



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

FDA has approved Zoryve, the first topical phosphodiesterase-4 inhibitor

On July 29, 2022, the FDA announced the approval of Zoryve (roflumilast), the first and only topical phosphodiesterase-4 (PDE4) inhibitor used for the treatment of plaque psoriasis, including skin fold areas. PDE4 helps regulate inflammation in the body.

Psoriasis affects approximately 8 million people in the U.S. and of these, up to 80% have plaque psoriasis¹. Market analysts expect psoriasis treatment sales to soar to over \$5 billion by 2026 which is a 40% increase in just four years².

According to the American Academy of Dermatology and the National Psoriasis Foundation, first-line treatment for plaque psoriasis includes topical corticosteroids such as hydrocortisone and betamethasone.

Zoryve is used once daily and will be available as a 0.3% cream in 60-gram tubes.

The Optum Rx National Pharmacy & Therapeutics Committee is evaluating Zoryve for clinical value and safety through detailed evidence-based review. Afterwards, internal committees will determine its place on the Optum Rx Premium and Select Formularies.

References:

1. National Psoriasis Foundation. Locations and Types. Last updated Mar. 10, 2021. Accessed Aug. 23, 2022. 24. American Academy of Dermatology

2. Market Data Forecast. North America Psoriasis Drugs Market Research Report - Segmented By Drug Type, Route of Administration, Target, & Country (The United States, Canada & Rest of North America) - industry Analysis on Size, Share, Trends, COVID-19 Impact & Growth Forecast (2021 to 2026). Published: January, 2022. Accessed Aug. 23, 2022.

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

| Therapeutic use | Medication name | Brand/ Generic | Premium Tier | Select Tier | Effective date |
|-------------------|---|-------------------|-----------------|----------------|-------------------|
| Diabetic Supplies | CeQur simplicity starter kit and patch 2U device | Brand | 3 > 2 | 3 > 2 | 9/1/22 |
| | Omnipod 5 G6 pods and intro kit (Gen 5), Omnipod dash intro kit (Gen 4) | Brand | EXC > 2 | 3 > 2 | 9/1/22 |
| | Omnipod classic pods and PDM starter kit (Gen 3), Omnipod dash pods and PDM kit (Gen 4) | Brand | 3 > 2 | 3 > 2 | 9/1/22 |

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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

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 | |
| ADHD Agents | Dyanavel XR chewable tablets* | EXC | Tier 3 | --- | --- | X | X | 8/2/22 |
| Antidepressant Agents | Venlafaxine tablet 112.5mg* | EXC | Tier 3 | --- | --- | --- | --- | 7/20/22 |
| Anti-infective Agents | Vivjoa capsule 150mg* | EXC | Tier 3 | --- | --- | --- | --- | 7/12/22 |
| Antineoplastic Agents | Pemetrexed IV solution 850mg/34ml* | EXC | Tier 3 | X | --- | --- | --- | 7/11/22 |
| Antipsychotic Agents | Caplyta capsule | Tier 3 | Tier 3 | --- | --- | X | X | 7/25/22 |
| Dermatological Agents | Hyftor gel 0.2%* | EXC | Tier 3 | --- | --- | --- | --- | 7/25/22 |
| Gastrointestinal Agents | Sodium sulfate-potassium sulfate-magnesium sulfate oral solution 17.5-3.13-1.6 gm/177ml (ABA for Suprep)* | EXC | Tier 3 | --- | --- | --- | --- | 7/7/22 |
| Multiple Sclerosis Agents | Tascenso ODT tablet 0.25mg* | EXC | Tier 3 | X | --- | --- | --- | 7/27/22 |
| Musculoskeletal Agents | Synjoynt injection 20mg/2ml* [^] | EXC | Tier 3 | X | X | --- | --- | 6/30/22 |

[^]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 | |
| Antineoplastic Agents | carmustine injection | N/A | Tier 1 | Tier 1 | X | --- | --- | --- | 8/16/22 |
| Genitourinary Agents | fesoterodine tablet ER | Toviaz | Tier 1 | Tier 1 | --- | --- | --- | --- | 6/28/22 |

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 | Carvykti injection | Brand | Tier 3 | Tier 3 | X | X | --- | --- | 9/4/22 |
| | Pemetrexed IV solution 100mg/4ml, 500mg/20ml, 1gm/40ml, 100mg, and 500mg | Brand | Tier 3 | Tier 3 | X | --- | --- | --- | 12/3/22 |
| | Vonjo capsule 100mg | Brand | Tier 3 | Tier 3 | X | X | --- | --- | 9/10/22 |
| Dermatological Agents | Twynéo cream 0.1-3% | Brand | Tier 3 | Tier 3 | --- | --- | --- | --- | 8/24/22 |
| Pruritus (Itching) Agents | Korsuva injection 50mcg/ml | Brand | Tier 3 | Tier 3 | X | X | --- | --- | 9/10/22 |

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. This table only shows Prior Authorizations that have been added or removed. Existing utilization management such as Step Therapy and Quantity Limits may still apply.

| Therapeutic use | Medication name | Add/Remove | Effective date |
|---------------------------|--|------------|----------------|
| Antidementia Agents | Adlarity patch | Add | 8/1/22 |
| Antidiabetic Agents | Metformin tablet 625mg | Add | 8/1/22 |
| Antineoplastic Agents | Alymsys IV solution | Add | 8/1/22 |
| Cardiovascular Agents | Camzyos capsule | Add | 8/1/22 |
| Dermatological Agents | Vtama cream 1% | Add | 8/1/22 |
| Gastrointestinal Agents | Voquezna dual and triple pack | Add | 8/1/22 |
| Neuromuscular Agents | Radicava ORS oral suspension 105mg/5ml | Add | 8/1/22 |
| Sedative Agents | Igalmi film | Add | 8/1/22 |
| Skeletal Muscle Relaxants | Lyvispah granules packet | Add | 8/1/22 |

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. This table only shows Step Therapy that have been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

| Therapeutic use | Medication name | Add/Remove | Effective date |
|-----------------------|-----------------------------------|------------|----------------|
| Antidiabetic Agents | Mounjaro injection | Add | 8/1/22 |
| Antidotes | Zimhi prefilled syringe 5mg/0.5ml | Remove | 8/1/22 |
| Dermatological Agents | Epsolay cream 5% | Add | 8/1/22 |

QL Quantity limits

Quantity limits establish the maximum quantity of a drug that is covered within a specified timeframe. This table only shows Quantity Limits that have been added or removed. Existing utilization management such as Prior Authorizations and Step Therapy may still apply.

| Therapeutic use | Medication name | Add/Remove | Effective date |
|---------------------------|--------------------------|------------|----------------|
| Antidiabetic Agents | Mounjaro injection | Add | 8/1/22 |
| Cardiovascular Agents | Camzyos capsule | Add | 8/1/22 |
| Skeletal Muscle Relaxants | Lyvispah granules packet | Add | 8/1/22 |



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

At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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