



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

Skyrizi approved to treat Crohn's disease

On June 17, 2022, the FDA approved a new indication and formulation of Skyrizi (risankizumab-rzaa) for the treatment of moderate to severe active Crohn's disease in adults. Crohn's disease is a chronic inflammatory condition affecting the gastrointestinal tract. An estimated 3.1 million U.S. adults currently have inflammatory bowel disease.¹ Inflammatory conditions have remained the top class in drug spend for Optum Rx. Utilization continues to increase due to factors such as new drug approvals and expanded indications.² In addition to the new indication, two new formulations were approved in the form of a single-dose prefilled cartridge and a single-dose vial for IV infusion.

Skyrizi is also approved for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy, and for the treatment of active psoriatic arthritis.

The new formulations of Skyrizi for Crohn's disease have been placed on Tier 2 of the Optum Rx Premium and Select Formularies with prior authorization required which aligns with the tier status for the existing Skyrizi formulations.

References:

- Centers for Disease Control and Prevention. Prevalence of Inflammatory bowel disease (IBD). Last updated April 14, 2022. Accessed July 20, 2022.
- Optum Rx Commercial BoB Trend Analysis 1Q 2022. Accessed July 20, 2022.

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
Antimigraine Agents	Qulipta tablet	Brand	EXC > 2	3 > 2	8/1/22
Dermatological Agents	Cibinqo tablet	Brand	EXC > 2	3 > 2	8/1/22

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.

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	
Analgesic Agents	Meloxicam oral suspension 7.5mg/5ml	Tier 3	Tier 3	---	---	---	---	7/19/22
Anticonvulsant Agents	Ztalmy oral suspension 50mg/ml*	EXC	Tier 3	X	---	---	---	6/13/22
Antineoplastic Agents	Pemetrexed IV solution*	EXC	Tier 3	X	---	---	---	6/3/22
Anti-rheumatic Agents	Olumiant tablet 4mg [^]	EXC	Tier 3	X	X	---	X	7/6/22
Antiviral Agents	Tpoxx capsule and IV solution*	EXC	Tier 3	---	---	---	---	6/22/22
Cardiovascular Agents	Aspruzyo sprinkle granules packet*	EXC	Tier 3	---	---	---	---	6/29/22
	Tyvaso DPI inhalation powder*	EXC	Tier 3	X	X	---	X	6/28/22
Dermatological Agents	Skyrizi IV solution 60mg/ml and cartridge 360mg/2.4ml* [^]	Tier 2	Tier 2	X	X	---	---	8/9/22
Diabetic Supplies	FreeStyle Libre kit 3 sensor	EXC	Tier 2	---	X	---	---	7/6/22
Neurological Agents	Amvuttra prefilled syringe 25mg/0.5ml*	EXC	Tier 3	X	---	---	---	6/27/22

[^]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	
ADHD Agents	methylphenidate patch	Daytrana	Tier 1	Tier 1	---	---	---	X	6/28/22
Antidepressant Agents	vilazodone tablet	Viibryd	Tier 1	Tier 1	---	---	---	X	6/2/22
Dermatological Agents	bexarotene gel 1%	Targretin	Tier 1	Tier 1	X	X	---	---	5/24/22

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	
Antidotes	Zimhi prefilled syringe 5mg/0.5ml	Brand	Tier 3	Tier 3	---	---	---	---	7/29/22
Antineoplastic Agents	Paclitaxel injection 100mg	Brand	Tier 3	Tier 3	X	---	---	---	10/6/22
	Pemfexy IV solution 500mg/20ml	Brand	Tier 3	Tier 3	X	---	---	---	7/18/22
Ophthalmic Agents	Vabysmo injection 6mg/0.05ml	Brand	Tier 3	Tier 3	X	X	---	---	8/2/22

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
Antineoplastic Agents	Camcevi injection 42mg	Add	7/1/22
	Vijoice tablet	Add	7/1/22
Cardiovascular Agents	Norliqva oral solution 1mg/ml	Add	7/1/22
	Valsartan oral solution 20mg/5ml	Add	7/1/22
Sedative Agents	Quviviq tablet	Add	7/1/22

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.

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

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
Antineoplastic Agents	Camcevi injection 42mg	Add	7/1/22
	Vijoice tablet	Add	7/1/22
Sedative Agents	Quviviq tablet	Add	7/1/22

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.

BCE

Bulk chemical exclusions

(only applies to plans that opt into compound exclusions)

As a way to address increasing compound medication costs, Optum Rx pharmacy has excluded a number of compound medication ingredients. For groups that do not exclude, a prior authorization option is available.

Please note there are no new bulk chemical exclusions at this time.



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

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