

Pharmacy Passages

Formulary Update

December 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.

Key **SP:** Specialty Pharmacy **PA:** Prior Authorization **ST:** Step Therapy **QL:** Quantity Limits

FDA approves orphan drug Waskyra as a new option to treat Wiskott-Aldrich Syndrome

On Dec. 9, 2025, the FDA approved Waskyra (etuvetidigene autotemcel) IV infusion for the treatment of pediatric patients aged 6 months and older and adults with Wiskott-Aldrich Syndrome (WAS) who have:

- A mutation in the WAS gene **and**
- For whom hematopoietic stem cell transplantation (HSCT) is appropriate and no suitable human leukocyte antigen (HLA)-matched related stem cell donor is available.

WAS is a rare genetic immunodeficiency characterized by abnormal immune system function, eczema, and a reduced ability to form blood clots. It affects almost exclusively males and has an estimated incidence of 1 in 250,000 live male births. Current treatment options include supportive therapies aimed at managing and preventing clinical manifestations, with the only potentially curative option being hematopoietic stem cell transplantation. Waskyra provides another option for patients where transplantation from a compatible donor is not possible.

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

Therapeutic use	Medication name	Brand/Generic	Select Tier	Premium Tier	Effective date
Antiviral Agents	Delstrigo (doravirine-lamivudine-tenofovir disoproxil fumarate) tablet	Brand	3 > 2	3 > 2	1/1/26
	Pifeltrio (doravirine) tablet	Brand	3 > 2	3 > 2	1/1/26
Dermatological Agents	Zoryve (roflumilast) foam	Brand	3 > 2	EXC > 2	1/1/26
Hormonal Agents	Sogroya (smapacitan-beco) pen-injector for SC injection	Brand	3 (N/C)	EXC > 3	2/1/26
Ophthalmic Agents	Tryptyr (acoltremon) ophthalmic solution	Brand	3 > 2	EXC > 2	12/28/25

EXC: Excluded

N/C: No change

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.

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	Programs				Effective date
				SP	PA	ST	QL	
Anti-allergy Agents	Desloratadine oral solution*	Tier 3	EXC	—	—	—	—	11/17/25
Anticonvulsant Agents	Subvenite (lamotrigine) oral suspension*	Tier 3	EXC	—	—	—	—	11/11/25
Antineoplastic Agents	Komzifti (ziftomenib) capsule*	Tier 3	EXC	X	—	—	—	11/18/25
	Lymphir (denileukin diftitox-cxdl) IV injection*	Tier 3	EXC	X	—	—	—	11/19/25
Cardiovascular Agents	Javadin (clonidine) oral solution*	Tier 3	EXC	—	—	—	—	11/21/25
	Lasix ONYU (furosemide) device for SC infusion*	Tier 3	EXC	—	—	—	—	11/13/25
	Tyvaso (treprostinil) maintenance kit	Tier 3	Tier 3	X	X	—	X	11/14/25
	Tyvaso (treprostinil) powder for inhalation 80mcg, institutional kit	Tier 3	Tier 3	X	X	—	X	11/11/25
Contraceptive Agents	Phexx (lactic acid-citric acid-potassium bitartrate) gel	Tier 3	EXC	—	X	—	X	11/3/25
Dermatological Agents	Halog (halcinonide) topical solution	Tier 3	Tier 3	—	—	—	—	11/17/25

* 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

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Gastrointestinal Agents	Famotidine IV injection and PF IV injection*	Tier 3	Tier 3	—	—	—	—	11/20/25
Immunological Agents	Imaavy (nipocalimab-aahu) IV injection 185 mg/mL	Tier 3	EXC	X	X	—	—	11/21/25
	Ustekinumab-aauz prefilled syringe for SC injection	Tier 3	EXC	X	X	—	X	11/4/25
Metabolic Agents	Redemplo (plozasiran) prefilled syringe for SC injection*	Tier 3	EXC	X	—	—	—	11/24/25

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	Programs				Effective date
					SP	PA	ST	QL	
Anti-infective Agents	dalbavancin IV injection	Dalvance	Tier 1	Tier 1	—	—	—	—	11/18/25
Antineoplastic Agents	pazopanib tablet 400mg	N/A	Tier 1	Tier 1	X	X	—	—	11/5/25
Immunological Agents	tacrolimus IV injection	Prograf	Tier 1	Tier 1	—	—	—	—	11/13/25

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	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Lynozytic (linvoseltamab-gcpt) IV injection	Brand	Tier 3	Tier 3	X	X	—	—	1/8/26

EXC: Excluded

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
Cardiovascular Agents	Lopressor (metoprolol tartrate) oral suspension	Brand	Tier 3	Tier 3	—	—	—	—	1/4/25
Endocrine Agents	Egrifta WR (tesamorelin) kit for SC injection	Brand	Tier 3	Tier 3	X	X	—	X	12/5/25
Immunological Agents	Otezla XR (apremilast) tablet, tablet initiation pack	Brand	Tier 2	Tier 2	X	X	—	X	1/1/26

EXC: Excluded

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
Analgesic Agents	Vyscoxa (celecoxib) oral suspension	Add	12/1/25
Anti-infective Agents	Blujepa (gepotidacin) tablet	Add	12/1/25
Antineoplastic Agents	Nilotinib d-tartrate capsule	Add	11/1/25
Cardiovascular Agents	Enbumyst (bumetanide) nasal spray	Add	12/1/25
Hormonal Agents	Palsonify (paltusotin) tablet	Add	12/1/25
Multiple Sclerosis Agents	Tyruko (natalizumab-sztn) IV injection	Add	12/1/25

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
Antidepressant Agents	Exxua (gepirone) ER tablet and titration pack	Add	12/1/25

Therapeutic use	Medication name	Add/Remove	Effective date
Antilipemic Agents	Repatha (evolocumab) prefilled syringe for SC injection	Remove	12/1/25
	Repatha Pushtronex (evolocumab) cartridge for SC infusion	Remove	12/1/25
	Repatha Sureclick (evolocumab) auto-injector for SC injection	Remove	12/1/25
Contraceptive Agents	Averi (desogestrel-estradiol-Fe) tablet	Remove	12/1/25
Dermatological Agents	Zoryve (roflumilast) cream 0.05%	Add	12/1/25
Neurological Agents	Tonmya (cyclobenzaprine) sublingual tablet	Add	12/1/25

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
Analgesic Agents	Vyscoxa (celecoxib) oral suspension	Add	12/1/25
Antidepressant Agents	Exxua (gepirone) ER tablet and titration pack	Add	12/1/25
Anti-infective Agents	Blujepa (gepotidacin) tablet	Add	12/1/25
Hormonal Agents	Palsonify (paltusotin) tablet	Add	12/1/25
Multiple Sclerosis Agents	Tyruko (natalizumab-sztn) IV injection	Add	12/1/25
Neurological Agents	Tonmya (cyclobenzaprine) sublingual tablet	Add	12/1/25



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

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