



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

Announcing the Jan. 1, 2024 Pharmacy Benefit Update

We are pleased to share our Jan. 1, 2024 Pharmacy Benefit Update with you – and how these updates are beneficial in delivering cost-effective solutions for your plans and members.

Watch the [webcast](#) to learn more about our Jan. 1, 2024 formulary and Utilization Management strategies including:

- **Affordability** – With the goal of improving access and affordability for members, **eight insulins** will be added to coverage at the preferred Tier 1 status on Optum Rx standard formularies. Optum Rx will also be offering **new weight management solutions** in response to the increased use of GLP-1 agonists. New generic launches for Latuda, Xyosted and other drugs will promote more cost-effective generic utilization.
- **Specialty medication updates** – With the launch of new Humira biosimilars, Optum Rx will continue to cover brand Humira while adding select biosimilars at parity, ensuring the broadest possible choice and access to lower cost options for members, providers and clients. A few therapeutic classes of medications will move from **specialty to non-specialty status**, making them more available and affordable for members at network retail pharmacies.
- **Utilization Management updates** – Updates to **Prior Authorization** and **early refill limits** for GLP-1 agonists will guide more appropriate use for members with Type 2 diabetes and those using these medications for weight loss. **Quantity Limits** will be applied to select opioids, aligning with the Centers for Disease Control and Prevention (CDC) updates to morphine milligram equivalent (MME) conversion factors.



Our Jan. 1, 2024, strategic formulary management decisions are summarized below. A more [detailed list of drug updates for the Select, Premium and Premium Value Formularies](#) is also available, identifying all therapeutic categories, brand/generic drug names and the planned update for each one.

Jan. 1, 2024 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary	Premium Value Formulary
DOWN-TIER (POSITIVE) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	27	37	7
UP-TIER (NEGATIVE) Medications that move to a higher tier because they offer less health care value, clinically and/or financially, than similar medications in their therapeutic classes.	18	10	5
EXCLUSIONS A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our clients while preserving affordable choices for members.	N/A	22	34

At OptumRx, our goal is to promote better choices and outcomes while lowering the total cost of care. We believe these formulary decisions support our clients and members in achieving this goal. If you have questions about these updates, please talk to your OptumRx representative.

MONTHLY UPDATES

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
Hormonal Agents	Omnitrope (somatropin) IV injection [^]	Brand	3 > 2	EXC > 2	8/15/23
Respiratory Agents	Spiriva Handihaler (tiotropium) capsule	Brand	2 > 1	2 > 1	9/6/23

[^]formulary change due to drug shortage
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	tiotropium bromide capsule	Generic	1 > 3	1 > EXC	9/6/23

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	
Anti-infective Agents	Beyfortus (nirsevimab-alip) IM injection	Tier 2	Tier 2	Tier 3	---	---	---	---	9/28/23
	Nitrofuranto (nitrofurantoin) oral suspension*	Tier 3	EXC	EXC	---	---	---	---	8/30/23
Antineoplastic Agents	Elrexfio (elranatamab-bcmm) SC injection*	Tier 3	EXC	EXC	X	---	---	---	8/16/23
	Talvey (talquetamab-tgvs) SC injection*	Tier 3	EXC	EXC	X	---	---	---	8/14/23
Hematological Agents	Balfaxar (prothrombin complex concentrate human-lans) IV injection	Tier 3	Tier 3	EXC	---	---	---	---	8/28/23
	Veopoz (pozelimab-bbfg) IV injection*	Tier 3	EXC	EXC	X	---	---	---	8/23/23
Musculoskeletal Agents	Sohonos (palovarotene) capsule*	Tier 3	EXC	EXC	X	---	---	---	8/30/23
Ophthalmic Agents	Eylea HD (aflibercept) intravitreal injection*	Tier 3	EXC	EXC	X	X	---	---	8/22/23
	Iyuzeh (latanoprost) ophthalmic solution*	Tier 3	EXC	EXC	---	---	---	---	9/6/23
	Izervay (avacincaptad pegol) intravitreal injection*	Tier 3	EXC	EXC	X	---	---	---	8/10/23
Respiratory Agents	Airsupra (albuterol-budesonide) inhalation aerosol*	Tier 3	EXC	EXC	---	---	---	---	8/21/23
Toxicology Agents	Opvee (nalmefene) nasal spray*	Tier 3	EXC	EXC	---	---	---	---	8/16/23

*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	
ADHD Agents	lisdexamfetamine capsule and chewable tablet	Vyvanse/Vyvanse Chew	Tier 1	Tier 1	EXC	---	---	---	X	8/28/23
Analgesic Agents	indomethacin suppository 50mg	Indocin	Tier 1	Tier 1	EXC	---	---	X	---	8/3/23
Antidiabetic Agents	saxagliptin tablet	Onglyza	Tier 1	Tier 1	EXC	---	---	X	---	8/22/23
	saxagliptin-metformin tablet	Kombiglyze	Tier 1	Tier 1	EXC	---	---	X	---	8/29/23
Anti-infective Agents	vancomycin oral solution 25mg/mL & 50mg/mL	Firvanq	Tier 1	Tier 1	Tier 2	---	---	---	---	7/27/23
Contraceptive Agents	Joyeaux (levonorgestrel-ethinyl estradiol-fe) tablet	Balcoltra	Tier 1	Tier 1	Tier 2	---	---	---	---	8/18/23

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	
Antineoplastic Agents	Columvi (glofitamab-gxbm) IV injection	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

Therapeutic use	Medication name	Brand/Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Zynyz (retifanlimab-dlwr) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	9/25/23
Dermatological Agents	Vyjuvek (beremagene geperpavec-svdt) gel	Brand	Tier 3	Tier 3	EXC	X	X	---	X	10/1/23
Hematological Agents	Pradaxa (dabigatran) oral pellet	Brand	Tier 3	Tier 3	EXC	---	---	---	X	10/1/23

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
Antimigraine Agents	Zavzpret (zavegepant) nasal spray	Add	9/1/23
Antineoplastic Agents	Columvi (glofitamab-gxbm) IV injection	Add	9/1/23
	Epkinly (epcoritamab-bysp) SC injection	Add	9/1/23
Antiparkinson Agents	Kynmobi (apomorphine) sublingual film	Remove	10/1/23
Antiviral Agents	Prevymis (letermovir) tablet	Remove	9/1/23
Dermatological Agents	Vyjuvek (beremagene geperpavec-svdt) gel	Add	9/1/23
Ophthalmic Agents	Miebo (perfluorohexyloctane) ophthalmic solution	Add	9/1/23

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
Antidiabetic Agents	Farxiga (dapagliflozin) tablet	Remove	9/1/23
	Glyxambi (empagliflozin-linagliptin) tablet	Remove	9/1/23
	Jardiance (empagliflozin) tablet	Remove	9/1/23
	Synjardy & Synjardy XR (empagliflozin-metformin) tablet	Remove	9/1/23
	Trijardy XR (empagliflozin-linagliptin) tablet	Remove	9/1/23
	Xigduo XR (dapagliflozin-metformin) tablet	Remove	9/1/23
Cardiovascular Agents	Inpefa (sotagliflozin) tablet	Add	9/1/23
Gastrointestinal Agents	lubiprostone capsule	Remove	8/1/23
Otic Agents	ciprofloxacin 0.2% otic solution	Remove	9/1/23

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
Analgesic Agents	Brixadi (buprenorphine) SC injection	Remove	8/8/23
Anticoagulants	Arixtra (fondaparinux) SC injection	Remove	10/1/23
	enoxaparin SC injection	Remove	10/1/23

Therapeutic use	Medication name	Add/Remove	Effective date
Anticoagulants	Enoxiluv (enoxaparin) SC injection	Remove	10/1/23
	fondaparinux SC injection	Remove	10/1/23
	Fragmin (dalteparin) SC injection	Remove	10/1/23
	Lovenox (enoxaparin) SC injection	Remove	10/1/23
Antimigraine Agents	Zavzpret (zavegepant) nasal spray	Add	9/1/23
Antiparkinson Agents	Kynmobi (apomorphine) sublingual film	Remove	10/1/23
Dermatological Agents	Vyjuvek (beremagene geperpavec-svdt) gel	Add	9/1/23
Ophthalmic Agents	Miebo (perfluorohexyloctane) ophthalmic solution	Add	9/1/23
Respiratory Agents	Lonhala Magnair (glycopyrrolate) inhalation solution	Remove	10/1/23



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

At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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