

Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

August 2020

The following formulary decisions and updates apply to OptumRx[®] direct commercial business.

The OptumRx 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 OptumRx 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).

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

Premium Three tier formulary with generic drugs included in Tier 1. All specialty drugs, including injectables, are tiered based on the OptumRx specialty drug list. Some drugs may be excluded from the Premium Formulary due to our strategic evaluation of the market, utilization, quality outcomes and total cost of care.

Select Three tier formulary with generic drugs included in Tier 1. All specialty drugs, including injectables, are tiered based on the OptumRx specialty drug list.

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

New HIV-1 attachment inhibitor Rukobia launches

On July 2, 2020, the FDA announced the approval of Rukobia (fostemsavir), a first-in-class HIV-1 attachment inhibitor which targets the first step of the viral lifecycle, providing a new mechanism of action to treat people with HIV. It is used in combination with other antiretroviral agents, for heavily treatment-experienced adults with multidrug-resistant HIV-1 infections failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations. Rukobia is available in a 600mg extended-release tablet.

Rukobia will be excluded on OptumRx's Premium Formulary and will be placed on Tier 3 of OptumRx's Select Formulary.

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings.

Therapeutic Use	Medication Name	Brand/ Generic	Premium Tier	Select Tier	Effective Date
Antimigraine Agents	Nurtec oral disintegrating tablet 75mg	Brand	EXC > 2	3 > 2	9/1/20
	Ubrelyv tablet	Brand	EXC > 2	3 > 2	9/1/20
Respiratory Agents	Yupelri inhalation solution 175 mcg/3ml	Brand	EXC > 3	Tier 3 (N/C)	9/1/20

EXC: Excluded
N/C: No change

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.

Please note there are no up-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 OptumRx National Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.

Therapeutic Use	Medication Name	Premium Tier	Select Tier	Programs				Effective Date
				SP	PA	ST	QL	
Antidotes	Ferriprox twice-a-day tablet 1000mg	Tier 3	Tier 3	---	X	---	---	7/2/20
Anti-infective Agents	Sirturo tablet 20mg	Tier 3	Tier 3	---	---	---	---	7/8/20
Anti-rheumatic Agents	Enbrel injection 25 mg/0.5ml [^]	Tier 3	Tier 3	X	X	---	---	7/21/20

Antiviral Agents	Rukobia tablet 600mg ER*	Excluded	Tier 3	---	---	---	---	7/28/20
Corticosteroid Agents	Ortikos capsule ER*	Excluded	Tier 3	---	---	---	---	7/16/20
Hormonal Agents	Mycapssa capsule 20mg*	Excluded	Tier 3	X	---	---	---	7/10/20
Nutrients	Dojolvi oral liquid 100%*	Excluded	Tier 3	---	---	---	---	7/10/20

*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 products deviating from the standard six-month period will be listed in the New Benefit Coverage section below as the information becomes available.

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.

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.

Therapeutic Use	Generic Medication Name	Brand Medication Name	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Dermatological Agents	desonide gel 0.05%	Desonate	Tier 1	Tier 1	---	---	---	---	7/27/20
Respiratory Agents	BPM-PSE-DM liquid 2-30-10mg/5ml	N/A	Tier 1	Tier 1	---	---	---	---	7/6/20

BPM: brompheniramine PSE: pseudoephedrine DM: dextromethorphan

New Benefit Coverage (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 early have new benefit coverage as shown below.

Therapeutic Use	Medication Name	Brand/Generic	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Antimigraine Agents	Nurtec oral disintegrating tablet 75mg	Brand	Tier 2	Tier 2	---	X	---	X	9/1/20
Antineoplastic Agents	Qinlock tablet 50mg	Brand	Tier 3	Tier 3 (N/C)	X	X	---	---	9/1/20
	Tukysa tablet	Brand	Tier 3	Tier 3 (N/C)	X	X	---	---	9/1/20

N/C: No change

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.

Therapeutic Use	Medication Name	Add/Remove	Effective Date
Antimigraine Agents	Nurtec oral disintegrating tablet 75mg	Add	9/1/20
	Ubrelvy tablet	Add	9/1/20

STEP 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.

Therapeutic Use	Medication Name	Add/Remove	Effective Date
Antidiabetic Agents	Lyumjev injection 100unit/ml and Lyumjev KwickPen pen-injector	Add	9/1/20
Respiratory Agents	Yupelri inhalation solution 175 mcg/3ml	Remove	9/1/20

QL Quantity Limits

Quantity Limits establish the maximum quantity of a drug that is covered within a specified timeframe.

Therapeutic Use	Medication Name	Add/Remove	Effective Date
Antimigraine Agents	Nurtec oral disintegrating tablet 75mg	Add	9/1/20
	Ubrelvy tablet	Add	9/1/20
Dermatological Agents	Licart patch 1.3%	Add	8/1/20

AR **Age Restrictions** (this applies to a limited number of clinical programs)

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

GR **Gender Restrictions**

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

BCE **Bulk Chemical Exclusions** (only applies to plans that opt into compound exclusions)

As a way to address increasing compound medication costs, OptumRx pharmacy has excluded a number of compound medication ingredients. For groups that do not exclude, a member must go through the prior authorization program in order to receive benefit coverage.

Please note there are no new bulk chemical exclusions at this time.

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



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