

Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

February 2021

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

First extended-release HIV-1 injectable approved by FDA

On Jan. 21, 2021, the FDA announced the approval of Cabenuva (cabotegravir and rilpivirine) injection kit for the treatment of select adults with HIV-1 infection. Cabenuva is the first injectable, complete regimen approved by the FDA for HIV-infected adults. Cabenuva is a combination of two injections that is administered once monthly by a healthcare professional. Prior to initiating treatment with Cabenuva, patients must be administered an oral lead-in of Vocabria (cabotegravir) in combination with Edurant (rilpivirine) for one month to ensure the medications are well-tolerated.

Cabenuva will be excluded on OptumRx's Premium Formulary and will be placed on Tier 3 of OptumRx's 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
Antineoplastic Agents	Alecensa capsule	Brand	3 > 2	3 > 2	3/1/21
	Alunbrig tablet	Brand	3 > 2	3 > 2	3/1/21
	Phesgo injection	Brand	EXC > 2	3 > 2	2/15/21
Prenatal Vitamins	PR Natal 430 EC tablet kit	Brand	3 > 2	3 > 2	4/1/21

*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 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	
Anticholinergic Agents	Glyrx-PF injection 1mg/5mL	Tier 3	Tier 3	---	---	---	---	1/4/21

Antimigraine Agents	zolmitriptan nasal spray (ABA for Zomig)	Tier 3	Tier 3	---	---	X	X	1/18/21
Antineoplastic Agents	Iclusig tablet 10mg	Tier 3	Tier 3	X	X	---	X	2/9/21
	Iclusig tablet 30mg	Tier 3	Tier 3	X	X	---	---	2/9/21
Antiparkinson Agents	Ongentys capsule*	EXC	Tier 3	---	---	X	---	1/18/21
Antiviral Agents	Cabenuva intramuscular injection*	EXC	Tier 3	---	---	---	---	2/16/21
Cardiovascular Agents	Verquvo tablet*	EXC	Tier 3	---	---	---	---	1/25/21
Dermatological Agents	Klisyri ointment*	EXC	Tier 3	---	---	---	---	1/18/21
Gastrointestinal Agents	lubiprostone capsule (ABA for Amitiza)	EXC	Tier 3	---	---	X	X	1/4/21
Genitourinary Agents	Gemtesa tablet*	EXC	Tier 3	---	---	---	---	1/11/21
	Vesicare LS oral suspension*	EXC	Tier 3	---	---	---	---	1/25/21
Immunological Agents	Lupkynis capsule*	EXC	Tier 3	X	---	---	---	2/16/21
	Zokinvy capsule*	EXC	Tier 3	X	---	---	---	1/27/21
Thyroid Agents	Thyquidity oral solution	EXC	Tier 3	---	---	---	---	1/4/21

^ 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	
Antiviral Agents	emtricitabine-tenofovir disoproxil fumarate tablet 100-500mg, 133-200mg, & 167-250mg	Truvada	Tier 1	Tier 1	---	---	---	---	1/18/21
Cardiovascular Agents	epoprostenol injection	Veletri	Tier 1	Tier 1	X	X	---	---	1/18/21

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.

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
Analgesic Agents	RediTrex injection	Add	1/1/21
Ophthalmic Agents	Eysuvis ophthalmic suspension	Add	2/20/21

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
Gastrointestinal Agents	Sutab tablet	Add	2/1/21
Respiratory Agents	Breztri Aerosphere inhalation aerosol	Remove	1/1/21

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
Analgesic Agents	RediTrex injection	Add	1/1/21

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.

Product Name	Dosage Form	Effective Date
Nitrofurantoin monohydrate (bulk) powder	Bulk powder	1/11/21

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



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