

# Pharmacy Passages

## Formulary Update



OptumRx Pharmacy Plans

October 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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<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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## First interchangeable biosimilar insulin product approved by FDA

Semglee (insulin glargine-yfgn) is the first interchangeable biosimilar insulin product approved by the Food and Drug Administration (FDA). It is a long-acting insulin used for the treatment of type 1 and type 2 diabetes mellitus. A biosimilar is a biological product, that is highly similar to, and has no clinically meaningful difference from, another FDA approved biological product. Semglee (yfgn) is both biosimilar to, and can be substituted (interchanged) for, its reference product Lantus (insulin glargine), both of which share the same indication.

Diabetes is a chronic health condition that affects an estimated 34 million people in the U.S. and accounts for approximately \$327 billion in costs annually with \$237 billion spent on direct medical costs and \$90 billion spent on reduced productivity, according to the Centers for Disease Control and Prevention.

Currently, Lantus and Toujeo offer the lowest net cost long-acting insulin options and are on Tier 2 of the OptumRx Premium and Select Formularies. With the availability of biosimilar Semglee, OptumRx is evaluating potential strategies that may further reduce costs in the long-acting insulin category. While pharmacies have the ability to interchange Lantus and Semglee (yfgn), prescriptions will process based on the formulary status for each drug.

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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
Antidotes	Kloxxado nasal spray 8mg/0.1ml	Brand	EXC > 2	3 > 2	11/1/21
Genitourinary Agents	Myrbetriq extended-release oral suspension 8mg/ml	Brand	EXC	3 > 2	11/1/21
Glycemic Agents	Zegalogue prefilled syringe/auto-injector 0.6mg/0.6ml	Brand	EXC > 2	3 > 2	11/1/21
Hormonal Agents	Myfembree tablet 40-1-0.5mg	Brand	EXC > 2	3 > 2	11/1/21

*N/C: No change*  
*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 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	
<b>Antianxiety Agents</b>	Loreev XR capsule*	EXC	Tier 3	---	---	---	---	9/7/21
<b>Antidiabetic Agents</b>	Insulin glargine-yfgn solution for injection/pen-injector 100unit/ml <sup>^</sup>	EXC	Tier 3	---	---	X	---	9/27/21
	Semglee (yfgn) solution for injection/pen-injector 100unit/ml <sup>^</sup>	EXC	Tier 3	---	---	X	---	9/27/21
<b>Antilipemic Agents</b>	Ezetimibe-Rosuvastatin tablet (ABA for Roszet)	EXC	Tier 3	---	---	X	X	9/30/21
<b>Antimigraine Agents</b>	Trudhesa nasal aerosol 0.725mg*	EXC	Tier 3	---	---	---	---	9/20/21
<b>Antineoplastic Agents</b>	Exkivity capsule 40mg*	EXC	Tier 3	X	---	---	---	9/17/21
	Tivdak injection 40mg*	EXC	Tier 3	X	---	---	---	9/22/21
<b>Antipsychotic Agents</b>	Invega Hafyera injection*	EXC	Tier 3	---	---	---	---	9/9/21
	Lybalvi tablet*	EXC	Tier 3	---	---	---	---	9/22/21
<b>Dermatological Agents</b>	Opzelura cream 1.5%*	EXC	Tier 3	X	---	---	---	9/24/21
<b>Gastrointestinal Agents</b>	Livmarli oral solution 9.5mg/ml <sup>^</sup>	EXC	Tier 3	X	---	---	---	9/30/21

<sup>^</sup>Medication product added to the Focused UM Program.

<sup>\*</sup>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>ADHD Agents</b>	dextroamphetamine sulfate 15mg, 20mg, and 30mg tablet	Zenzedi	Tier 1	Tier 1	---	X	---	X	8/18/21
<b>Analgesic Agents</b>	diclofenac potassium tablet 25 mg	N/A	Tier 1	Tier 1	---	---	---	---	9/29/21
<b>Antidepressant Agents</b>	paroxetine oral suspension 10mg/5ml	Paxil	Tier 1	Tier 1	---	---	---	---	9/10/21
<b>Cardiovascular Agents</b>	nebivolol tablet	Bystolic	Tier 1	Tier 1	---	---	---	---	9/9/21
<b>Dermatological Agents</b>	clindamycin gel 1%	Clindagel	Tier 1	Tier 1	---	---	---	---	8/26/21
<b>Ophthalmic Agents</b>	difluprednate emulsion 0.05%	Durezol	Tier 1	Tier 1	---	---	---	---	9/13/21

## 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	
<b>Antidotes</b>	Kloxxado nasal spray 8mg/0.1ml	Brand	Tier 2	Tier 2	---	---	---	---	11/1/21
<b>Antineoplastic Agents</b>	Jemperli IV solution 500/10ml	Brand	Tier 3	Tier 3	X	X	---	---	10/27/21
	Zynlonta IV solution 10mg	Brand	Tier 3	Tier 3	X	X	---	---	10/29/21
<b>Anti-Obesity Agents</b>	Wegovy auto-injector	Brand	Tier 3	Tier 3	---	X	---	X	11/1/21
<b>Hematological Agents</b>	Empaveli injection 1080mg	Brand	Tier 3	Tier 3	X	X	---	---	11/1/21
<b>Hormonal Agents</b>	Myfembree tablet 40-1-0.5mg	Brand	Tier 2	Tier 2	---	X	---	X	11/1/21

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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
Antilipemic Agents	Roszet tablet	Remove	10/1/21
Contraceptive Agents	Nextstellis tablet 3-14.2mg	Revert*	1/1/22
Gastrointestinal Agents	Bylvay capsule	Add	10/1/21
Immunological Agents	Rezurock tablet 200mg	Add	10/1/21

\*Decision to add prior authorization for 1/1/22 is being reverted. Prior authorization is no longer intended.

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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
Anti-infective Agents	Brexafemme tablet 150mg	Add	10/1/21
Antilipemic Agents	Roszet tablet	Add	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
Anti-infective Agents	Brexafemme tablet 150mg	Add	10/1/21
Hormonal Agents	Myfembree tablet 40-1-0.5mg	Add	8/21/21
Immunological Agents	Rezurock tablet 200mg	Add	10/1/21

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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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