



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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## Generic Dexilant launch delayed

The market availability date for generic Dexilant (dexlansoprazole) has been delayed from the original expected launch of mid-year 2022.

Dexilant is a gastrointestinal agent used for the symptomatic treatment of non-erosive gastroesophageal reflux disease (GERD), including treatment of heartburn related to GERD and for the treatment of erosive esophagitis.

According to the American College of Gastroenterology, an estimated 20% of the U.S. population has GERD. In 2018, gastrointestinal health care expenditures totaled \$119.6 billion<sup>1</sup>. Treatment for GERD typically includes ulcer drugs such as proton pump inhibitors (e.g., omeprazole, pantoprazole) and histamine type 2-receptor antagonists (e.g., famotidine, cimetidine).

Dexilant was slated to be excluded on the Optum Rx Premium Formulary and placed on Tier 3 of the Optum Rx Select Formulary effective July 1, 2022. However, due to the generic launch delay, Dexilant will remain on Tier 2 of the Optum Rx Premium and Select Formularies. Dexilant also has an authorized brand alternative, Dexlansoprazole, that was approved on Dec. 17, 2021; this drug is currently excluded on the Optum Rx Premium Formulary and is on Tier 3 of the Optum Rx Select Formulary with quantity limits. Optum Rx will continue to monitor the generic landscape and will evaluate future formulary strategies when more information is available.

<sup>1</sup> AF Peery, SD Crockett, CC Murphy, et al. Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2021. *Gastroenterology* 2021 Oct 19; [EPub Ahead of Print]

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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
Hormonal Agents	Cortrophin gel 80unit/ml	Brand	EXC > 2	3 > 2	7/1/22

*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>Antidotes</b>	Nalmefene injection 1mg/ml	Tier 3	Tier 3	---	---	---	---	4/20/22
<b>Antineoplastic Agents</b>	Camcevi injection 42mg*	EXC	Tier 3	X	---	---	---	4/4/22
	Paclitaxel injection 100mg (ABA for Abraxane)*	EXC	Tier 3	X	---	---	---	4/26/22
	Vijoice tablet*	EXC	Tier 3	X	---	---	---	4/8/22
<b>Antiviral Agents</b>	Triumeq PD tablet for oral suspension 60-5-30mg*	EXC	Tier 3	---	---	---	---	4/5/22
<b>Cardiovascular Agents</b>	Norliqva oral solution 1mg/ml*	EXC	Tier 3	---	---	---	---	4/28/22
	Valsartan oral solution 20mg/5ml*	EXC	Tier 3	---	---	---	---	4/22/22
<b>Dermatological Agents</b>	Vtama cream 1%*	EXC	Tier 3	---	---	---	---	5/23/22
<b>Endocrine Agents</b>	Tlando capsule 112.5mg*	EXC	Tier 3	---	X	---	---	4/4/22
<b>Sedative Agents</b>	Quviviq tablet*	EXC	Tier 3	---	---	---	---	4/8/22

\*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.

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	isosorbide dinitrate-hydralazine tablet 20-37.5mg	Bidil	Tier 1	Tier 1	---	---	---	---	4/12/22
Ophthalmic Agents	brimonidine-timolol ophthalmic solution 0.2-0.5%	Combigan	Tier 1	Tier 1	---	---	---	---	4/15/22
Smoking Deterrents	varenicline pack 0.5mg & 1mg tablet	Chantix	Tier 1	Tier 1	---	---	---	X	4/21/22

## 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	
Antineoplastic Agents	Fyarro IV suspension 100mg	Brand	Tier 3	Tier 3	X	X	---	---	5/25/22
	Kimmtrak IV solution 100mcg/0.5ml	Brand	Tier 3	Tier 3	X	X	---	---	6/1/22
Antiviral Agents	Livtency tablet 200mg	Brand	Tier 3	Tier 3	X	X	---	---	5/30/22
Endocrine Agents	Voxzogo injection	Brand	Tier 3	Tier 3	X	X	---	X	5/25/22
Hematological Agents	Enjaymo IV solution 1100mg/22ml	Brand	Tier 3	Tier 3	X	X	---	---	6/1/22
	Ryplazim IV solution 68.8mg	Brand	Tier 3	Tier 3	X	X	---	---	5/31/22
Ophthalmic Agents	Xipere suspension 40mg/ml	Brand	Tier 3	Tier 3	---	X	---	---	5/25/22

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## 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
<b>Analgesic-Combination Agents</b>	Seglentis tablet 56-44mg	Add	5/1/22
<b>Antineoplastic Agents</b>	Carvykti injection	Add	5/1/22
<b>Cardiovascular Agents</b>	Nexiclon XR tablet 0.17mg	Add	5/1/22
<b>Hematological Agents</b>	Enjaymo IV solution 1100mg/22ml	Add	5/1/22
	Releuko injection	Add	5/1/22
<b>Musculoskeletal Agents</b>	Baclofen oral solution 5mg/5ml	Add	5/1/22
	Fleqsuvy oral suspension 25mg/5ml	Add	5/1/22
<b>Ophthalmic Agents</b>	Vabysmo injection 6mg/0.05ml	Add	5/1/22

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### 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.

Therapeutic use	Medication name	Add/Remove	Effective date
<b>Antidepressant Agents</b>	Citalopram capsule 30mg	Add	5/1/22
<b>Antidotes</b>	Zimhi prefilled syringe 5mg/0.5ml	Add	5/1/22
<b>Dermatological Agents</b>	Twynéo cream 0.1-3%	Add	5/1/22

## 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>Analgesic-Combination Agents</b>	Seglentis tablet 56-44mg	Add	5/1/22
<b>Antineoplastic Agents</b>	Talzenna capsule 0.5mg	Add	5/1/22
<b>Antirheumatic Agents</b>	Rinvoq ER tablet 30mg and 45mg	Add	5/1/22

## 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.

At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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