



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>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.
<b>Premium</b>	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.
<b>Premium Value (PVF)</b>	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 the July 1, 2024 Pharmacy Benefit Update

We are pleased to share our July 1, 2024 Pharmacy Benefit Update with you – and how these updates are beneficial in delivering cost-effective solutions for your plans and members.

Watch the [webcast](#) to learn more about our July 1, 2024 formulary and Utilization Management strategies including:



- Affordability** –With the goal of improving affordability, the **Vigilant Drug Program** will be implemented for all plans using our standard Premium and Select Formularies effective July 1. Approximately 55 drugs will also be added to the program for participating plans, further enhancing savings opportunities for clients and members. Our **Critical Drug Affordability Program** will expand with the addition of mental health and respiratory class options, designed to help members with medication adherence and prescription savings.
- Specialty updates** – As more **Humira biosimilars** continue to launch, Optum Rx will add two new low Wholesale Acquisition Cost (WAC) biosimilars to our standard offering, which covers both Humira and preferred biosimilars at parity – offering broader choice, better access and affordable options to our clients and members.
- Utilization Management updates** – New **Step Therapy** will promote generics, requiring a trial of the generic medication before the equivalent brand medication is eligible for coverage. New **Prior Authorization** and **Quantity Limits** are also being added, including a change to the automated prior authorization process for diabetic GLP-1s.

Our July 1, 2024 strategic formulary management decisions are summarized below. A more [detailed list of drug updates for both 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.

July 1, 2024 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary	Premium Value Formulary
<b>DOWN-TIER (POSITIVE)</b> Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	1	1	0
<b>UP-TIER (NEGATIVE)</b> 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.	3	1	7
<b>EXCLUSIONS</b> 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.	N/A	5	22

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.

---

# Monthly Updates

---

## 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.

*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 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
Antineoplastic Agents	Lumakras (sotorasib) tablet	Brand	EXC > 4	4/1/24
Cardiovascular Agents	Vyndamax (tafamidis) capsule	Brand	EXC > 4	4/1/24
Immunological Agents	Entyvio (vedolizumab) SC pen injector	Brand	EXC > 4	4/1/24

*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	
<b>Antineoplastic Agents</b>	Amtagvi (lifileucel) IV suspension*	Tier 3	EXC	EXC	X	---	---	---	2/22/24
<b>Corticosteroid Agents</b>	Eohilia (budesonide) oral suspension*	Tier 3	EXC	EXC	---	---	---	---	2/14/24
<b>Gastrointestinal Agents</b>	Zymfentra (infliximab-dyyb) auto injector*	Tier 3	EXC	EXC	X	X	---	X	2/23/24
<b>Hematological Agents</b>	Alvaiz (eltrombopag choline) tablet*	Tier 3	EXC	EXC	X	X	---	---	2/15/24
<b>Respiratory Agents</b>	Xolair (omalizumab) SC injection	Tier 2	Tier 2	Tier 3	X	X	---	---	3/5/24
<b>Wound Care Agents</b>	Filsuvez (birch triterpenes) topical gel*	Tier 3	EXC	EXC	---	---	---	---	2/21/24

\*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.

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	
<b>Diabetic Agents</b>	mifepristone tablet 300mg	Korlym	Tier 1	Tier 1	EXC	X	X	---	X	1/22/24
<b>Genitourinary Agents</b>	tiopronin tablet	Thiola EC	Tier 1	Tier 1	EXC	X	---	---	---	2/28/24
<b>Ophthalmic Agents</b>	bromfenac ophthalmic solution	Bromsite	Tier 1	Tier 1	EXC	---	---	X	X	2/27/24

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Ophthalmic Agents	loteprednol ophthalmic suspension	Alrex	Tier 1	Tier 1	EXC	---	X	---	---	3/5/24
Rectal Agents	nitroglycerin topical ointment	Rectiv	Tier 1	Tier 1	EXC	---	---	---	---	2/23/24

## 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	
Antidiabetic Agents	Insulin Glargine SC pen injector (1-unit & 2-unit dial)	Brand	Tier 3	EXC	EXC	---	X	---	---	3/13/23
Antineoplastic Agents	Ogsiveo (irogacestat) tablet	Brand	Tier 3	Tier 3	Tier 4	X	X	---	---	4/1/23
Gastrointestinal Agents	Entyvio (vedolizumab) SC pen injector	Brand	Tier 3	Tier 3	Tier 4	X	X	---	X	4/1/23
Hematological Agents	Aphexda (motixafortide) SC injection	Brand	Tier 3	Tier 3	EXC	X	---	---	---	3/21/24
Neurological Agents	Motpoly XR (lacosamide) capsule	Brand	Tier 3	Tier 3	EXC	---	---	X	---	4/5/24

## 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.

*Please note there are no additions or removals of this restriction at this time.*

---

## 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.

*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. 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.

*Please note there are no additions or removals of this restriction 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.

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.

© 2024 Optum, Inc. All rights reserved. OPT6773729\_StandardMarch2024

**Optum Rx**<sup>®</sup>