

# Pharmacy Passages

## Formulary Update

August 2025



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.

### 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.

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## Available formularies

<b>Select</b>	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.
<b>Premium</b>	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

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## FDA announces approval of Modeyso for diffuse midline glioma

On Aug. 6, 2025, the FDA announced approval of Modeyso (dordaviprone) capsules for the treatment of adult and pediatric patients 1 year of age and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy.

Diffuse midline glioma with the H3 K27M mutation is a rare and aggressive brain tumor. It is estimated to affect 2,000 people in the U.S. each year, many of whom are children and young adults. Surgical intervention is typically limited due to its location in the brain and effective treatment is limited to radiotherapy, leading to an overall poor prognosis.

The Optum Rx National Pharmacy & Therapeutics Committee will thoroughly assess Modeyso 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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

*Please note there are no down-tiers at this time.*

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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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

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

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## 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-infective Agents	Orlynvah (sulopenem-probenecid) tablet*	Tier 3	EXC	—	—	—	—	7/15/25
Antineoplastic Agents	Avgemsi (gemcitabine) IV solution*	Tier 3	EXC	X	—	—	—	7/22/25

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Lynozytic (linvoseltamab-gcpt) IV solution*	Tier 3	EXC	X	—	—	—	7/7/25
	Tepadina (thiotepa) IV solution	Tier 3	Tier 3	X	—	—	—	7/28/25
	Vabrinty (leuprolide acetate) kit for SC injection*	Tier 3	EXC	X	X	—	X	7/10/25
Cardiovascular Agents	Lopressor (metoprolol tartrate) oral solution*	Tier 3	EXC	—	—	—	—	7/3/25
Dermatological Agents	Anzupgo (delgocitinib) cream*	Tier 3	EXC	—	—	—	—	7/25/25
	Fluorouracil cream 0.5%*	Tier 3	EXC	—	—	—	—	7/28/25
	Spevigo (spesolimab-sbzo) prefilled syringe for SC injection	Tier 3	Tier 3	X	X	—	X	8/19/25
Endocrine Agents	Egrifta WR (tesamorelin) kit for SC injection*	Tier 3	EXC	X	X	—	X	7/22/25
Endocrine and Metabolic Agents	Harliku (nitisinone) tablet*	Tier 3	EXC	X	—	—	—	7/3/25
Hematological Agents	Ekterly (sebetralstat) tablet*	Tier 3	EXC	X	—	—	—	7/10/25
Metabolic Agents	Kerendia (finerenone) 40mg tablet	Tier 3	Tier 3	—	X	—	X	7/16/25
	Sephience (sepiapterin) oral powder*	Tier 3	EXC	X	—	—	—	7/30/25
Respiratory Agents	Carbzah (carbinoxamine) oral solution	Tier 3	Tier 3	—	—	—	—	7/8/25
	Fluticasone Ellipta (ABA of Arnuity Ellipta)	Tier 3	EXC	—	X	—	X	8/1/25

\* 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

## 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	
Analgesic Agents	ibuprofen 300mg tablet	N/A	Tier 1	Tier 1	—	—	—	—	7/7/25
Anticholinergic Agents	dicyclomine 40mg tablet	N/A	Tier 1	Tier 1	—	—	—	—	7/18/25
Anticonvulsant Agents	topiramate oral solution	Eprontia	Tier 1	Tier 1	—	—	—	—	7/3/25
Anti-infective Agents	fidaxomicin tablet	Dificid	Tier 1	Tier 1	—	—	—	—	7/15/25
Cardiovascular Agents	sacubitril-valsartan tablet	Entresto	Tier 1	Tier 1	—	—	—	X	7/23/25

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	Programs				Effective date
					SP	PA	ST	QL	
Antidepressant Agents	Raldesy (trazodone) oral solution	Brand	Tier 3	Tier 3	—	—	—	—	9/7/25
Antineoplastic Agents	Abirtega (abiraterone) tablet	Brand	Tier 1	Tier 1	X	X	—	—	9/12/25
Antiparkinson Agents	Onapgo (apomorphine) SC infusion	Brand	Tier 3	Tier 3	X	X	—	X	8/22/25
Hematological Agents	Bkemv (eculizumab-aeeb) IV infusion	Brand	Tier 3	Tier 3	X	X	—	—	9/4/25
	Epysqli (eculizumab-aagh) IV infusion	Brand	Tier 3	Tier 3	X	X	—	—	9/13/25

EXC: Excluded

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
Hematological Agents	Xromi (hydroxyurea) oral solution	Brand	Tier 3	Tier 3	—	X	—	—	8/27/25
Immunological Agents	Ryoncil (remestemcel-l-rknd) kit for IV infusion	Brand	Tier 3	Tier 3	X	—	—	—	9/14/25

## 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	Avmapki Fakzynja (avutometinib-defactinib) therapy pack	Add	8/1/25
	Emrelis (telisotuzumab vedotin-tllv) IV injection	Add	8/1/25
Cardiovascular Agents	Yutrepia (Treprostinil) capsule for inhalation	Add	8/1/25
Dermatological Agents	Leqselvi (deuruxolitinib) tablet	Add	8/1/25
Gastrointestinal Agents	Voquezna Dual Pak (amoxicillin-vonoprazan) therapy pack	Term	8/1/25
	Voquezna Triple Pak (amoxicillin-clarithromycin-vonoprazan) therapy pack	Term	8/1/25
Immunological Agents	Imaavy (nipocalimab-aahu) IV injection	Add	8/1/25
Wound Care Agents	Zevaskyn (prademagene zamikeracel) sheet	Add	8/1/25

## 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.

*Please note there are no additions or removals of this restriction at this time.*

## 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
Antiviral Agents	Enflonsia (clesrovimab-cfor) prefilled syringe for IM injection	Add	8/1/25
Cardiovascular Agents	Yutrepia (Treprostinil) capsule for inhalation	Add	8/1/25
Dermatological Agents	Leqselvi (deuruxolitinib) tablet	Add	8/1/25



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



At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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