



The following formulary decisions and updates apply to **Optum Rx<sup>®</sup> 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**

<b>Select</b>	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.
<b>Premium</b>	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.
<b>Premium Value (PVF)</b>	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

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## FDA approves the first treatment for myelofibrosis patients with anemia

On Sept. 15, 2023, the FDA approved the first oral treatment for myelofibrosis with anemia. Ojjaara (momelotinib) is indicated for the treatment of intermediate or high-risk myelofibrosis (MF), a type of blood cancer, including primary or secondary MF and post-essential thrombocythemia, in adults with anemia. Ojjaara is available as a once-daily tablet in 100 mg, 150 mg, or 200 mg strengths.

Myelofibrosis is a rare type of blood cancer where bone marrow is replaced by fibrous scar tissue that disrupts the body's normal production of blood cells. MF affects approximately 25,000 patients in the U.S. and nearly all myelofibrosis patients are estimated to develop anemia over the course of the disease. Pharmacological therapies for MF related anemia include off-label use of erythrocyte stimulating agents, steroids, androgens, and immunomodulatory agents such as thalidomide, lenalidomide, pomalidomide. Over 30% of patients will discontinue standard MF related anemia treatment and will require transfusions.

Ojjaara marks the first FDA approved treatment option for both newly diagnosed and previously treated patients, regardless of prior therapy, for myelofibrosis with anemia.

The Optum Rx National Pharmacy & Therapeutics Committee will thoroughly assess Ojjaara for clinical value and safety. Afterwards, Optum Rx will determine its place on the Optum Rx standard formularies.

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## 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
Anaphylactic Agents	Auvi-Q (epinephrine) IM/SC auto-injector	Brand	3 (N/C)	EXC > 3	11/1/23
Anti-infective Agents	Beyfortus (nirsevimab-alip) IM injection	Brand	3 > 2	EXC > 2	9/28/23
Diabetic Supplies	Omnipod Go (insulin infusion disposable pump kit) device	Brand	3 > 2	EXC > 2	11/4/23

N/C: No change

EXC: Excluded

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## 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.*

## 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	
<b>Anti-infective Agents</b>	Cresemba (isavuconazonium) capsule 74.5mg	Tier 3	Tier 3	Tier 4	---	X	---	---	9/13/23
<b>Antineoplastic Agents</b>	Akeega (niraparib-abiraterone) tablet*	Tier 3	EXC	EXC	X	X	---	---	9/11/23
	Ojjaara (mometinib) tablet*	Tier 3	EXC	EXC	X	---	---	---	9/20/23
<b>Antipsychotic Agents</b>	Rykindo (risperidone) IM injection*	Tier 3	EXC	EXC	---	---	---	---	8/31/23
<b>Cardiovascular Agents</b>	Lodoco (colchicine) tablet*	Tier 3	EXC	EXC	---	---	---	---	9/1/23
<b>Dermatological Agents</b>	Daxxify (daxibotulinumtoxin-lanm) IM injection*	Tier 3	EXC	EXC	X	---	---	---	9/4/23
<b>Hematological Agents</b>	Aphexda (motixafortide) SC injection*	Tier 3	EXC	EXC	X	---	---	---	9/20/23
	Jesduvroq (daprodustat) tablet*	Tier 3	EXC	EXC	---	---	---	---	9/13/23
<b>Musculoskeletal Agents</b>	Adalimumab-adbm SC injection*	Tier 3	EXC	Tier 3	X	X	---	X	9/19/23
	Hyrimoz (adalimumab-adaz) SC injection* [by Cordavis]	Tier 3	EXC	EXC	X	X	---	X	9/28/23

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Nutrients	Pokonza (potassium chloride) powder*	Tier 3	EXC	EXC	---	---	---	---	9/25/23
Respiratory Agents	Breo Ellipta (fluticasone-vilanterol) inhaler 50-25mcg	Tier 2	Tier 2	Tier 2	---	---	---	X	10/10/23

\*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	
Dermatological Agents	tretinoin gel 0.08%	Retin-A Gel	Tier 1	Tier 1	EXC	---	---	---	---	8/28/23
Ophthalmic Agents	brimonidine ophthalmic solution 0.1%	Alphagan P	Tier 1	Tier 1	EXC	---	---	---	---	9/1/23

## 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.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Analgesic Agents	Brixadi (buprenorphine) SC injection	Brand	Tier 3	Tier 3	EXC	X	---	---	---	11/1/23

Therapeutic use	Medication name	Brand/Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
<b>Anti-infective Agents</b>	Beyfortus (nirsevimab-alip) IM injection	Brand	Tier 2	Tier 2	EXC	---	---	---	---	9/28/23
<b>Antineoplastic Agents</b>	Columvi (glofitamab-gxbm) IV infusion	Brand	Tier 3	Tier 3	EXC	X	X	---	---	12/27/23
	Epkinly (epcoritamab-bysp) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	11/27/23
	Mekinist (trametinib) oral solution	Brand	Tier 3	Tier 3	EXC	X	X	---	---	11/19/23
	Tafinlar (dabrafenib) tablet	Brand	Tier 3	Tier 3	EXC	X	X	---	---	11/19/23
<b>Antipsychotic Agents</b>	Abilify Asimtufii (aripiprazole) IM injection	Brand	Tier 3	Tier 3	EXC	---	---	---	---	11/4/23
	Uzedy (risperidone) SC injection	Brand	Tier 3	Tier 3	EXC	---	---	---	---	11/13/23
<b>Neurological Agents</b>	Qalsody (tofersen) intrathecal injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	10/28/23

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## 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
Anti-infective Agents	Rezzayo (rezafungin) IV infusion	Add	10/1/23
Antineoplastic Agents	Adstiladrin (nadofaragene firadenov-vncg) intravesical injection	Add	10/1/23
	Vanflyta (quizartinib) tablet	Add	10/1/23
Dermatological Agents	Litfulo (ritlecitinib) capsule	Add	10/1/23
Hematological Agents	Mozobil (plerixafor) SC injection	Remove	11/1/23
	plerixafor SC injection	Remove	11/1/23
Hormonal Agents	Ngenla (somatrogon-ghla) SC injection	Add	10/1/23
Immunological Agents	Rystiggo (rozanolixizumab-noli) SC injection	Add	10/1/23
Neurological Agents	Elevidys Kit (delandistrogene moxeparvovec-rokl) IV injection	Add	10/1/23

## 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
Anaphylactic Agents	Auvi-Q (epinephrine) IM/SC auto-injector	Remove	11/1/23
Antidiabetic Agents	Brenzavvy (bexagliflozin) tablet	Add	10/1/23
Gastrointestinal Agents	Suflave (PEG 3350-KCL-NA-CL-NA-sulfate) oral solution	Add	10/1/23

## 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
Anaphylactic Agents	Auvi-Q (epinephrine) IM/SC auto-injector	Remove	11/1/23
Dermatological Agents	Litfulo (ritlecitinib) capsule	Add	10/1/23
Hematological Agents	Mozobil (plerixafor) SC injection	Remove	11/1/23
	plerixafor SC injection	Remove	11/1/23
Ophthalmic Agents	Xdemvy (lotilaner) ophthalmic solution	Add	10/1/23



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

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