



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

FDA approves new antibiotic for severe bacterial and fungal infections

On April 3, 2024, the FDA approved Zevtera (ceftobiprole) to treat severe bacterial and fungal infections. Zevtera, a cephalosporin antibacterial, was approved for three indications including:

- Treatment of adult patients with *Staphylococcus aureus* bloodstream infections (bacteremia) (SAB), including those with right-sided infective endocarditis
- Acute bacterial skin and skin structure infections
- Adult and pediatric patients with community-acquired bacterial pneumonia (CABP)

Zevtera is available as a lyophilized powder for reconstitution in a single-dose vial.

Complicated infections such as *Staphylococcus aureus* bacteremia, caused by methicillin-susceptible *Staphylococcus aureus* (MSSA) and methicillin-resistant *Staphylococcus aureus* (MRSA) isolates, acute bacterial skin and skin structure infections, and CABP currently have limited treatment options. The active ingredient in Zevtera, ceftobiprole, is a broad-spectrum, fifth-generation cephalosporin with high bactericidal and anti-biofilm activity. This, together with its synergism with other antibiotics against gram-positive bacteria, makes it a candidate for treatment of complex infections, such as those associated with devices or infective endocarditis.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Zevtera for clinical value and safety. Afterwards, Optum Rx will determine its place on Optum Rx standard formularies.

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
Genitourinary Agents	tiopronin delayed-release tablet	Generic	EXC > 4	5/1/24

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	
Anticonvulsant Agents	Libervant (diazepam) buccal film*	Tier 3	EXC	EXC	---	---	---	---	4/30/24
	Xcopri (cenobamate) tablet	Tier 3	Tier 3	EXC	---	---	X	---	4/23/24
Antidiabetic Agents	Sitagliptin tablet * (ABA for Zituvio)	Tier 3	EXC	EXC	---	---	X	---	4/2/24
Anti-inflammatory Agents	Tolectin (tolmetin) tablet 600 mg*	Tier 3	EXC	EXC	---	---	X	---	5/1/24
Antineoplastic Agents	Anktiva (nogapendekin alfa inbak-pmln) intravesical solution*	Tier 3	EXC	EXC	X	---	---	---	4/29/24
	Docivyx (docetaxel) IV infusion	Tier 3	Tier 3	EXC	X	---	---	---	4/25/24
	Ogsiveo (nirogacestat) tablet 100mg, 150mg	Tier 3	Tier 3	Tier 4	X	X	---	---	5/7/24
	Ojemda (tovorafenib) tablet & oral suspension*	Tier 3	EXC	EXC	X	---	---	---	4/26/24
Cardiovascular Agents	Opsynvi (macitentan-tadalafil) tablet*	Tier 3	EXC	EXC	X	---	---	---	4/1/24
	Winrevair (sotatercept-csrk) SC injection*	Tier 3	EXC	EXC	X	---	---	---	4/3/24
Dermatological Agents	Spevigo (spesolimab-sbzo) SC injection	Tier 3	Tier 3	Tier 4	X	X	---	X	4/23/24
Diuretic Agents	Ormalvi (dichlorphenamide) tablet	Tier 3	Tier 3	EXC	X	X	---	X	4/10/24
Hematological Agents	Voydeya (danicopan) tablet*	Tier 3	EXC	EXC	X	---	---	---	4/4/24

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Immunological Agents	Tofidence (tocilizumab-bavi) IV infusion*	Tier 3	EXC	EXC	X	X	---	---	5/2/24
	Tyenne (tocilizumab-aazg) IV injection*	Tier 3	EXC	EXC	X	X	---	---	4/17/24

*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	
Genitourinary Agents	mirabegron tablet	Myrbetriq	Tier 1	Tier 1	EXC	---	---	---	---	4/19/24
Hormonal Agents	estradiol gel 0.06%	Estrogel	Tier 1	Tier 1	EXC	---	---	---	---	4/25/24
Musculoskeletal Agents	baclofen tablet 15mg	N/A	Tier 1	Tier 1	Tier 1	---	---	---	---	4/4/24

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	
Antineoplastic Agents	Augtyro (reprotrectinib) capsule	Brand	Tier 3	Tier 3	EXC	X	X	---	---	5/28/24

Therapeutic use	Medication name	Brand/Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Jylamvo (methotrexate) oral solution	Brand	Tier 3	Tier 3	EXC	---	X	---	---	5/24/24
	Loqtorzi (toripalimab-tpzi) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	5/29/24
	Truqap (capiwasertib) tablet	Brand	Tier 3	Tier 3	EXC	X	X	---	---	5/21/24
Hematological Agents	Adzynma (adamts13 recombinant-krhn) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	5/30/24
	Fabhalta (iptacopan) capsule	Brand	Tier 3	Tier 3	EXC	X	X	---	X	5/15/24

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.

Therapeutic use	Medication name	Add/Remove	Effective date
Antineoplastic Agents	Amtagvi (lifileucel) IV infusion	Add	5/1/24
Corticosteroid Agents	Eohilia (budesonide) oral suspension	Add	5/1/24
Wound Care Agents	Filsuvez (birch triterpenes) topical gel	Add	5/1/24

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
Corticosteroid Agents	Kenalog (triamcinolone) injectable suspension 10mg/mL, 40mg/mL, 80mg/mL	Remove	6/1/24
	Triamcinolone injectable suspension 40mg/mL, 50mg/mL, 80mg/mL, 100mg/2mL	Remove	6/1/24
Ophthalmic Agents	Pataday (olopatadine) ophthalmic solution	Remove	6/1/24

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
Corticosteroid Agents	Eohilia (budesonide) oral suspension	Add	5/1/24
Wound Care Agents	Filsuvez (birch triterpenes) topical gel	Add	5/1/24



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.

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