



# Pharmacy Passages

## Formulary update

April 2026

### The following formulary decisions and updates apply to **Optum Rx<sup>®</sup> 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.

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## 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

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## FDA approves Kresladi for a rare pediatric immune deficiency

On Mar. 28, 2026, the FDA approved Kresladi (marnetegrane autotemcel) IV suspension for the treatment of pediatric patients with severe leukocyte adhesion deficiency- I (LAD-I) due to biallelic variants in *ITGB2* without an available human leukocyte antigen (HLA)-matched sibling donor for allogeneic hematopoietic stem cell transplant (HSCT).

LAD-I is a rare, pediatric immune deficiency caused by mutations in the *ITGB2* gene, which prevent white blood cells from effectively fighting infections. Due to a compromised immune system, patients are predisposed to recurrent life-threatening bacterial and fungal infections, with substantial morbidity and mortality in the first decade of life. The incidence of LAD-I is estimated to range from one in 100,000 to one in 200,000 live births, with roughly two-thirds of affected patients classified as having a severe form of the disease.

Allogeneic HSCT is considered in some patients but is associated with significant morbidity and mortality. Kresladi is a novel therapy consisting of a patient's own genetically modified hematopoietic stem cells. These cells contain functional copies of the *ITGB2* gene and address the cause of LAD-I by restoring neutrophil CD18 and CD11a surface expression.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Kresladi for clinical value and safety. Afterwards, Optum Rx will determine its place on Optum Rx standard formularies.

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## 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
<b>Antidiabetic Agents</b>	Insulin glargine (ABA of Toujeo) pen-injector for SC injection	Brand	<b>3 &gt; 1</b>	<b>EXC (N/C)</b>	5/1/26
<b>Anti-infective Agents</b>	Blujepa (gepotidacin) tablet	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	4/15/26
<b>Dermatological Agents</b>	Anzupgo (delgocitinib) cream	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	5/1/26
<b>Endocrine and Metabolic Agents</b>	Veozah (fezolinetant) tablet	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	4/28/26

N/C: No change

EXC: Excluded

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## 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	
<b>ADHD Agents</b>	Arynta (lisdexamfetamine) oral solution*	Tier 3	EXC	---	---	X	X	3/17/26
<b>Analgesic Agents</b>	Tapentadol ER (ABA of Nucynta ER) tablet	Tier 3	EXC	---	X	---	X	3/11/26
	Tolectin DS (tolmetin) capsule 400mg*	Tier 3	EXC	---	---	---	---	4/21/26
<b>Anti-infective Agents</b>	Contepo (fosfomycin) IV injection*	Tier 3	EXC	---	---	---	---	3/24/26
<b>Antilipemic Agents</b>	Lerochol (lerodalcibep-liga) SC injection*	Tier 3	EXC	---	---	---	---	3/18/26
<b>Antimigraine Agents</b>	Cafergot (ergotamine-caffeine) tablet	Tier 3	Tier 3	---	X	---	X	3/27/26
<b>Antineoplastic Agents</b>	Lifyorli (relacorilant) capsule pack*	Tier 3	EXC	X	---	---	---	3/31/26
<b>Antiobesity Agents</b>	Wegovy HD (semaglutide) SC injection 7.2mg/0.75mL	Tier 2	Tier 2	---	X	---	X	4/14/26
<b>Dermatological Agents</b>	Halobetasol (ABA of Ultravate) lotion*	Tier 3	EXC	---	---	---	---	3/17/26
	Icotyde (icotrokinra) tablet*	Tier 3	EXC	X	X	---	X	3/23/26
<b>Endocrine and Metabolic Agents</b>	Avlayah (tividenofusp alfa-eknm) IV injection*	Tier 3	EXC	X	---	---	---	3/31/26
	Kygevvi (doxycitine-doxribtimine) oral powder*	Tier 3	EXC	X	---	---	---	3/16/26
	Yuviwel (navepegritide) SC injection*	Tier 3	EXC	X	---	---	---	3/3/26
<b>Hematological Agents</b>	Neulasta (pegfilgrastim) SC injection 4mg/0.4mL	Tier 3	Tier 3	X	X	---	---	4/14/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
<b>Hormonal Agents</b>	Desmoda (desmopressin) oral solution*	Tier 3	EXC	---	---	---	---	3/2/26
<b>Immunological Agents</b>	Steqeyma (ustekinumab-stba) SC injection 45mg/0.5mL	Tier 3	EXC	X	X	---	X	4/21/26
<b>Nasal Agents</b>	Ryaltris (by Glenmark) nasal spray*	Tier 3	EXC	---	---	---	X	3/16/26
<b>Neurological Agent</b>	Relgaabi (gabapentin) capsule*	Tier 3	EXC	---	---	X	---	3/30/26
<b>Neuromucular Agents</b>	Spinraza (nusinersen) intrathecal injection 26mg/5mL, 50mg/5mL	Tier 3	EXC	X	X	---	---	4/21/26
<b>Ophthalmic Agents</b>	Yuvezzi (carbachol-brimonidine) ophthalmic solution*	Tier 3	EXC	---	---	---	---	2/27/26
<b>Respiratory Agents</b>	Beclomethasone aerosol inhalation*	Tier 3	EXC	---	---	---	X	3/19/26
<b>Skeletal Muscle Relaxants</b>	Atmeksi (methocarbamol) oral suspension*	Tier 3	EXC	---	---	---	---	3/27/26
<b>Toxicology Agent</b>	Rezenopy (naloxone) nasal spray*	Tier 3	EXC	---	---	---	---	3/4/26

\*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	
<b>Anticonvulsant Agents</b>	brivaracetam tablet and IV injection	Briviact	Tier 1	Tier 1	---	---	---	---	3/10/26
<b>Antineoplastic Agents</b>	pomalidomide capsule	Pomalyst	Tier 1	Tier 1	X	X	---	X*	3/5/26

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
<b>Antineoplastic Agents</b>	pralatrexate IV injection	Folotyng	Tier 1	Tier 1	X	X	---	---	3/11/26
<b>Antiviral Agents</b>	rilpivirine tablet	Edurant	Tier 1	Tier 1	---	---	---	---	3/4/26
<b>Neurological Agents</b>	milnacipran tablet titration pack	Savella	Tier 1	Tier 1	---	---	---	X	3/31/26
<b>Ophthalmic Agents</b>	bimatoprost ophthalmic solution	Lumigan	Tier 1	Tier 1	---	---	---	X	4/7/26
<b>Respiratory Agents</b>	nintedanib capsule	Ofev	Tier 1	Tier 1	X	X	---	X^	4/9/26

\* QL applies to 1mg and 2mg strength

^ QL effective July 1, 2026

## 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	
<b>Antineoplastic Agents</b>	Komzifti (ziftomenib) capsule	Brand	Tier 3	Tier 3	X	X	---	---	5/19/26
<b>Endocrine Agents</b>	Lynkuet (elinzanetant) capule	Brand	Tier 3	Tier 3	---	X	---	X	4/28/26
<b>Immunological Agents</b>	Starjemza (ustekinumab-hmny) IV and SC injection	Brand	Tier 2	Tier 2	X	X	---	X*	4/29/26

\*QL applies to subcutaneous route

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## 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
<b>Antidiabetic Agents</b>	Insulin glargine (ABA of Toujeo) pen-injector for SC injection	Remove	5/1/26
<b>Anti-infective Agents</b>	Blujepa (gepotidacin) tablet	Remove	4/15/26
	Pivya (pivmecillinam) tablet	Add	4/1/26
<b>Cardiovascular Agents</b>	Sdamlo (amlodipine) oral olution	Add	4/1/26
<b>Hematological Agents</b>	Myqorzo (aficamten) tablet	Add	4/1/26
	Yartemlea (naroplimab-wuug) IV injection	Add	4/1/26
<b>Skeletal Mucle Relaxants</b>	Ontralfy (tizanidine) oral solution	Add	4/1/26

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## 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
<b>Anti-infective Agent</b>	Blujepa (gepotidacin) tablet	Add	4/15/26



## 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
Anti-infective Agents	Pivya (pivmecillinam) tablet	Add	4/1/26
Cardiovascular Agents	Sdamlo (amlodipine) oral olution	Add	4/1/26
Hematological Agents	Myqorzo (aficamten) tablet	Add	4/1/26

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



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