

Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

September 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 BrivoRx® 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

Announcing Jan. 1, 2020 Pharmacy Benefit Update

We are pleased to share our Jan. 1, 2020 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, 2020 formulary and Utilization Management strategies including:

- **Multi-Source Brand (MSB) exclusions** – On our Premium Formulary, a larger number of MSB medications or brand medications with one or more generic equivalents will be excluded, encouraging the use of generics and leading to lower net prices for these prescription drugs.
- **Biosimilar availability** – With the increasing availability of biosimilars including two recent entrants in the oncology class, there is a greater potential for cost savings through formulary and utilization management strategies.
- **Utilization Management (UM)** – MSB drugs with generic equivalents that are being excluded on the Premium Formulary will have Step Therapy added on the Select Formulary, unless already in place – helping drive members to more appropriate and lower cost alternatives.



Our Jan. 1, 2020 strategic formulary management decisions are summarized below, with [more formulary and utilization management details for the Select and Premium Formularies here](#). While there are more exclusions on the Premium Formulary than in previous cycles, less than 1% of members using this formulary will be affected.

Jan. 1, 2020 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary	Medication examples
DOWN-TIER (POSITIVE) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings	6	8	Dexcom Taltz Follistim AQ Durolane Gelsyn-3
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	40	30	Epipen 2-pak 0.3mg Pred Mild Herceptin Avastin FML Forte
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	241	Lo Loestrin Procrit Cosentyx Synthroid Lyrica

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.

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	Tier Placement	Effective Date
Antimigraine Agents	Emgality prefilled syringe injection 100mg/ml	Brand	3 > 2	10/1/19
Metabolic Agents	Strensiq injection	Brand	3 > 2	10/1/19

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	
Anti-infective Agents	Xenleta tablet and injection ⁺	Excluded	Tier 3	---	---	---	---	8/22/19
Antineoplastic Agents	Inrebic capsule 100mg ⁺	Excluded	Tier 3	X	---	---	---	8/19/19
	Rozlytrek capsule ⁺	Excluded	Tier 3	X	---	---	---	8/22/19
	Turalio capsule 200mg ⁺	Excluded	Tier 3	X	X	---	---	8/5/19
Anti-rheumatic Agents	Rinvoq tablet 15mg ER ⁺	Excluded	Tier 2	X	---	---	---	9/11/19
Cardiovascular Agents	Corlanor oral solution 5mg/5ml ⁺	Excluded	Tier 3	---	X	---	X	8/12/19
	Vyndamax capsule 61mg ⁺	Excluded	Tier 3	X	X	---	X	8/28/19
Hematological Agents	Ferriprox tablet 1000mg	Tier 3	Tier 3	X	X	---	---	8/5/19
Neurological Agents	Vyleesi auto-injector 1.75mg/0.3ml ⁺	Excluded	Tier 3	---	---	---	---	8/5/19

⁺ 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.

Therapeutic Use	Generic Medication Name	Brand Medication Name	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Anaphylactic Agents	epinephrine auto-injector 0.15mg (Teva)	EpiPen	Tier 1	Tier 1	---	---	---	---	8/19/19
Anticonvulsant Agents	pregabalin oral solution 20mg/ml	Lyrica	Tier 1	Tier 1	---	---	---	X	8/5/19
Cardiovascular Agents	triamterene capsule	Dyrenium	Tier 1	Tier 1	---	---	---	---	8/21/19
Dermatological Agents	halcinonide cream 0.1%	Halog	Tier 1	Tier 1	---	---	---	---	8/16/19

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	Emgality prefilled syringe injection 100mg/ml	Brand	Tier 2	Tier 2 (N/C)	---	X	---	X	10/1/19
Antineoplastic Agents	Piqray tablet	Brand	Tier 3	Tier 3 (N/C)	X	X	---	---	10/1/19
	Poliivy injection 140mg	Brand	Tier 3	Tier 3 (N/C)	X	X	---	---	10/1/19

QL 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.

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

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
Antilipemic Agents	Ezallor sprinkle capsule	Add	9/1/19
Ophthalmic Agents	Rocklatan ophthalmic solution	Remove	10/1/19

QL Quantity Limits

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

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

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.



2300 Main Street, Irvine, CA 92614

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