

Pharmacy Passages

Formulary Update

February 2025



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.

Specialty medication coverage

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 comprised of generics, preferred brands and non-preferred brands. Many Tier 3 drugs have lower-cost options in Tier 1 or 2. |
| Premium | Three tier formulary comprised of generics, preferred brands and non-preferred brands. Some drugs may be excluded 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 Journavx, a first-in-class non-opioid analgesic

On Jan. 30, 2025, the FDA approved Journavx (suzetrigine) oral tablets, a non-opioid drug with a novel mechanism for treating moderate to severe acute pain in adults.

Acute pain is a serious condition characterized by sudden or urgent pain and is often associated with injury, trauma, or surgery. When not adequately treated, it can increase the risk of developing chronic pain. Effective pain management relies on different pain medications targeting different pain pathways, but opioid analgesics have traditionally been the cornerstone of moderate-to-severe acute pain treatment. This level of acute pain is highly prevalent and affects approximately 75% of postoperative patients. With the growing concern over opioid use disorder, new non-opioid alternatives such as Journavx provide additional options for treatment.

Journavx has been placed on Tier 3 of the Optum Rx Premium and Select Formularies and is being further evaluated by the Optum Rx National Pharmacy & Therapeutics Committee for clinical value and safety.

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 |
|-----------------------|--|---------------|-------------|--------------|----------------|
| Dermatological Agents | Ebglyss (lebrikizumab-lbkz) auto-injector and prefilled syringe for SC injection | Brand | 3 > 2 | EXC > 2 | 3/1/25 |
| | Opzelura (ruxolitinib) 1.5% cream | Brand | 2 (N/C) | EXC > 2 | 3/1/25 |
| | Zoryve (roflumilast) 0.15% cream | Brand | 3 > 2 | EXC > 2 | 3/1/25 |
| | Zoryve (roflumilast) 0.3% cream | Brand | 3 (N/C) | EXC > 3 | 3/1/25 |
| Diabetes Supplies | Contour Plus Blood Glucose Test Strips | Brand | 3 > 2 | EXC > 2 | 3/1/25 |
| | Contour Plus Blue Blood Glucose Monitoring System | Brand | 3 > 2 | EXC > 2 | 3/1/25 |
| Immunological Agents | Velsipity (etrasimod) tablet | Brand | 3 > 2 | EXC > 2 | 3/1/25 |

N/C: No change
EXC: Excluded

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 |
|-----------------------|--|---------------|----------|----------------|
| Anaphylactic Agents | Neffy (epinephrine) nasal spray | Brand | EXC > T3 | 2/13/25 |
| Antineoplastic Agents | Besremi (ropeginterferon alfa-2b-njft) prefilled syringe for SC injection | Brand | EXC > T4 | 2/1/25 |
| | Lazcluze (lazertinib) tablet | Brand | EXC > T4 | 2/24/25 |
| | Tevimbra (tislelizumab-jsgr) IV injection | Brand | EXC > T4 | 2/24/25 |
| Dermatological Agents | Ebglyss (lebrikizumab-lbkz) auto-injector and prefilled syringe for SC injection | Brand | EXC > T4 | 3/1/25 |
| | Zoryve (roflumilast) 0.15% cream | Brand | EXC > T3 | 3/1/25 |
| Diabetes Supplies | Contour Plus Blood Glucose Test Strips | Brand | EXC > T1 | 3/1/25 |
| | Contour Plus Blue Blood Glucose Monitoring System | Brand | EXC > T1 | 3/1/25 |
| Hormonal Agents | Acthar (corticotropin) gel auto-injector for SC injection | Brand | EXC > T4 | 1/9/25 |

EXC: Excluded

New brand launches

New brand name medications launch throughout the year. A change in coverage status may be determined after medications are thoroughly reviewed by the Optum Rx National Pharmacy & Therapeutics Committee and Optum Rx Business 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 | Levetiracetam (ABA of Spritam) 250mg disintegrating tablet for oral solution* | Tier 3 | EXC | EXC | — | X | --- | --- | 1/22/25 |
| Antineoplastic Agents | Datroway (datopotamab deruxtecan-dlnk) IV injection* | Tier 3 | EXC | EXC | X | --- | --- | --- | 1/23/25 |
| | Opdivo Qvantig (nivolumab-hyaluronidase-NVHY) SC injection* | Tier 3 | EXC | EXC | X | X | --- | --- | 1/3/25 |
| Antiviral Agents | Prevymis Pak (letermovir) pellet pack* | Tier 3 | EXC | EXC | X | --- | --- | --- | 1/15/25 |
| Endocrine and Metabolic Agents | Kebilidi (eladocagene exuparvovec-tneq) intraputaminial injection* | Tier 3 | EXC | EXC | X | --- | --- | --- | 1/7/25 |
| Hematological Agents | Alhemo (concizumab-mtci) pen-injector for SC injection* | Tier 3 | EXC | EXC | X | --- | --- | --- | 1/22/25 |
| | Esperoct (antihemophilic factor [recombinant] glycoPEGylated-exei) IV injection | Tier 3 | Tier 3 | Tier 4 | X | --- | --- | --- | 1/29/25 |
| | Jivi (antihemophilic factor [recombinant] PEGylated-aucl) 500unit IV injection | Tier 3 | Tier 3 | Tier 4 | X | --- | --- | --- | 1/10/25 |
| Immunological Agents | Simlandi (adalimumab-ryvk) prefilled syringe for SC injection | Tier 3 | EXC | EXC | — | X | --- | X | 2/18/25 |
| | Steqeyma (ustekinumab-stba) prefilled syringe for SC injection* | Tier 3 | EXC | EXC | X | X | --- | X | 1/23/25 |
| | Yesintek (ustekinumab-kfce) solution and prefilled syringe for SC injection* | Tier 3 | EXC | EXC | X | X | --- | X | 2/18/25 |
| Neurological Agents | Gabarone (gabapentin) IR tablet* | Tier 3 | EXC | EXC | --- | --- | — | --- | 1/9/25 |

* 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 no longer on the New Drugs to Market exclusion list** section.

EXC: Excluded

New generic launches

New generic medication launches occur throughout the year. Generic medications will typically 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 | |
| Analgesic Agents | methadone 10mg/ml injection | N/A | Tier 1 | Tier 1 | Tier 1 | — | --- | --- | --- | 1/6/25 |
| Antidepressant Agents | bupropion 150mg 12-hour ER tablet | N/A | Tier 1 | Tier 1 | Tier 1 | --- | --- | --- | X | 1/8/25 |
| Antidiabetic Agents | metformin 750mg tablet | N/A | Tier 1 | Tier 1 | EXC | — | — | --- | --- | 1/10/25 |
| Anti-infective Agents | metronidazole 125mg tablet | N/A | Tier 1 | Tier 1 | EXC | — | — | --- | --- | 1/17/25 |
| Antineoplastic Agents | mesna 400mg tablet | Mesnex | Tier 1 | Tier 1 | Tier 3 | X | — | --- | --- | 1/15/25 |
| Gastrointestinal Agents | esomeprazole 2.5 & 5mg DR oral suspension | Nexium | Tier 1 | Tier 1 | Tier 2 | — | — | --- | X | 1/28/25 |
| Metabolic Agents | tromethamine IV injection | Tham | Tier 1 | Tier 1 | EXC | — | — | --- | --- | 1/28/25 |
| Neurological Agents | topiramate 50mg sprinkle capsule | N/A | Tier 1 | Tier 1 | Tier 1 | — | — | --- | --- | 1/14/25 |
| Ophthalmic Agents | dorzolamide 2% ophthalmic solution | N/A | Tier 1 | Tier 1 | Tier 1 | — | — | --- | --- | 1/8/25 |
| | timolol 0.5% ophthalmic solution | Betimol | Tier 1 | Tier 1 | EXC | — | — | --- | --- | 1/8/25 |

EXC: Excluded

New benefit coverage for medications no longer on 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 after which a medication may be added from the list and have new benefit coverage as shown below, or remain excluded.

| Therapeutic use | Medication name | Brand/ Generic | Select Tier | Premium Tier | PVF Tier | Programs | | | | Effective date |
|--------------------------------|---|-------------------|----------------|-----------------|-------------|----------|----|-----|-----|-------------------|
| | | | | | | SP | PA | ST | QL | |
| ADHD Agents | Onyda XR (clonidine) ER oral suspension | Brand | Tier 3 | Tier 3 | EXC | — | — | X | X | 3/1/25 |
| Anaphylaxis Agents | Neffy (epinephrine) nasal spray | Brand | Tier 3 | Tier 3 | Tier 3 | — | — | --- | --- | 2/16/25 |
| Antineoplastic Agents | Lazcluze (lazertinib) tablet | Brand | Tier 3 | Tier 3 | Tier 4 | X | X | --- | X* | 2/24/25 |
| | Tevimbra (tislelizumab-jsgr) IV injection | Brand | Tier 3 | Tier 3 | Tier 4 | X | X | --- | --- | 2/24/25 |
| | Vyloy (zolbetuximab-clzb) IV injection | Brand | Tier 3 | Tier 3 | Tier 4 | X | X | --- | --- | 3/1/25 |
| Antiparkinson Agents | Crexont (carbidopa-levodopa) ER capsule | Brand | Tier 3 | Tier 3 | EXC | — | — | X | --- | 2/16/25 |
| Cardiovascular Agents | Tryvio (aprocitentan) tablet | Brand | Tier 3 | Tier 3 | EXC | — | X | --- | X | 3/5/25 |
| Contraceptive Agents | Femlyv (norethindrone-ethinyl estradiol) disintegrating tablet | Brand | Tier 3 | Tier 3 | EXC | — | — | --- | --- | 3/14/25 |
| Gastrointestinal Agents | Livdelzi (seladelpar) capsule | Brand | Tier 3 | Tier 3 | EXC | X | X | --- | X | 2/17/25 |
| Metabolic Agents | Yorvipath (palopecteriparatide) pen injector for SC injection | Brand | Tier 3 | Tier 3 | EXC | X | X | --- | X | 3/6/25 |
| Ophthalmic Agents | Vabysmo (faricimab-svoa) prefilled syringe for intravitreal injection | Brand | Tier 3 | Tier 3 | EXC | X | X | --- | --- | 3/1/25 |

*Lazcluze 80mg formulation only

EXC: Excluded

SP 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 | Aucatzyl (obecabtagene autoleucel) IV injection | Add | 2/1/25 |
| | Danziten (nilotinib) tablet | Add | 2/1/25 |
| | Itovebi (inavolisib) tablet | Add | 2/1/25 |
| | Revuforj (revumenib) tablet | Add | 2/1/25 |
| | Vyloy (zolbetuximab-clzb) IV injection | Add | 2/1/25 |
| | Ziihera (zanidatamab-hrii) IV injection | Add | 2/1/25 |
| Antiparkinson Agents | Vyalev (foslevodopa-foscarbidopa) SC injection | Add | 1/1/25 |
| Hematological Agents | Nypozi (filgrastim-txid) prefilled syringe for SC injection | Add | 2/1/25 |
| Ophthalmic Agents | Pavblu (aflibercept-ayyh) solution and prefilled syringe for intravitreal injection | Add | 1/1/25 |

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 has 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 |
|-----------------------|--|------------|----------------|
| Antipsychotic Agents | Erzofri (paliperidone palmitate) ER prefilled syringe for SC injection | Add | 1/1/25 |
| | Opipza (aripiprazole) oral film | Add | 2/1/25 |
| Contraceptive Agents | Taytulla (norethindrone-ethinyl estradiol) capsule | Remove | 2/1/25 |
| Dermatological Agents | Emrosi (minocycline) ER micronized capsule | Add | 2/1/25 |
| Respiratory Agents | Albuterol HFA inhaler | Remove | 1/29/25 |

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 |
|-----------------------|----------------------------------|------------|----------------|
| Antineoplastic Agents | Itovebi (inavolisib) 3 mg tablet | Add | 2/1/25 |
| Antipsychotic Agents | Opipza (aripiprazole) oral film | Add | 2/1/25 |



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



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