



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

First Humira biosimilar Amjevita launched Feb. 1

On Feb. 1, Amjevita (adalimumab), the first approved biosimilar to Humira, was launched by manufacturer Amgen. A biosimilar is a biological agent that has no clinically meaningful difference from an existing FDA-approved biologic drug also known as a reference product or originator product¹.

Amjevita and Humira treat similar inflammatory conditions such as rheumatoid arthritis, psoriatic arthritis, and plaque psoriasis. However, Amjevita is not interchangeable with Humira and needs a prescriber to evaluate changing from one product to another.

Amjevita is available in a 20mg/0.4mL prefilled syringe and 40mg/0.8mL prefilled syringe and SureClick autoinjector. This product also has separate NDCs with list price options referred to as high and low Wholesale Acquisition Cost (WAC).

As part of our commitment to affordable access to needed medications, Optum Rx is making AbbVie's Humira and up to three biosimilars available at parity this year, starting with Amgen's Amjevita. Beginning Feb. 1, clients can include both Amjevita list price options on formulary. This approach delivers choice to our clients, consumers and providers while encouraging increased competition, which results in lower costs in this important and high-spend drug class.

The availability of Humira biosimilars is one of the biggest opportunities in years to lower costs and increase accessibility for consumers who need expensive specialty drugs.

Optum Rx strategy

- Following Amgen's announcement of two pricing options for Amjevita, a high list and a low list, clients can include both Amjevita list price options on formulary.
- Optum Rx will include Amjevita high WAC on our **Premium Formulary**. Clients can cover Amjevita low WAC at parity with the high WAC product.
- Optum Rx will include both Amjevita high WAC and low WAC on our **Select Formulary**.

As additional Humira biosimilars are expected to launch in 2023, Optum Rx will continue to monitor and evaluate them as they near the market. With our deep clinical expertise, industry-leading platform tools and operational capabilities, we are uniquely positioned to lead evaluation of high-cost specialty drug classes and help lower costs throughout the health care system.

¹ [Biosimilars explained: 5 questions you've been asking | Optum Rx](#)

Down-tiers

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.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
Antivirals	Tamiflu capsule and oral solution	Brand	3 (N/C)	EXC > 3+	1/27/23

Ophthalmic Agents	Bevacizumab injection	Brand	3 > 2	3 > 2	3/1/23
	Cimerli injection	Brand	3 > 2	EXC > 2	3/1/23

N/C: No change

EXC: Excluded

+ Temporary status during generic drug shortage

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 Up-tiers/Down-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
ADHD Agents	methylphenidate tablet ER 10mg and 20mg	Generic	2 > 1	3/1/23
	methylphenidate tablet ER osmotic release	Generic	2 > 1	3/1/23
Anti-Hepatitis Agents	entecavir tablet	Generic	3 > 2	3/1/23
Anti-infective Agents	linezolid injection 2mg/ml	Generic	3 > 2	3/1/23
	tobramycin nebulization solution	Generic	4 > 3	3/1/23
	voriconazole injection 200mg	Generic	4 > 3	3/1/23
Antilipemic Agents	cholestyramine powder 4gm/dose	Generic	2 > 1	3/1/23

Antineoplastic Agents	azacitidine injection 100mg	Generic	4 > 3	3/1/23
	bortezomib injection	Generic	4 > 3	3/1/23
	Imjudo injection	Brand	EXC > 4	3/1/23
	mesna injection 1gm	Generic	2 > 1	3/1/23
	pemetrexed injection	Generic	4 > 3	3/1/23
Antiviral Agents	emtricitabine-tenofovir disoproxil fumarate tablet	Generic	3 > 2	3/1/23

Therapeutic use	Medication name	Brand/ Generic	PVF Tier	Effective date
Cardiovascular Agents	acetazolamide tablet and injection	Generic	2 > 1	3/1/23
	sildenafil oral suspension 10mg/ml	Generic	4 > 3	3/1/23
Ophthalmic Agents	Bevacizumab injection	Brand	EXC > 3	3/1/23
	Cimerli injection	Brand	EXC > 3	3/1/23
Respiratory Agents	roflumilast tablet	Generic	3 > 2	3/1/23

EXC: Excluded

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	
Antidementia Agents	Leqembi IV solution 200mg/2ml*	Tier 3	EXC	EXC	X	X	---	---	1/11/23
	Leqembi IV solution 500mg/5ml*	Tier 3	EXC	EXC	X	X	---	X	1/11/23
Antineoplastic Agents	Bendamustine IV solution 100mg/4ml*	Tier 3	EXC	EXC	X	X	---	---	1/31/23

	Jaypirca tablet*	Tier 3	EXC	EXC	X	---	---	---	1/30/23
	Orserdu tablet*	Tier 3	EXC	EXC	X	---	---	---	2/1/23
	Turalio capsules 125mg	Tier 3	Tier 3	Tier 4	X	X	---	---	1/25/23
Cardiovascular Agents	Methyldopa tablet	Tier 3	Tier 3	Tier 3	---	---	---	---	1/31/23
Corticosteroid Agents	Cortisone tablet 25mg*	Tier 3	EXC	EXC	---	---	---	---	2/21/23
Genitourinary Agents	Oxybutynin oral solution 5mg/5ml*	Tier 3	EXC	EXC	---	---	---	---	1/11/23

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Genitourinary Agents	Xaciato gel 2%*	Tier 3	EXC	EXC	---	---	---	---	1/5/23
Hematological Agents	Oxbryta tablet 300mg	Tier 3	EXC	EXC	X	X	---	X	1/25/23
Immunological Agents	Amjevita injection	Tier 2	Tier 2	EXC	X	X	---	---	2/1/23
Multiple Sclerosis Agents	Briumvi injection 150mg/6ml*	Tier 3	EXC	EXC	X	---	---	---	12/29/22
Neurological Agents	Austedo patient titration kit therapy pack	Tier 3	Tier 3	Tier 4	X	X	---	X	2/7/23
Sedative Agents	Sezaby injection 100mg*	Tier 3	EXC	EXC	---	---	---	---	1/12/23

*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

WAC: Wholesale Acquisition Cost

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	
Anticonvulsant Agents	topiramate capsule ER	Trokendi XR	Tier 1	Tier 1	EXC	---	---	X	---	1/25/23
Dermatological Agents	brimonidine gel 0.33%	Mirvaso	Tier 1	Tier 1	EXC	---	---	---	---	1/2/23
Gastrointestinal Agents	lubiprostone capsule	Amitiza	Tier 1	Tier 1	EXC	---	---	X	X	1/4/23

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Respiratory Agents	pirfenidone capsule 267mg	Esbriet	Tier 1	Tier 1	Tier 4	X	X	---	---	1/10/23
Sedative Agents	tasimelteon capsule 20mg	Hetlioz	Tier 1	Tier 1	EXC	X	X	---	X	12/30/22

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	Imjudo injection	Brand	Tier 3	Tier 3	Tier 4	X	X	---	---	3/1/23
Anti-Obesity Agents	Orlistat capsule 120mg	Brand	Tier 3	Tier 3	EXC	---	X	---	---	3/17/23
Cardiovascular Agents	Tadliq oral suspension 20mg/5ml	Brand	Tier 3	Tier 3	EXC	X	X	---	X	3/15/23
Dermatological Agents	Sotyktu tablet 6mg	Brand	Tier 3	Tier 3	EXC	X	X	---	X	3/14/23
Endocrine Agents	Kyzatrex capsule	Brand	Tier 3	Tier 3	EXC	---	X	---	---	3/17/23

Nasal Spray	Ryaltris nasal spray 665-25 mcg/act	Brand	Tier 3	Tier 3	EXC	---	---	---	X	2/24/23
Neurological Agents	Sodium oxybate oral solution 500mg/ml	Brand	Tier 3	Tier 3	Tier 4	X	X	---	X	3/1/23

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	Blenrep injection 100mg	Remove	2/1/23
	Elahere injection 5mg/ml	Add	2/1/23
	Imjudo injection	Add	1/1/23
	Lytgobi tablet 4mg	Add	1/1/23
	Pedmark injection 12.5gm	Add	1/1/23
	Pepaxto injection 20mg	Remove	2/1/23

	Tecvayli injection	Add	1/1/23
Cardiovascular Agents	Furoscix kit 80mg/10ml	Add	1/1/23

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
Antidepressant Agents	Auvelity tablet 45-105mg	Add	1/1/23
Anti-gout Agents	Allopurinol tablet 200mg	Add	1/1/23
Antiviral Agents	Tamiflu oral suspension 6mg/ml	Remove ⁺	1/20/23
Ophthalmic Agents	Pataday ophthalmic solution 0.7%	Remove	2/1/23

⁺ Temporary status during generic drug shortage

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	Auvelity tablet 45-105mg	Add	1/1/23



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.

All Optum trademarks and logos are owned by Optum, Inc., in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.
© 2023 Optum, Inc. All rights reserved. OPT6773729_FebruaryStandard2023

Optum Rx[®]