



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

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## 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.*

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

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

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## 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
Anti-infective Agents	micafungin IV injection	Generic	EXC > 3	7/8/24
Antineoplastic Agents	Ontruzant (trastuzumab-dttb) IV injection	Brand	EXC > 3	7/8/24
Hematological Agents	Alvaiz (eltrombopag choline) tablet	Brand	EXC > 4	8/16/24
	Promacta (eltrombopag olamine) powder pack for suspension 25mg	Brand	EXC > 4	7/8/24

*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	
Antidiabetic Agents	Bexagliflozin tablet (ABA for Brenzavvy)	Tier 3	EXC	EXC	---	---	X	---	6/27/24
	Liraglutide SC injection (ABA for Victoza)	Tier 2	Tier 2	Tier 3	---	X	---	X	6/24/24
	Sitagliptin-metformin tablet*	Tier 3	EXC	EXC	---	---	---	---	6/18/24
Antihistamine Agents	Carbinoxamine ER oral suspension (ABA for Karbinal ER)	Tier 3	Tier 3	EXC	---	X	---	---	6/10/24
Antineoplastic Agents	Rytelo (imetelstat) IV injection*	Tier 3	EXC	EXC	X	---	---	---	6/27/24
	Scemblix (asciminib) tablet 100mg	Tier 3	Tier 3	EXC	X	X	---	---	7/17/24
Dermatological Agents	Adbry (tralokinumab-ldrm) SC auto-injector 300mg/2mL	Tier 2	Tier 2	EXC	X	X	---	X	7/17/24
Endocrine and Metabolic Agents	Vijoice (alpelisib) oral granules packet*	Tier 3	EXC	EXC	X	X	---	X	6/12/24
Gastrointestinal Agents	Iqirvo (elafibranor) tablet*	Tier 3	EXC	EXC	X	---	---	---	6/13/24
Immunological Agents	Myhibbin (mycophenolatemofetil) oral suspension*	Tier 3	EXC	EXC	---	---	---	---	6/3/24
	Rinvoq LQ (upadacitinib) oral solution	Tier 2	Tier 2	Tier 3	X	X	---	X	7/2/24
	Tyenne (tocilizumab-aazg) SC auto-injector & prefilled-syringe 162mg/0.9mL*	Tier 3	EXC	EXC	X	X	---	X	6/19/24 (auto-injector) 6/25/24 (PF syringe)
Neurological Agents	Austedo XR (deutetrabenazine) tablet 30mg, 36mg, 42mg, 48mg	Tier 3	Tier 3	Tier 4	X	X	---	X	6/25/24
Neuromuscular Agents	Adbry (tralokinumab-ldrm) SC auto-injector 300mg/2mL	Tier 2	Tier 2	EXC	X	X	---	X	7/17/24

\*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.

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	
Dermatological Agents	hydrocortisone lotion 2%	Brand	Tier 1	Tier 1	EXC	---	---	---	---	6/13/24

## 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	
Analgesic Agents	Combogesic (ibuprofen-acetaminophen) IV infusion	Brand	Tier 3	Tier 3	EXC	---	---	---	---	7/23/24
Corticosteroid Agents	Eohilia (budesonide) oral suspension	Brand	Tier 3	Tier 3	Tier 3	---	X	---	X	8/15/24
Hematological Agents	Alvaiz (eltrombopag) tablet	Brand	Tier 3	Tier 3	Tier 4	X	X	---	X	8/16/24

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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. 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
Cardiovascular Agents	Opsynvi (macitentan-tadalafil) tablet	Add	7/1/24
	Winrevair (sotatercept-csrk) SC injection	Add	7/1/24

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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. 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
Antidiabetic Agents	Soliqua (insulin glargine-lixisenatide) SC pen-injector	Remove	8/1/24
	Xultophy (insulin degludec-liraglutide) pen-injector	Remove	8/1/24

## 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
Anticonvulsant Agents	Libervant (diazepam) buccal film	Add	7/1/24
Antidiabetic Agents	Soliqua (insulin glargine-lixisenatide) SC pen-injector	Remove	8/1/24
	Xultophy (insulin degludec-liraglutide) pen-injector	Remove	8/1/24
Cardiovascular Agents	Opsynvi (macitentan-tadalafil) tablet	Add	7/1/24
	Winrevair (sotatercept-csrk) SC injection	Add	7/1/24



If you would like additional information that is not listed, please contact your Optum Rx representative.

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