



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

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.
Premium	Three tier formulary with generic drugs included in Tier 1. Some drugs may be excluded from the Premium Formulary due to a strategic evaluation of the market, utilization, quality outcomes and total cost of care.
Premium Value (PVF)	Four-tiered, closed formulary with tiering based on net cost, regardless if the drug is a brand or generic. Drugs are added to PVF after a strategic evaluation of the market, utilization, quality outcomes and total cost of care.

Key **SP:** Specialty Pharmacy **PA:** Prior Authorization **ST:** Step Therapy **QL:** Quantity Limits

Announcing Jan. 1, 2023 Pharmacy Benefit Update

We are pleased to announce the Optum Rx direct Jan. 1, 2023 Pharmacy Benefit Update. Our strategic formulary and utilization management updates will deliver beneficial, cost-effective solutions for our clients and members in 2023.

Watch the [webcast](#) to learn more about our Jan. 1, 2023 Formulary and Utilization Management strategies including:



- Affordability** – Promoting the use of new generics and increased management of ADHD medications will enable greater savings for clients and members. Additional affordability initiatives will assist members using select acute and chronic medications through preventive drug offerings, cost-share limits, and Point-of-Sale rebates.
- Specialty medication updates** – Optum Rx will offer preferred formulary status for Enbrel, providing enhanced value for members and clients. A few therapeutic classes of medications will move from specialty to non-specialty status, making them more available and affordable for members.
- Utilization Management (UM) updates** – New Prior Authorization will be applied to GLP-1 agonists, replacing Step Therapy, to help manage increased utilization of these medications. New Quantity Limits will be applied to topical calcineurin inhibitors, to help manage the increasing trend of agents used to manage atopic dermatitis.

Our Jan. 1, 2023 strategic formulary management decisions are summarized below. A more [detailed list of drug updates for the Select, Premium, and Premium Value Formularies](#) is also available, identifying all therapeutic categories, brand/generic drug names and the planned update for each one.

Jan. 1, 2023 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary	Premium Value Formulary
DOWN-TIER (POSITIVE) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	3	4	10
UP-TIER (NEGATIVE) 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.	5	2	4
EXCLUSIONS 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.	0	19	87

At Optum Rx, 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 Optum Rx representative.

Down-tier

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Please note there are no down-tiers at this time.

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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Please note there are no up-tiers at this time.

Premium Value Down-tiers/Up-tiers

Medications may move to a lower tier or added to the formulary throughout the year, helping members take immediate advantage of cost savings. Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	PVF Tier	Effective date
Antineoplastic Agents	Leukeran tablet 2mg	Brand	3 > 4	8/1/22
	Myleran tablet 2mg	Brand	3 > 4	8/1/22
Anti-Obesity Agents	Wegovy injection	Brand	EXC > 3	9/1/22
Diabetic Supplies	Omnipod products	Brand	EXC > 3	9/1/22

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	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Anti-infective Agents	Doryx MPC tablet 60mg	Tier 3	EXC	EXC	---	---	X	---	9/14/22

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Calquence tablet 100mg	Tier 3	Tier 3	Tier 4	X	X	---	---	8/30/22
Dermatological Agents	Zoryve cream 0.3%*	Tier 3	EXC	EXC	---	---	---	---	8/2/22
Genitourinary Agents	Entadfi capsule 5-5mg*	Tier 3	EXC	EXC	---	---	---	---	8/2/22
Metabolic Agents	Javygtor powder pack 100mg	Tier 3	EXC	EXC	X	X	---	---	8/17/22
Nasal Agents	Ryaltris nasal spray 665-25mcg/act*	Tier 3	EXC	EXC	---	---	---	---	8/23/22

*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	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antipsychotic Agents	quetiapine tablet 150mg	N/A	Tier 1	Tier 1	Tier 1	---	---	---	X	8/4/22
Cardiovascular Agents	amlodipine/valsartan/HCTZ tablet	Exforge HCT	Tier 1	Tier 1	EXC	---	---	---	---	6/28/22
Respiratory Agents	pirfenidone tablet 534mg	N/A	Tier 1	Tier 1	Tier 4	X	X	---	---	9/7/22

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	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Opdualag solution 240-80mg/20ml	Brand	Tier 3	Tier 3	EXC	X	X	---	---	9/23/22
Antiviral Agents	Triumeq PD tablet for oral suspension 60-5-30mg	Brand	Tier 3	Tier 3	EXC	---	---	---	---	10/6/22

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
Anticonvulsant Agents	Ztalmy oral suspension 50mg/ml	Add	9/1/22
Cardiovascular Agents	Aspruzyo sprinkle granules	Add	9/1/22
Contraceptive Agents	Balcoltra tablet 0.1mg-20mcg	Remove	8/1/22
Ophthalmic Agents	Byooviz injection 0.5mg/0.05ml	Add	9/1/22

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. This table only shows Step Therapy that have been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Analgesic Agents	Meloxicam oral suspension 7.5mg/5ml	Add	9/1/22
Antidepressant Agents	Venlafaxine ER tablet 112.5mg	Add	9/1/22
Dermatological Agents	Twynéo cream 0.1-3%	Remove	9/1/22
Impotence Agents	Cialis tablet 10mg and 20mg	Remove	9/1/22

QL Quantity limits

Quantity limits establish the maximum quantity of a drug that is covered within a specified timeframe. This table only shows Quantity Limits that have been added or removed. Existing utilization management such as Prior Authorizations and Step Therapy may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Antidepressant Agents	Venlafaxine tablet 112.5mg	Add	9/1/22
Cardiovascular Agents	Aspruzyo sprinkle granules	Add	9/1/22



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.

Optum Rx[®]

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