



Pharmacy Passages

Formulary update

March 2026

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

Premium: Three tier formulary with generic drugs included in tier 1. Some drugs may be excluded from the Premium Formulary due to our strategic evaluation of the market, utilization, quality outcomes and total cost of care.

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.

Key

SP: Specialty pharmacy

PA: Prior authorization

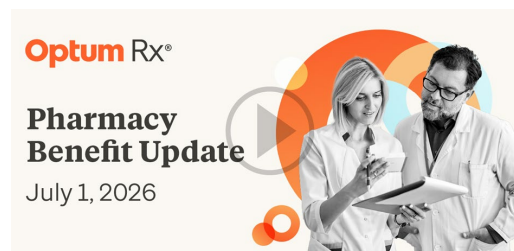
ST: Step therapy

QL: Quantity limit

Announcing the July 1, 2026 Pharmacy Benefit Update

We are pleased to announce the Optum Rx direct July 1, 2026 Pharmacy Benefit Update. Our strategic formulary and utilization management updates will continue to deliver beneficial, cost-effective solutions for our clients and members in 2026.

Watch the [webcast](#) to learn more about our July 1, 2026 formulary and Utilization Management strategies including:



- **Affordability – Generics** for Spiriva HandiHaler, Difucid, Premarin and other drugs will become preferred at Tier 1, delivering improved savings for clients and members. To encourage the use of these generics and other lower cost medications, 187 drugs will be added to the Vigilant Drug Program including 60 Non-Essential Drugs and 82 Non-Essential Creams and Patches.
- **Specialty medication updates** – Select **Prolia and Xgeva biosimilars** will be preferred over the originator products at Tier 2 on our standard formularies, offering a lower net cost.
- **Utilization Management (UM) updates** – New **Step Therapy** will be applied to 7 drugs including Spiriva HandiHaler, Zoryve foam and Twyneo cream. **Quantity Limits** will be applied to the new categories of anthelmintics used for worm and parasitic infections, and viscosupplements used to treat knee osteoarthritis.

Our July 1, 2026 strategic formulary management decisions are summarized below. A more detailed list of [drug updates for the Select and Premium Formularies](#) is also available, identifying all therapeutic categories, brand/generic drug names, and the planned update for each one.

July 1, 2026 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary
<p>Down-tier (positive) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.</p>	0	0
<p>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.</p>	5	0
<p>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.</p>	N/A	16

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.

March updates

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
Antipsychotic Agents	Lybalvi (olanzapine-samidorphan) tablet	Brand	3 (N/C)	EXC > 3	4/1/26
Diabetic Agents	Gvoke (glucagon) kit, auto-injector, and prefilled syringe for SC injection	Brand	3 > 2	EXC > 2	7/1/26

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.

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

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	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Rybrevent Faspro (amivantamab-hyaluronidase-lpuj) SC injection 2400-30000mg-unit/15mL, 3520-44000mg-unit/22mL*	Tier 3	EXC	X	X	---	---	2/19/26
	Vabrinty (leuprolide) SC injection kit 7.5mg	Tier 3	EXC	X	X	---	X	2/19/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Vykoura (leucovorin) injection*	Tier 3	EXC	---	---	---	---	2/11/26
Endocrine and Metabolic Agents	Loargys (pegzilarginase-nbln) injection*	Tier 3	EXC	X	---	---	---	2/26/26
Hematological Agents	Orladeyo (berotralstat) pellet pack	Tier 3	Tier 3	X	X	---	X	3/17/26
Immunological Agents	Qivigy (immune globulin [human]-kthm) IV injection*	Tier 3	EXC	X	X	---	---	2/20/26
	Ustekinumab-ttwe SC injection 45/0.5mL	Tier 3	EXC	X	X	---	X	2/6/26
Impotence Agents	Vybrique (sildenafil) oral film*	Tier 3	EXC	---	---	---	X	2/25/26
Metabolic Agents	Aukelso (denosumab-kyqq) SC injection*	Tier 3	EXC	X	X	---	---	2/25/26
	Bosaya (denosumab-kyqq) prefilled syringe for SC injection*	Tier 3	EXC	X	X	---	X	2/25/26
	Pokonza (potassium chloride) oral solution	Tier 3	EXC	---	---	---	---	2/3/26
Musculoskeletal Agents	Avtozma (tocilizumab-anoh) auto-injector and prefilled syringe for SC injection	Tier 3	Tier 3	X	X	---	X	3/17/26
Skeletal Muscle Relaxants	Ontralfy (tizanidine) oral solution*	Tier 3	EXC	---	X	---	---	2/3/26

*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	Programs				Effective date
					SP	PA	ST	QL	
Analgesic Agents	tapentadol tablet	Nucynta	Tier 1	Tier 1	---	---	---	X	3/3/26
Anticonvulsant Agents	brivaracetam oral solution	Briviact	Tier 1	Tier 1	---	---	---	---	2/27/26
Anti-infective Agents	ceftaroline IV injection	Teflaro	Tier 1	Tier 1	---	---	---	---	2/18/26
Anti-narcolepsy Agents	sodium oxybate oral solution	Xyrem	Tier 1	Tier 1	X	X	---	X	2/20/26

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	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Koselugo (selumetinib) sprinkle capsule	Brand	Tier 3	Tier 3	X	X	---	---	4/9/26
Dermatological Agents	Zoryve (roflumilast) cream 0.05%	Brand	Tier 2	Tier 2	---	---	X	---	4/8/26
Diabetes Supplies	MiniMed Instinct glucose sensor	Brand	Tier 3	Tier 3	---	X	---	---	4/3/26
Metabolic Agents*	Forzinity (elamipretide) SC injection	Brand	Tier 3	Tier 3	X	X	---	X	4/4/26
Multiple Sclerosis Agents	Tyruko (natalizumab-sztn) IV injection	Brand	Tier 3	Tier 3	X	X	---	X	3/23/26

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	Rybrevant Faspro (amivantamab-hyaluronidase-lpuj)	Add	3/1/26
Cardiovascular Agents	Cardamyst (etripamil) nasal spray	Add	3/1/26
Genitourinary Agents	Voyxact (sibeprenlimab-szsi) prefilled syringe for SC injection	Add	3/1/26
Ophthalmic Agents	Besifloxacin (ABA of Besivance) ophthalmic suspension	Add	3/1/26
Respiratory Agents	Exdensur (depemokimab-ulaa) prefilled syringe for SC injection	Add	3/1/26

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
Ophthalmic Agents	Omlonti (omidenepag) ophthalmic solution	Add	3/1/26



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	Cardamyst (etripamil) nasal spray	Add	3/1/26
Genitourinary Agents	Voyxact (sibeprenlimab-szsi) prefilled syringe for SC injection	Add	3/1/26
Ophthalmic Agents	Omlonti (omidenepeg) ophthalmic solution	Add	3/1/26
Respiratory Agents	Exdensur (depemokimab-ulaa) prefilled syringe for SC injection	Add	3/1/26

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



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