

# Pharmacy Passages

## Formulary Update



OptumRx Pharmacy Plans

September 2021

The following formulary decisions and updates apply to OptumRx<sup>®</sup> 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). 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. 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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**Key**      **SP:** Specialty Pharmacy      **PA:** Prior Authorization  
**ST:** Step Therapy                      **QL:** Quantity Limits

## Announcing Jan. 1, 2022 Pharmacy Benefit Update

We are pleased to announce the OptumRx Jan. 1, 2022 Pharmacy Benefit Update. Our strategic formulary and utilization management updates are designed to deliver beneficial, cost-effective solutions for your plans and members in 2022.

Watch the [webcast](#) to learn more about these strategies including:



- Drug affordability** – With affordability as a focus of formulary design, OptumRx will address higher priced generics, as well as brands with newly launched, cost-effective generics. With more options available in the market today, an albuterol HFA medication strategy will drive to utilization of clinically equivalent and cost-effective generics.
- Vigilant Drug Program** – Select high cost, low value drugs with affordable alternatives will be excluded as part of the Vigilant Drug Program including 29 Clinical Duplicate and 31 Non-Essential drugs. Our new **Performance Drivers** module will exclude drugs with the lowest clinical and economic value from the top four Vigilant modules.
- Utilization Management (UM) updates** – UM strategies will be implemented for select higher priced generic medications, as well as for drugs within the Clinical Duplicate module of our Vigilant Drug Program.

Our Jan. 1, 2022 strategic formulary management decisions are summarized below. A more detailed list of drug updates for both the [OptumRx Select and Premium Formularies](#) and [UMR Formulary](#) are also available, identifying all therapeutic categories, brand/generic drug names and the planned updates for each one.

Jan. 1, 2022 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.	4	4
<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.	14	3
<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.	N/A	20

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 September 2021

### 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
Diabetic supplies	OneTouch blood glucose monitoring kits and test strips	Brand	EXC (N/C)	3 > 2	10/1/21

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	
Antineoplastic Agents	Opdivo injection 120mg/12ml	Tier 3	Tier 3	X	X	---	---	9/21/21
	Welireg tablet 40mg*	EXC	Tier 3	X	---	---	---	8/30/21
Cardiovascular Agents	Uptravi injection 1800mcg*	EXC	Tier 3	X	---	---	---	8/18/21
Genitourinary Agents	Myrbetriq granules for oral extended-release suspension 8mg/ml*	EXC	Tier 3	---	---	---	---	8/5/21
Immunological Agents	Saphnelo IV solution 300mg/2ml*	EXC	Tier 3	X	---	---	---	8/4/21
Metabolic Agents	Nexviazyme injection 100mg*	EXC	Tier 3	X	---	---	---	8/10/21

\*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-Gastrointestinal Combination Agents</b>	ibuprofen-famotidine tablet 800-26.6 mg*	Duexis	EXC	Tier 1	---	X	---	X	8/4/21
<b>Antidotes</b>	deferiprone tablet 500mg	Feriprox	Tier 1	Tier 1	---	X	---	---	8/23/21
<b>Antimalarials</b>	hydroxychloroquine tablet 100mg, 300mg, and 400 mg	N/A	Tier 1	Tier 1	---	---	---	---	8/31/21
<b>Antineoplastic Agents</b>	sunitinib capsule	Sutent	Tier 1	Tier 1	X	X	---	---	8/16/21
<b>Cardiovascular Agents</b>	enalapril oral solution 1mg/ml	Epaned	Tier 1	Tier 1	---	---	---	---	8/16/21
	metyrosine capsule 250mg	Demser	Tier 1	Tier 1	---	---	---	---	8/23/21

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## 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	
<b>Hematological Agents</b>	Empaveli injection 1080mg	Brand	Tier 3	Tier 3	X	X	---	---	11/18/21

## 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.*

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**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
ADHD Agents	Azstarys capsule	Add	9/1/21
Antineoplastic Agents	Lumakras tablet 120mg	Add	9/1/21
Anti-Obesity Agents	Wegovy injection	Add	9/1/21
Gastrointestinal Agents	Mesalamine capsule 0.375gm	Add	1/1/22

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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.

Therapeutic Use	Medication Name	Add/Remove	Effective Date
ADHD Agents	Azstarys capsule	Add	9/1/21
Antidotes	Kloxxado nasal spray 8mg/0.1ml	Add	9/1/21
Diabetic supplies	OneTouch blood glucose monitoring kits and test strips	Remove	10/1/21

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**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
ADHD Agents	Azstarys capsule	Add	9/1/21
Anti-Obesity Agents	Wegovy injection	Add	9/1/21

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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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**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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