



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

| | |
|----------------|--|
| Premium | Three tier formulary with generic drugs included in Tier 1. 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, 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. |

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

Biosimilar Alymsys approved for treatment of various cancers

On April 13, 2022, the FDA approved Alymsys (bevacizumab-maly) for the treatment of various types of cancers such as metastatic colorectal cancer, non-small cell lung cancer, and renal cell cancer. Alymsys is the third FDA-approved biosimilar to Avastin, but is not an interchangeable product. The first biosimilar was Mvasi (bevacizumab-awwb) which was approved in July 2019 and the second was Zirabev (bevacizumab-bvzr) approved in January 2020. These biosimilars all share similar indications.

One in three people will be diagnosed with cancer in their lifetime according to the American Cancer Society. Excluding skin cancers, lung cancer (both small cell and non-small cell) is the second most common cancer in the U.S., and colorectal cancer is the third most common cancer. The National Cancer Institute estimates that cancer-related direct medical costs in the U.S. were \$183 billion in 2015 and are projected to increase to \$246 billion by 2030.

Currently, Mvasi and Zirabev offer low net cost biosimilar options in this class for these particular indications, and both are Tier 2 on the Optum Rx Premium and Select Formularies. With the availability of Alymsys, Optum Rx is evaluating potential strategies that may further reduce costs in this category.

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 |
|--------------------------|---------------------|-------------------|-----------------|----------------|----------------|
| Dermatological Agents | Opzelura cream 1.5% | Brand | N/C (EXC) | 3 > 2 | 7/1/22 |

*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 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 Optum Rx 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 | |
| Antianxiety Agents | Loreev XR capsule 1.5mg | EXC | Tier 3 | --- | X | --- | X | 4/5/22 |
| Antidiabetic Agents | Ozempic injection 8mg/3ml [^] | Tier 2 | Tier 2 | --- | --- | X | X | 4/19/22 |
| Antineoplastic Agents | Opdualag IV solution* | EXC | Tier 3 | X | --- | --- | --- | 3/22/22 |
| | Vonjo capsule 100mg* | EXC | Tier 3 | X | --- | --- | --- | 3/9/22 |
| Antirheumatic Agents | Rinvoq tablet 45mg ER [^] | Tier 2 | Tier 2 | X | X | --- | --- | 4/12/22 |
| Diabetic Supplies | Omnipod 5 G6 (Gen 5) pump supplies and DASH pump kit (Gen 4)* | EXC | Tier 3 | --- | --- | --- | --- | 3/15/22 |
| Gastrointestinal Agents | Ibsrela tablet 50mg* | EXC | Tier 3 | --- | --- | --- | --- | 3/8/22 |
| Multiple Sclerosis Agents | Mayzent tablet 1mg and starter pack [^] | Tier 3 | Tier 3 | X | X | --- | X | 4/5/22 |
| Ophthalmic Agents | Verkazia ophthalmic emulsion 0.1%* | EXC | Tier 3 | --- | --- | --- | --- | 3/28/22 |

[^]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 | Premium Tier | Select Tier | Programs | | | | Effective date |
|------------------------------|------------------------------------|-----------------------|--------------|-------------|----------|-----|-----|-----|----------------|
| | | | | | SP | PA | ST | QL | |
| Analgesic Agents | diclofenac capsule 25mg | Zipsor | Tier 1 | Tier 1 | --- | --- | --- | --- | 3/15/22 |
| Anticonvulsant Agents | lacosamide tablet | Vimpat | Tier 1 | Tier 1 | --- | --- | --- | --- | 3/17/22 |
| Anti-infective Agents | cefazolin sodium for injection 2gm | N/A | Tier 1 | Tier 1 | --- | --- | --- | --- | 3/21/22 |
| Cardiovascular Agents | tolvaptan tablet 15mg | Samsca | Tier 1 | Tier 1 | X | X | --- | X | 3/11/22 |
| Dermatological Agents | diflorasone diacetate cream 0.05% | Psorcon | Tier 1 | Tier 1 | --- | --- | --- | --- | 3/7/22 |

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 | Premium Tier | Select Tier | Programs | | | | Effective date |
|------------------------------|----------------------------|----------------|--------------|-------------|----------|----|-----|-----|----------------|
| | | | | | SP | PA | ST | QL | |
| Antineoplastic Agents | Scemblix 20mg tablet | Brand | Tier 3 | Tier 3 | X | X | --- | X | 5/4/22 |
| | Scemblix 40mg tablet | Brand | Tier 3 | Tier 3 | X | X | --- | --- | 5/4/22 |
| Ophthalmic Agents | Tyvaya solution 0.03mg/act | Brand | Tier 3 | Tier 3 | --- | X | --- | X | 4/22/22 |

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 |
|-------------------------|--|------------|----------------|
| Antineoplastic Agents | Kimmtrak IV solution 100mcg/0.5ml | Add | 4/1/22 |
| | Lartruvo injection | Remove | 5/1/22 |
| Cardiovascular Agents | Soanz tablet | Add | 4/1/22 |
| Dermatological Agents | Cibinqo tablet | Add | 4/1/22 |
| | Enstilar aerosol | Remove | 3/1/22 |
| Endocrine Agents | Striant buccal 30mg | Remove | 5/1/22 |
| Gastrointestinal Agents | Cuvposa oral solution 1mg/5ml | Add | 1/1/23 |
| | Dartisla ODT tablet 1.7mg | Add | 4/1/22 |
| | glycopyrrolate oral solution 1mg/5ml | Add | 4/1/22 |
| Hormonal Agents | Recorlev tablet 150mg | Add | 4/1/22 |
| Musculoskeletal Agents | Ruzurgi tablet 10mg | Remove | 3/1/22 |
| Respiratory Agents | Tezspire solution prefilled syringe 210mg/1.91ml | Add | 4/1/22 |

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.

| Therapeutic use | Medication name | Add/Remove | Effective date |
|-----------------------|---------------------------------|------------|----------------|
| Dermatological Agents | Opzelura cream 1.5% | Add | 7/1/22 |
| Respiratory Agents | Seebri neohaler capsule 15.6mcg | Remove | 5/1/22 |

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 |
|-------------------------|--|------------|----------------|
| Dermatological Agents | Cibinqo tablet | Add | 4/1/22 |
| | Opzelura cream 1.5% | Add | 7/1/22 |
| Gastrointestinal Agents | Dartisla ODT tablet 1.7mg | Add | 4/1/22 |
| Hormonal Agents | Recorlev tablet 150mg | Add | 4/1/22 |
| Respiratory Agents | Seebri neohaler capsule 15.6mcg | Remove | 5/1/22 |
| | Tezspire solution prefilled syringe 210mg/1.91ml | Add | 4/1/22 |

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.

BCE

Bulk chemical exclusions

(only applies to plans that opt into compound exclusions)

As a way to address increasing compound medication costs, Optum Rx pharmacy has excluded a number of compound medication ingredients. For groups that do not exclude, a prior authorization option is available.

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 Optum Rx representative.

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