Optum Rx®

Pharmacy Passages

Formulary update

August 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 strate gic 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

FDA approves Orzeyful, an orphan drug for narcolepsy

On Aug. 5, 2026, the FDA approved Orzeyful (oveporexton) tablets for the treatment of narcolepsy type 1 (narcolepsy with cataplexy) in adult patients.

Narcolepsy type 1 (NT1) is a neurologic sleep disorder caused by the loss of brain cells that produce orexin, a neurotransmitter that helps regulate the sleep cycle. With reduced orexin levels, an individual struggles to maintain alertness and can often drift between sleep and waking. Common symptoms of NT1 include excessive daytime sleepiness, cataplexy (sudden muscle weakness), sleep paralysis, hallucinations, and disrupted sleep. NT1 affects approximately 1 in 2,000 people in the U.S.

Existing treatments focused on alleviating symptoms of the disease such as with stimulants to help individuals stay awake and central nervous system depressants to alleviate cataplexy and improve nighttime sleep. Orzeyful is the first drug targeting the root cause of NT1, restoring the body's orexin cycle by mimicking the natural chemical.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Orzeyful 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.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
ADHD Agents	Xelstrym (dextroamphetamine) twice-daily patch	Brand	**3 (N/C)**	**EXC > 3**	9/1/26
Antiviral Agents	Idvynso (doravirine-islatravir) tablet	Brand	**3 > 2**	**EXC > 2**	9/1/26

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.

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Effective date
Antidiabetic Agents	Janumet (sitagliptin-metformin) tablet	Brand	**2 > 3**	**2 > 3**	6/3/26
	Januvia (sitagliptin) tablet	Brand	**2 > 3**	**2 > 3**	6/3/26

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	
ADHD Agents	Atomoxetine oral solution (ABA of Atoncy)*	Tier 3	EXC	---	---	X	X	7/9/26
Analgesic Agents	Tapentadol oral solution*	Tier 3	EXC	---	---	---	X	7/13/26
Antianxiety Agents	Bucapsol (buspirone) capsule 5mg	Tier 3	EXC	---	---	---	---	7/27/26
Antidementia Agents	Leqembi IQLIK (lecanemab-irmb) autoinjector for SC injection 500mg	Tier 3	EXC	X	X	---	X	8/18/26
Antidiabetic Agents	Awiqli (insulin icodec-abae) pen-injector for SC injection*	Tier 3	EXC	---	X	---	X	7/13/26
Antiemetic Agents	Navitrux (fosaprepitant) IV injection*	Tier 3	EXC	---	---	---	---	7/2/26
Antilipemic Agents	Lipfendra (enlicitide) tablet*	Tier 3	EXC	---	---	---	---	7/22/26
Antineoplastic Agents	Avopef (etoposide) injection 500mg/25mL*	Tier 3	EXC	X	---	---	---	7/2/26
	Besremi (ropeginterferon alfa-2b-njft)	Tier 3	Tier 3	X	X	---	---	8/11/26
	Cavhanza (nilotinib) orally disintegrating tablet*	Tier 3	EXC	X	---	---	---	7/7/26
	Cligavyx (fulvestrant) prefilled syringe for IM injection*	Tier 3	EXC	X	---	---	---	7/6/26
	Jideytro (zidesamtinib) tablet*	Tier 3	EXC	X	---	---	---	7/30/26
	Sarclisa Escena (isatuximab-irfc) SC injection*	Tier 3	EXC	X	X	---	---	7/16/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Tevimbra (tislelizumab-jsgr) IV injection 150mg/15mL	Tier 3	Tier 3	X	X	---	---	8/4/26
Cardiovascular Agents	Uptravi (selexipag) tablet 100mcg, 150mcg	Tier 3	Tier 3	X	X	---	X	8/18/26
Gastrointestinal Agents	Ursolign (ursodiol) capsule*	Tier 3	EXC	---	---	---	---	7/21/26
Genitourinary Agents	Trutakna (atacicept-vymj) auto-injector for SC injection*	Tier 3	EXC	X	---	---	---	7/9/26
Immunological Agents	Skyrizi (risankizumab-rzza) prefilled syringe 55mg/0.37mL	Tier 3	Tier 3	X	X	---	X	7/28/26
	Tregzi (Tregs & HSPC & TCONS-vldq) IV infusion*	Tier 3	EXC	X	---	---	---	7/9/26
Ophthalmic Agents	Yesafili (aflibercept-jbvf) prefilled syringe for intravitreal injection*	Tier 3	EXC	X	X	---	---	7/13/26

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	
Antidiabetic Agents	sitagliptin-metformin tablet ER	Janumet XR	Tier 1	Tier 1	---	---	---	---	8/4/26
Anti-infective Agents	doxycycline capsule 75mg	N/A	Tier 1	Tier 1	---	---	---	---	7/6/26

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
Anti-infective Agents	rifapentine tablet	Priftin	Tier 1	Tier 1	---	---	---	---	8/5/26
Dermatological Agents	oxymetazoline cream	Rhofade	Tier 1	Tier 1	---	---	---	---	7/22/26
Hematological Agents	ferric carboxymaltose IV injection	Injectafer	Tier 1	Tier 1	---	---	---	---	7/10/26
Neurological Agents	dextromethorphan -quinidine capsule	Nuedexta	Tier 1	Tier 1	---	X	---	---	8/5/26

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	
Antiviral Agents	Idvynso (doravirine-islatravir) tablet	Brand	Tier 2	Tier 2	---	X	---	X	9/1/26
Endocrine and Metabolic Agents	Loargys (pegzilarginase-nbln) injection	Brand	Tier 3	Tier 3	X	X	---	---	8/27/26

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
Anti-hepatitis Agents	Hepcludex (bulevirtide-gmod) SC injection	Add	8/1/26
	Decnupaz (pivekimab-sunirine-pvzy) IV injection	Add	8/1/26
Antineoplastic Agents	Evdi (trabectedin) IV injection	Add	8/1/26
	Romidepsin IV injection	Add	8/1/26
Antiviral Agents	Idvynso (doravirine-islatravir) tablet	Add	8/1/26
Cardiovascular Agents	Baxfendy (baxdrostat) tablet	Add	8/1/26
Hematological Agents	Filkri (filgrastim-laha) prefilled syringe for SC injection	Add	8/1/26

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
ADHD Agents	Atoncy (atomoxetine) oral solution	Add	8/1/26
Antipsychotic Agents	Bysanti (milsaperidone) tablet, therapy pack	Add	8/1/26
Ophthalmic Agents	Zolymbus (bimatoprost PF) ophthalmic gel	Add	8/1/26

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
ADHD Agents	Atoncy (atomoxetine) oral solution	Add	8/1/26
Anti-hepatitis Agents	Hepcludex (bulevirtide-gmod) SC injection	Add	8/1/26
Antipsychotic Agents	Bysanti (milsaperidone) tablet, therapy pack	Add	8/1/26
Antiviral Agents	Idvynso (doravirine-islatravir) tablet	Add	8/1/26
	Xocova (ensitrelvir) tablet	Add	8/1/26
Cardiovascular Agents	Baxfendy (baxdrostat) tablet	Add	8/1/26
Ophthalmic Agents	Zolymbus (bimatoprost PF) opthalmic gel	Add	8/1/26

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

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