



Pharmacy Passages Formulary Update



OptumRx Direct Pharmacy Plans

December 2019

New oral MS drug more tolerable for some patients

On Oct. 3, 2019, the FDA approved Vumerity (diroximel fumarate) for the treatment of relapsing forms of multiple sclerosis (MS). This drug differs as it has shown to have better gastrointestinal tolerability. Learn more about this oral MS drug and our formulary management strategies.



OptumRx Formulary Update

The OptumRx business committee meets monthly to evaluate product status (tier placements) and new

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prescription products approved by the Food and Drug Administration (FDA). The committee makes decisions based on information and recommendations from the OptumRx National Pharmacy & Therapeutics (NP&T) Committee, which is comprised of independent physician providers and pharmacists.

These decisions only apply to OptumRx direct commercial business using OptumRx formularies.



Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

December 2019

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 BriovaRx® 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 oral MS drug more tolerable for some patients

On Oct. 3, 2019, the FDA approved Vumerity (diroximel fumarate) for the treatment of relapsing forms of multiple sclerosis (MS) - to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. After oral administration, Vumerity is converted to monomethyl fumarate, the same active metabolite as Tecfidera (dimethyl fumarate), both of which share the same indication. Vumerity differs as it was shown to have better gastrointestinal tolerability.

Vumerity is available as an oral, delayed-released capsule. It will be excluded for the Premium Formulary and will remain at Tier 3 on the 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 |
|-----------------------|---|----------------|--------------|-------------|----------------|
| Antidiabetic Agents | Baqsimi nasal powder 3mg/dose | Brand | EXC > 2 | 3 > 2 | 1/1/20 |
| | Gvoke PFS (prefilled syringe) injection | Brand | EXC > 2 | 3 > 2 | 1/1/20 |
| Antineoplastic Agents | Lynparza capsule and tablet | Brand | 3 > 2 | 3 > 2 | 1/1/20 |
| | Rubraca tablet | Brand | 3 > 2 | 3 > 2 | 1/1/20 |
| | Zejula capsule 100mg | Brand | 3 > 2 | 3 > 2 | 1/1/20 |
| Respiratory Agents | Fasenra auto-injector 30mg/ml | Brand | EXC > 2 | 3 > 2 | 1/1/20 |
| | Fasenra prefilled syringe 30mg/ml | Brand | 3 > 2 | 3 > 2 | 1/1/20 |

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.

Please note there are no uptier launches 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 | |
| Anti-gout Agents | Gloperba oral solution 0.6mg/5ml ⁺ | Excluded | Tier 3 | --- | --- | --- | --- | 11/1/19 |
| Anti-infective Agents | Pretomanid tablet 200mg ⁺ | Excluded | Tier 3 | --- | --- | -- | --- | 11/8/19 |
| Antineoplastic Agents | Brukisa capsule 80mg ⁺ | Excluded | Tier 3 | X | --- | --- | --- | 11/18/19 |
| | Truxima injection [^] | Excluded | Tier 3 | X | X | --- | --- | 11/11/19 |
| Dermatological Agents | Amzeeq aerosol 4% ⁺ | Excluded | Tier 3 | --- | --- | --- | --- | 11/21/19 |
| Hematological Agents | Givvaari injection 189mg/ml ⁺ | Excluded | Tier 3 | X | --- | --- | --- | 11/22/19 |
| Hematopoietic Agents | Nplate injection 125mcg | Tier 2 | Tier 2 | X | X | --- | --- | 12/12/19 |
| | Reblozyl injection ⁺ | Excluded | Tier 3 | X | --- | --- | --- | 11/12/19 |
| | Ziextenzo prefilled syringe injection 6mg/0.6ml ⁺ | Excluded | Tier 3 | X | --- | --- | --- | 11/8/19 |
| Multiple Sclerosis Agents | Vumerity capsule 231mg ⁺ | Excluded | Tier 3 | X | --- | --- | --- | 11/4/19 |

[^] 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, 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.

Please note there are no new generic launches at this time.

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 | |
| Antidiabetic Agents | Baqsimi nasal powder 3mg/dose | Brand | Tier 2 | Tier 2 | --- | --- | --- | --- | 1/1/20 |
| | Gvoke PFS (prefilled syringe) injection | Brand | Tier 2 | Tier 2 | --- | --- | --- | --- | 1/1/20 |
| Cardiovascular Agents | Corlanor oral solution 5mg/5ml | Brand | Tier 3 | Tier 3 (N/C) | --- | X | --- | X | 1/1/20 |
| Respiratory Agents | Fasenra auto-injector 30mg/ml | Brand | Tier 2 | Tier 2 | X | X | --- | --- | 1/1/20 |

N/C = No change
EXC = Excluded

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 |
|-----------------------|---------------------|------------|----------------|
| Antiparkinson Agents | Nourianz tablet | Add | 12/1/19 |
| Dermatological Agents | Aklief cream 0.005% | Add | 12/1/19 |

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 |
|--------------------|---|---------------------|----------------|
| Hair Growth Agents | Latisse solution 0.03% | Remove [#] | 1/1/20 |
| | Propecia tablet 1mg | Remove [#] | 1/1/20 |
| Respiratory Agents | Duaklir aerosol 400-12mcg/act | Add | 12/1/19 |
| | Proair digihaler aerosol with sensor 108mcg | Add | 12/1/19 |

[#] Decision to add step therapy was reverted during the December OptumRx Business Committee meeting.

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 |
|-----------------------|-------------------------------|---------------------|----------------|
| Anticonvulsant Agents | Nayzilam nasal spray 5mg | Add | 12/1/19 |
| Antiretroviral Agents | Fuzeon injection 90mg | Remove [#] | 1/1/20 |
| Respiratory Agents | Duaklir aerosol 400-12mcg/act | Add | 12/1/19 |

[#] Decision to add quantity limits was reverted during the December OptumRx Business Committee meeting.

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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