

# Pharmacy Passages

## Formulary Update



### OptumRx Direct Pharmacy Plans

**March 2021**

The following formulary decisions and updates apply to OptumRx<sup>®</sup> 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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## Announcing July 1, 2021 Pharmacy Benefit Update

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



- Drug affordability** – New generics or generic strengths are now available for HIV drug Truvada, antidepressant Saphris and others. Preferred alternatives are also available for osteoporosis drug Forteo, rheumatoid arthritis drug Renflexis and a few other specialty medications. Enabling greater cost savings for clients and members, the corresponding brand and biologic products will move to a higher tier or exclusion on our standard formularies starting July 1.

Select low value drugs with affordable alternatives will also be excluded as part of our Vigilant Drug List Program including 41 non-essential drugs with special emphasis on management of high-cost multivitamins.

- Drug pipeline update** – Continuing surveillance of the drug pipeline on behalf of our clients, we will review 2021 potential drug launches. Alternatives for six blockbuster drugs are expected by the end of 2021 including Flovent HFA and Pradaxa.
- Utilization Management (UM) update** – UM strategies will be enhanced for a limited set of products with increased usage starting July 1. UM will include new Quantity Limits for anti-depressant Pristiq, as well as new Step Therapy for contraceptive Twirla and topical immunomodulator Pimecrolimus.

Our July 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.

July 1, 2021 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary
<b>DOWN-TIER (POSITIVE)</b> Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	0	0
<b>UP-TIER (NEGATIVE)</b> 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.	19	11
<b>EXCLUSIONS</b> 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.	0	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 March 2021

### 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	
Antineoplastic Agents	Breyanzi injection*	EXC	Tier 3	X	---	---	---	3/2/21
	Cosela injection*	EXC	Tier 3	X	---	---	---	2/18/21
	Tepmetko tablet*	EXC	Tier 3	X	---	---	---	3/2/21
	Trazimera injection	Tier 2	Tier 2	X	X	---	---	3/16/21
	Ukoniq tablet*	EXC	Tier 3	X	---	---	---	3/2/21
Anti-rheumatic Agents	Xeljanz oral solution <sup>^</sup>	Tier 2	Tier 2	X	X	---	---	3/23/21
Antiviral Agents	Vocabria tablet*	EXC	Tier 3	---	---	---	---	2/23/21
Cystic Fibrosis Agents	Bronchitol capsule for inhalation*	EXC	Tier 3	---	---	---	---	2/3/21
Multiple Sclerosis Agents	Plegridy injection 125mcg/0.5mL <sup>^</sup>	EXC	Tier 3	X	X	---	X	2/23/21

<sup>^</sup>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	
Cardiovascular Agents	droxidopa capsule	Northera	Tier 1	Tier 1	X	X	---	---	2/23/21
Dermatological Agents	imiquimod cream 3.75%	Zyclara	Tier 1	Tier 1	---	---	---	---	2/15/21

## 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.

Therapeutic Use	Medication Name	Brand/ Generic	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Genitourinary Agents	Oxlumo injection	Brand	Tier 3	Tier 3	X	X	---	---	4/1/21
Immunological Agents	Zokinvy capsule	Brand	Tier 3	Tier 3	X	X	---	X	4/1/21
Neurological Agents	Xywav oral solution	Brand	Tier 3	Tier 3	X	X	---	X	3/24/21

## 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	Winlevi cream 1%	Add	3/1/21

<b>Antineoplastic Agents</b>	Danyelza injection	Add	3/1/21
	Orgovyx tablet	Add	3/1/21
	Riabni injection	Add	3/1/21
<b>Anti-Obesity Agents</b>	Imcivree injection	Add	3/1/21
<b>Hematological Agents</b>	Orladeyo capsule	Add	3/1/21
<b>Immunological Agents</b>	everolimus tablet	Remove	3/1/21
	Nulojix injection	Remove	3/1/21
	Zokinvy capsule	Add	3/1/21
	Zortress tablet	Remove	3/1/21

### **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.

<b>Therapeutic Use</b>	<b>Medication Name</b>	<b>Add/Remove</b>	<b>Effective Date</b>
<b>Thyroid Agents</b>	Thyquidity oral solution	Add	3/1/21

### **QL** Quantity Limits

Quantity Limits establish the maximum quantity of a drug that is covered within a specified timeframe.

<b>Therapeutic Use</b>	<b>Medication Name</b>	<b>Add/Remove</b>	<b>Effective Date</b>
<b>Anti-obesity Agents</b>	Imcivree injection	Add	3/1/21
<b>Dermatological Agents</b>	Wynzora cream	Add	3/1/21
<b>Hematological Agents</b>	Orladeyo capsule	Add	3/1/21
<b>Immunological Agents</b>	Zokinvy capsule	Add	3/1/21

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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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2300 Main Street, Irvine, CA 92614

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