EXC	---	---	---	---	12/20/23
Hematological Agents	Fabhalta (iptacopan) capsule*	Tier 3	EXC	EXC	X	---	---	---	12/08/23
Hormonal Agents	Bijuva (estradiol-progesterone) capsule	Tier 3	Tier 3	EXC	---	---	---	---	12/06/23
Neurological Agents	Wainua (eplontersen) SC injection*	Tier 3	EXC	EXC	X	---	---	---	12/27/23
Ophthalmic Agents	Vevye (cyclosporin) ophthalmic solution*	Tier 3	EXC	EXC	---	X	---	---	12/08/23

*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	
Antipsychotic Agents	risperidone IM injection	Risperdal	Tier 1	Tier 1	Tier 3	---	---	---	---	12/13/23
Dermatological Agents	podofilox topical gel	Condylox	Tier 1	Tier 1	EXC	---	---	---	---	12/11/23

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.

Please note no medications have been removed from the New Drugs to Market exclusion list at this time.

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.

Please note there are no additions or removals of this restriction at this time.

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.

Please note there are no additions or removals of this restriction at this time.

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.

Please note there are no additions or removals of this restriction at this time.



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

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