



The following formulary decisions and updates apply to **Optum Rx<sup>®</sup> 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

<b>Premium</b>	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.
<b>Select</b>	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

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## How we manage Authorized Brand Alternatives

### Including recently launched ABAs for Breo Ellipta and Flovent HFA

This year, nine new ABAs have come to market. These ABAs include products such as Fluticasone Furoate-Vilanterol breath activated inhalation powder (trade name **Breo Ellipta**) and Fluticasone Propionate HFA inhaler (trade name **Flovent HFA**) that can be found in the “New Brand Launches” section of June *Pharmacy Passages*.

Authorized Brand Alternatives (ABA), also referred to as authorized generics, are approved brand name medications marketed by either the original brand company or another manufacturer. ABA’s often appear to be lower in retail cost, yet may be higher in cost than true generics or the net cost of brand medications.

An ABA is different from a generic drug because it is marketed under the brand name drug’s New Drug Application (NDA). For a generic drug to be approved, a manufacturer must submit an Abbreviated New Drug Application (ANDA) to the FDA and prove that the product is the same as the brand name drug and that it is “bioequivalent” (works the same at the site of drug action). A generic drug may also have different inactive ingredients. In comparison, for an ABA, the product is identical to the reference brand.

Upon launch, ABAs with no true generics are:

- Excluded on the Optum Rx Premium Formulary via the New Drugs to Market Exclusion List
- Placed on Tier 3 of the Optum Rx Select Formulary with utilization management

After launch, the ABAs are further evaluated by the Optum Rx National Pharmacy & Therapeutics Committee and internal clinical and financial analysis are performed for formulary evaluation to ensure members have access to clinically appropriate and cost-effective products.

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## 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
Dermatological Agents	Adbry injection 150mg/ml	Brand	EXC > 2	3 > 2	7/13/22

EXC: Excluded

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## 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	
<b>Analgesic Agents</b>	RoxyBond tablet*	EXC	Tier 3	---	---	---	X	6/14/22
<b>Antidementia Agents</b>	Adlarity patch weekly*	EXC	Tier 3	---	---	---	---	6/2/22
<b>Antidiabetic Agents</b>	Insulin glargine injection and pen-injector 100unit/ml (ABA for Lantus)^	EXC	Tier 3	---	X	---	---	5/6/22
	Mounjaro pen-injector*	EXC	Tier 3	---	---	---	---	5/19/22
<b>Antineoplastic Agents</b>	Alymsys IV solution*	EXC	Tier 3	X	---	---	---	5/27/22
<b>Cardiovascular Agents</b>	Camzyos capsules*	EXC	Tier 3	X	---	---	---	5/2/22
	Levamlodipine tablet (ABA for Conjupri)	EXC	Tier 3	---	X	---	---	5/4/22
<b>Dermatological Agents</b>	Epsolay cream 5%*	EXC	Tier 3	---	---	---	---	5/6/22
<b>Diabetic supplies</b>	Eversense blood glucose system sensor and transmitter	EXC	Tier 3	---	X	---	---	4/29/22
<b>Gastrointestinal Agents</b>	Voquezna Dual Pak and Triple Pak*	EXC	Tier 3	---	---	---	---	5/25/22
<b>Neuromuscular Agents</b>	Radicava oral suspension 105mg/5ml*	EXC	Tier 3	X	---	---	---	5/13/22
<b>Respiratory Agents</b>	Fluticasone furoate-vilanterol aerosol powder breath activated (ABA for Breo Elipta)	EXC	Tier 3	---	X	---	X	5/24/22
	Fluticasone propionate HFA aerosol (ABA for Flovent HFA)	EXC	Tier 3	---	X	---	X	5/24/22
	Nucala injection	Tier 2	Tier 2	X	X	---	X	6/21/22
<b>Sedative Agents</b>	Igalmi sublingual film*	EXC	Tier 3	---	---	---	---	5/10/22

<b>Skeletal Muscle Relaxants</b>	Lyvispah granules packet*	EXC	Tier 3	---	---	---	---	5/19/22
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\*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>Anticonvulsant Agents</b>	lacosamide oral solution 10mg/ml	Vimpat	Tier 1	Tier 1	---	---	---	---	5/20/22
<b>Antidiabetic Agents</b>	metformin tablet 625mg*	--	EXC	Tier 1	---	---	---	---	5/18/22
<b>Antineoplastic Agents</b>	bortezomib injection	Velcade	Tier 1	Tier 1	X	X	---	---	6/8/22
	pemetrexed injection 100mg and 500mg	Alimta	Tier 1	Tier 1	X	---	---	---	5/25/22
	pemetrexed injection 750mg and 1000mg	--	Tier 1	Tier 1	X	---	---	---	6/21/22
	sorafenib tablet 200mg	Nexavar	Tier 1	Tier 1	X	X	---	---	6/1/22
<b>Dermatological Agents</b>	diclofenac sodium solution 2%	Pennsaid	Tier 1	Tier 1	---	X	---	---	5/10/22
<b>Gastrointestinal Agents</b>	mesalamine capsule 500mg ER	Pentasa	Tier 1	Tier 1	---	---	---	---	5/19/22
<b>Pulmonary Fibrosis Agents</b>	pirfenidone tablet	Esbriet	Tier 1	Tier 1	X	X	---	---	5/3/22

\*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.

## 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>	Pyrukynd tablet and therapy pack	Brand	Tier 3	Tier 3	X	X	---	X	7/1/22
<b>Immunological Agents</b>	Vyvgart injection 400mg/20ml	Brand	Tier 3	Tier 3	X	X	---	---	6/23/22
<b>Ophthalmic Agents</b>	Susvimo injection 10mg/0.1ml	Brand	Tier 3	Tier 3	X	X	---	---	6/15/22

## 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.

Therapeutic use	Medication name	Add/Remove	Effective date
<b>ADHD Agents</b>	Amphetamine- and methylphenidate- based products (e.g., Adzenys ER, Evekeo, Vyvanse)	Remove	8/1/22
<b>Antineoplastic Agents</b>	Opdualag IV solution 240-80mg/20ml	Add	6/1/22
	Vonjo capsule 100mg	Add	6/1/22
<b>Gastrointestinal Agents</b>	Ibsrela tablet 50mg	Add	6/1/22
	Robinul tablet 1mg/ Robinul forte tablet 2mg	Add	6/1/22

<b>Hematological Agents</b>	Pyrukynd tablet and therapy pack	Add	6/1/22
<b>Ophthalmic Agents</b>	Verkazia ophthalmic emulsion 0.1%	Add	6/1/22
<b>Pruritus (Itching) Agents</b>	Korsuva injection 50mcg/ml	Add	6/1/22

## 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
<b>Gastrointestinal Agents</b>	Ibsrela tablet 50mg	Add	6/1/22
<b>Hematological Agents</b>	Pyrukynd tablet and therapy pack	Add	6/1/22
<b>Ophthalmic Agents</b>	Verkazia ophthalmic emulsion 0.1%	Add	6/1/22

## 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.

Product name	Dosage form	Effective date
Citicoline	Powder	5/2/22
Penciclovir	Powder	5/23/22



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

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