

Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

September 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

Announcing Jan. 1, 2021 Pharmacy Benefit Update

We are pleased to share our Jan. 1, 2021 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, 2021 formulary and Utilization Management strategies including:

- **Affordability** – Select low value drugs with more affordable alternatives will be excluded as part of our Vigilant Drug List Program, including 80 non-essential drugs. Our new Critical Drug Affordability initiative will offer the option to place a member cost-share cap on drugs in select classes.
- **COVID-19 support** – Assisting with ongoing COVID-19 support for our clients and members, we are administering test kit coverage under the pharmacy benefit, and continue to evaluate new and existing drugs for prevention and treatment, all within the context of federal, state & local guidelines.
- **Specialty updates** – OptumRx Specialty Drug List updates will be added to the standard formulary cycle beginning Jan. 1, enabling more comprehensive management and reporting for these drugs going forward.
- **Utilization Management updates** – Utilization Management strategies will be enhanced to include a new Prior Authorization for VEGF inhibitors, revised Step Therapy for diabetic test strips, a new Quantity Limit for Stelara, as well as other updates.



Our Jan. 1, 2021 strategic formulary management decisions are summarized below. A more [detailed list of drug updates for both the Select and Premium Formularies](#) is also available, identifying all therapeutic categories, brand/generic drug names and the planned update for each one.

Jan. 1, 2020 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary
DOWN-TIER (POSITIVE) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	5	6
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.	17	6
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	27

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 for September 2020

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
Antilipemic Agents	Vascepa capsule	Brand	3 > 2	3 > 2	10/1/20
Endocrine and Metabolic Agents	Teriparatide (recombinant) pen-injector 620mcg/2.48ml	Brand	EXC > 2	3 > 2	9/24/20

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 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	
Antidiabetic Agents	Semglee injection and pen-injector 100unit/ml*	EXC	Tier 3	---	---	---	---	9/2/20
Anti-infective Agents	Doxycycline tablet 80mg delayed release (ABA for Doryx)	EXC	Tier 3	---	---	X	---	8/25/20
Antineoplastic Agents	Blenrep injection 100mg*	EXC	Tier 3	X	---	---	---	8/7/20
	Cyclophosphamide injection*	EXC	Tier 3	X	---	---	---	7/31/20
	Inqovi tablet 35-100mg*	EXC	Tier 3	X	---	---	---	8/11/20
	Monjuvi injection 200mg*	EXC	Tier 3	X	---	---	---	8/4/20

Antineoplastic Agents	Onureg tablet*	EXC	Tier 3	X	---	---	---	9/2/20
	Tecartus suspension for IV infusion*	EXC	Tier 3	X	---	---	---	7/31/20
Antiparkinson Agents	Ongentys capsule 50mg*	EXC	Tier 3	---	---	---	---	9/2/20
Corticosteroid Agents	Hemady tablet 20mg*	EXC	Tier 3	---	---	---	---	9/1/20
	ZCORT 7-day tablet 1.5mg therapy pack	Tier 3	Tier 3	---	---	---	---	8/10/20
Immunological Agents	Enspryng prefilled syringe 120mg/ml*	EXC	Tier 3	X	---	---	---	8/17/20
Multiple Sclerosis Agents	Bafiertam capsule 95mg^*	Tier 2	Tier 2	X	X	---	X	9/1/20
	Kesimpta auto-injector 20mg/0.4ml*	EXC	Tier 3	X	---	---	---	8/24/20
Neuromuscular Agents	Evrysdi oral solution 0.75 mg/ml*	EXC	Tier 3	X	---	---	---	8/10/20
	Viltepso IV solution*	EXC	Tier 3	X	---	---	---	8/17/20
Ophthalmic Agents	Upneeq ophthalmic solution 0.1%*	EXC	Tier 3	---	---	---	---	8/11/20
Respiratory Agents	AirDuo Digihaler inhalation aerosol powder breath activated^	EXC	Tier 3	---	---	X	X	9/9/20
	ArmonAir Digihaler inhalation aerosol powder breath activated^	EXC	Tier 3	---	---	X	X	9/9/20
	Breztri aerosphere 160-9-4.8mcg/act*	EXC	Tier 3	---	---	---	---	7/31/20

*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.

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.

Therapeutic Use	Generic Medication Name	Brand Medication Name	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Antidotes	deferasirox granules packet	Jadenu	Tier 1	Tier 1	---	X	---	---	8/5/20
Anti-infective Agents	vancomycin IV solution	N/A	Tier 1	Tier 1	---	---	---	---	8/12/20
Antineoplastic Agents	paclitaxel injection 100mg/16.67ml (6mg/ml)	N/A	Tier 1	Tier 1	X	---	---	---	8/31/20
Antiviral Agents	emtricitabine capsule 200mg	Emtriva	Tier 1	Tier 1	---	---	---	---	8/31/20
Gastrointestinal Agents	pantoprazole delayed release suspension packet 40mg	Protonix	Tier 1	Tier 1	---	---	---	X	8/13/20
	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for oral solution 100gm	Moviprep	Tier 1	Tier 1	---	---	---	---	8/31/20
Multiple Sclerosis Agents	dimethyl fumarate capsule delayed-release	Tecfidera	Tier 1	Tier 1	X	X	---	X	8/20/20
Otic Agents	ciprofloxacin-dexamethasone otic suspension 0.3-0.1%	Ciprodex	Tier 1	Tier 1	---	---	---	---	8/11/20

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.

Please note no medications have been removed from the New Drugs to Market exclusion list at this time.

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
Hormonal Agents	Oriahnn capsule 300-1-0.5 & 300mg therapy pack	Add	9/1/20
Nutrients	Dojolvi oral liquid 100%	Add	10/1/20

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
Corticosteroid Agents	Ortikos capsule ER	Add	10/1/20
Dermatological Agents	Zilxi micronized foam 1.5%	Add	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
Hormonal Agents	Oriahnn capsule 300-1-0.5 & 300mg therapy pack	Add	9/1/20

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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