

# Pharmacy Passages

## Formulary Update



### OptumRx Direct Pharmacy Plans

January 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.

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<b>Key</b>	<b>SP:</b> Specialty Pharmacy	<b>PA:</b> Prior Authorization
	<b>ST:</b> Step Therapy	<b>QL:</b> Quantity Limits

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## Weight loss drug approved for use in pediatric patients

Saxenda® (liraglutide) subcutaneous injection, a GLP-receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults, received FDA-approval for use in pediatric patients aged 12 years and older on Dec. 4, 2020. Pediatric patients must have a body weight above 60 kg (132 lbs.) and an initial body mass index (BMI) corresponding to 30 kg/m<sup>2</sup> or greater for adults (obese) in order to qualify for Saxenda.

The expanded indication makes Saxenda the second drug FDA-approved for weight loss use in pediatric patients. Xenical (orlistat) capsule is also indicated for use in patients aged 12 years and older.

Saxenda is covered on the OptumRx Select and Premium Formularies at Tier 3 with Prior Authorization.

## Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings.

*Please note there are no down-tiers at this time.*

## 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	
<b>Analgesic Agents</b>	Prolate oral solution*	EXC	Tier 3	---	---	---	X	1/20/21
<b>Antineoplastic Agents</b>	Orgovyx tablet*	EXC	Tier 3	X	---	---	---	1/13/21
	Riabni injection*	EXC	Tier 3	X	---	---	---	1/13/21
<b>Anti-Obesity Agents</b>	Imcivree injection*	EXC	Tier 3	X	---	---	---	1/13/21
<b>Dermatological Agents</b>	Winlevi cream*	EXC	Tier 3	---	---	---	---	12/7/20
	Wynzora cream*	EXC	Tier 3	---	---	---	X	1/7/21

<b>Gastrointestinal Agents</b>	Reltone capsule*	EXC	Tier 3	---	---	---	---	12/28/20
<b>Hematological Agents</b>	Orladeyo capsule*	EXC	Tier 3	X	---	---	---	12/30/20

\*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 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	
<b>Analgesic Agents</b>	Meloxicam capsule	Vivlodex	Tier 1	Tier 1	---	---	---	---	12/28/20
<b>Anti-infective Agents</b>	Nitazoxanide tablet	Alinia	Tier 1	Tier 1	---	---	---	---	12/7/20
<b>Antineoplastic Agents</b>	Abiraterone tablet 500 mg	Zytiga	Tier 1	Tier 1	X	X	---	---	12/14/20
<b>Antipsychotic Agents</b>	Asenapine sublingual tablet	Saphris	Tier 1	Tier 1	---	---	---	X	12/14/20
<b>Gastrointestinal Agents</b>	Alvimopan capsule	Entereg	Tier 1	Tier 1	---	---	---	---	12/28/20

## 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.

*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.*

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**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.*

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**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.

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

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**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.*

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**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.*

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**GR** **Gender Restrictions**

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

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**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*

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

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