

Pharmacy Passages

Formulary Update

March 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	

Announcing the July 1, 2025 Pharmacy Benefit Update

We are pleased to announce the Optum Rx direct July 1, 2025 Pharmacy Benefit Update. Our strategic formulary and utilization management updates will continue to deliver beneficial, cost-effective solutions for our clients and members in 2025.

Watch the [webcast](#) to learn more about our July 1, 2025 formulary and Utilization Management Strategies including:



- **Specialty medication updates** – In order to further advance biosimilar use and create value, **biosimilars for Humira and Stelara will be preferred** on our standard formularies – delivering savings for our clients and providing most members with up to \$0 copays.
- **Affordability** – To encourage the use of recently launched generics and lower cost medications, 23 drugs will be added to the Vigilant Drug Program including 15 drugs in the High-cost Brands with Generics category, providing savings for both plans and members.
- **Utilization Management (UM) updates** – **Step Therapy** will be added for Femlyv in the contraceptives category, and revised for four drugs in the constipation and phosphate binder categories to promote the use of lower cost generic and preferred brand medications. New **Quantity Limits** will apply to 16 medications including drugs used for the prevention of attacks related to hereditary angioedema, anti-infective inhalation treatments for cystic fibrosis, and the new non-opioid pain medication Journavx.

Our July 1, 2025 strategic formulary management decisions are summarized below. A more detailed list of [drug updates for 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, 2025 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary	Premium Value Formulary
DOWN-TIER (POSITIVE) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	0	0	0
UP-TIER (NEGATIVE) 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.	1	0	0
EXCLUSIONS 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	2	4

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.

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
Antiviral Agents	Cabenuva (cabotegravir-rilpivirine) ER suspension for IM injection	Brand	3 > 2	EXC > 2	4/1/25

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 be 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	Tecentriq Hybreza (atezolizumab-hyaluronidase-tqjs) SC injection	Brand	EXC > T4	3/19/25
	Vyloy (zolbetuximab-clzb) IV injection	Brand	EXC > T4	3/1/25
Multiple Sclerosis Agents	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) SC injection	Brand	EXC > T4	3/25/25

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	
Allergenic Extracts	Palforzia (peanut powder-dnfp) starter pack 1-3 years, 4-17 years and sprinkle capsule	Tier 3	EXC	EXC	—	X	—	—	2/17/25
Analgesic Agents	Journavx (suzetrigine) tablet	Tier 3	Tier 3	Tier 3	—	—	—	X	3/4/25
Antidementia Agents	Zunveyl (benzgalantamine) delayed release tablet*	Tier 3	EXC	EXC	—	—	—	—	2/27/25
Antidiabetic Agents	Rybelsus (semaglutide) 1.5, 4, and 9 mg tablet	Tier 2	Tier 2	Tier 3	—	X	—	X	3/11/25
Antineoplastic Agents	Frindovyx (cyclophosphamide) IV injection	Tier 3	Tier 3	EXC	X	—	—	—	2/5/25
	Gomekli (mirdametininb) capsule and tablet for oral suspension*	Tier 3	EXC	EXC	X	—	—	—	2/17/25
	Grafapex (treosulfan) IV injection*	Tier 3	EXC	EXC	X	—	—	—	2/17/25
	Ivra (melphalan) IV injection*	Tier 3	EXC	EXC	X	—	—	—	2/27/25
Anti-obesity Agents	Zepbound (tirzepatide weight management) 7.5mg/0.5mL, 10mg/0.5mL SC vial for injection	Tier 3	EXC	EXC	—	X	—	X	3/18/25
Antiparkinson Agents	Onapgo (apomorphine) SC injection*	Tier 3	EXC	EXC	X	X	—	X	2/21/25
Anti-rheumatic Agents	Auranofin (ABA of Ridaura) 3mg capsule*	Tier 3	EXC	EXC	X	—	—	—	2/19/25
Dermatological Agent	Halcinonide 0.1% topical solution	Tier 3	Tier 3	EXC	—	X	—	—	2/10/25
Hematological Agents	Xromi (hydroxyurea) oral solution*	Tier 3	EXC	EXC	—	—	—	—	2/26/25
Immunological Agents	Niktimvo (axatilimab-csfr) IV injection*	Tier 3	EXC	EXC	X	—	—	—	1/31/25

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Immunological Agents	Omvoh (mirikizumab-mrkz) 100mg/mL and 200mg/mL auto- injector and prefilled syringe pack for SC injection	Tier 2	Tier 2	Tier 3	X	X	—	X	3/18/25
	Pyzchiva (ustekinumab-ttwe) IV infusion and prefilled syringe for SC injection*	Tier 3	EXC	EXC	X	X	—	X^	2/24/25
	Selarsdi (ustekinumab-aekn) prefilled syringe for SC injection*	Tier 3	EXC	EXC	X	X	—	X	2/19/25
	Ustekinumab-ttwe IV infusion and prefilled syringe for SC injection*	Tier 3	EXC	EXC	X	X	—	X^	2/12/25
Neuromuscular Agents	Evrysdi (risdiplam) tablet 5mg*	Tier 3	EXC	EXC	X	X	—	X	2/14/25

* 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.

^ QL applies only to prefilled syringe

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	
Antidementia Agents	memantine-donepezil 21-10mg extended-release tablet	Namzaric	Tier 1	Tier 1	EXC	—	—	—	X	2/27/25
Skeletal Muscle Relaxants	metaxalone 640mg tablet	N/A	Tier 1	Tier 1	EXC	—	—	—	—	2/26/25

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	
Antilipemic Agents	Tryngolza (olezarsen) auto-injector for SC injection	Brand	Tier 3	Tier 3	Tier 4	X	X	—	X	4/1/25
Antineoplastic Agents	Tecentriq Hybreza (atezolizumab-hyaluronidase-tqjs) SC injection	Brand	Tier 3	Tier 3	Tier 4	X	X	—	—	3/19/25
Antipsychotic Agents	Cobenfy (xanomeline-trospium) capsule and starter pack	Brand	Tier 3	Tier 3	EXC	—	—	X	X	4/3/25
Multiple Sclerosis Agents	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) SC injection	Brand	Tier 3	Tier 3	Tier 4	X	X	—	X	3/25/25
Neurological Agents	Aqneursa (levacetyleucine) powder for oral suspension	Brand	Tier 3	Tier 3	EXC	X	X	—	X	3/28/25
	Miplyffa (arimoclomol) capsule	Brand	Tier 3	Tier 3	EXC	X	X	—	X	3/27/25

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
Antilipemic Agents	Tryngolza (olezarsen) auto-injector for SC injection	Add	3/1/25
Antineoplastic Agents	Bizengri (zenocutuzumab-zbco) IV injection	Add	3/1/25
	Hercessi (trastuzumab-strf) IV injection	Add	3/1/25
Cardiovascular Agents	Attruby (acoramidis) tablet pack	Add	3/1/25
	Corlanor (ivabradine) tablet and oral solution	Remove	3/1/25
	ivabradine tablet	Remove	3/1/25
Endocrine and Metabolic Agents	Crenessity (crinecerfont) capsule and oral solution	Add	3/1/25
Neurological Agents	Kebilidi (eladocagene exuparvovec-tneq) suspension for IV injection	Add	3/1/25
Ophthalmic Agents	Qlosi (pilocarpine) ophthalmic solution	Add	3/1/25

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
Analgesic Agents	Fenopron (fenoprofen) capsule	Add	3/1/25
Diabetic Supplies	Contour Plus Blood Glucose Test Strips	Remove	3/1/25

Therapeutic use	Medication name	Add/Remove	Effective date
Diabetic Supplies	Contour Plus Blue Blood Glucose Monitoring System	Remove	3/1/25
Genitourinary Agents	Venxxiva (tiopronin) delayed release tablet	Add	4/1/25
Neurological Agents	Gabarone (gabapentin) tablet	Add	3/1/25
Ophthalmic Agents	Lastacraft (alcaftadine) ophthalmic solution	Remove	3/1/25
Respiratory Agents	levalbuterol tartrate HFA inhaler	Remove	3/1/25
	Proair Digihaler (albuterol) inhaler	Remove	3/1/25
	Proair Respiclick (albuterol) inhaler	Remove	3/1/25
	Proventil HFA (albuterol) inhaler	Remove	3/1/25
	Ventolin HFA (albuterol) inhaler	Remove	3/1/25
	Xopenex HFA (levalbuterol) inhaler	Remove	3/1/25

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
Cardiovascular Agents	Attruby (acoramidis) tablet pack	Add	3/1/25
Endocrine and Metabolic Agents	Crenessity (crinecerfont) capsule and oral solution	Add	3/1/25
	Tryngolza (olezarsen) auto-injector for SC injection	Add	3/1/25
Neurological Agents	Gabarone (gabapentin) tablet	Add	3/1/25
Ophthalmic Agents	Qlosi (pilocarpine) ophthalmic solution	Add	3/1/25



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



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