

# Pharmacy Passages

## Formulary Update

July 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.

## 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 announces approval of Ekterly for hereditary angioedema

On July 7, 2025, the FDA announced the approval of Ekterly (sebetralstat) tablets for the treatment of acute attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.

HAE is a rare genetic disease affecting about 1 in 50,000 people globally. It results in deficiency or dysfunction in the C1 esterase inhibitor protein leading to subsequent uncontrolled activation of the kallikrein-kinin system. This system is involved in various processes within the body such as inflammation, blood pressure regulation, and immune system regulation. Individuals living with HAE experience painful attacks of tissue swelling which can be life-threatening depending on the area affected.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Ekterly 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
Gastrointestinal Agents	Pylera (bismuth subcitrate-metronidazole-tetracycline) capsule	Brand	3 > 2	3 > 2	8/1/25
	Talicia (amoxicillin-rifabutin-omeprazole) DR capsule	Brand	3 > 2	3 > 2	8/1/25
	Voquezna Dual Pak (amoxicillin-vonoprazan) therapy pack	Brand	3 > 2	3 > 2	8/1/25
	Voquezna Triple Pak (amoxicillin-clarithromycin-vonoprazan) therapy pack	Brand	3 > 2	3 > 2	8/1/25

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. 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	
<b>Angioedema Agents</b>	Andembry (garadacimab-gxii) auto-injector for SC injection*	Tier 3	EXC	X	—	—	—	6/19/25
<b>Antidiabetic Agents</b>	Merilog (insulin aspart-szjj) SC injection*	Tier 3	EXC	—	—	—	—	6/3/25
	Merilog Solostar (insulin aspart-szjj) pen-injector for SC injection*	Tier 3	EXC	—	—	—	—	6/3/25
<b>Antineoplastic Agents</b>	Ensacove (ensartinib) capsule*	Tier 3	EXC	X	—	—	—	6/3/25
	Ibtrozi (taletrectinib) capsule*	Tier 3	EXC	X	—	—	—	6/13/25
	Nilotinib (nilotinib D-tartrate) capsule*	Tier 3	EXC	X	—	—	—	6/19/25
	Zusduri (mitomycin) intravesical injection*	Tier 3	EXC	X	—	—	—	6/17/25
<b>Antiobesity Agents</b>	Zepbound (tirzepatide) 12.5mg/0.5mL and 15mg/0.5mL vial for SC injection	Tier 3	EXC	—	X	—	X	6/25/25
<b>Antipsychotic Agents</b>	Fanapt Pack B and C (iloperidone) tablet titration pack	Tier 3	Tier 3	—	—	X	X	7/22/25
<b>Antiviral Agents</b>	Enflonsia (clesrovimab-cfor) prefilled syringe for IM injection*	Tier 3	EXC	—	—	—	—	6/11/25
	Yeztugo (lenacapavir) tablet and SC injection*	Tier 3	EXC	—	X	—	X	6/19/25
	Zelsuvmi (berdazimer) gel*	Tier 3	EXC	—	—	—	—	6/4/25
<b>Cardiovascular Agents</b>	Arbli (losartan) oral suspension*	Tier 3	EXC	—	—	—	—	6/3/25
<b>Contraceptive Agents</b>	Averi (desogestrel-ethinyl estradiol-Fe) tablet*	Tier 3	EXC	—	—	—	—	6/16/25
<b>Dermatological Agents</b>	Leqselvi (deuruxolitinib) tablet*	Tier 3	EXC	X	—	—	—	6/3/25

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
<b>Dermatological Agents</b>	Pruradik (crotamiton) lotion*	Tier 3	EXC	—	—	—	—	6/3/25
<b>Endocrine and Metabolic Agents</b>	Crenessity (crinecerfont) 25mg capsule	Tier 3	Tier 3	X	X	—	X	6/13/25
<b>Immunological Agents</b>	Imuldosa (ustekinumab-srlf) IV infusion and prefilled syringe for SC injection	Tier 3	EXC	X	X	—	X^	7/1/25
	Pyzchiva (ustekinumab-ttwe) 45mg/0.5mL SC for injection	Tier 3	EXC	X	X	—	X	7/22/25
<b>Metabolic Agents</b>	Bomyntra (denosumab-bnht) solution and prefilled syringe for SC injection*	Tier 3	EXC	X	X	—	—	7/2/25
	Conexence (denosumab-bnht) prefilled syringe for SC injection*	Tier 3	EXC	X	X	—	X	7/2/25
	Osenvelt (denosumab-bmwo) SC injection*	Tier 3	EXC	X	X	—	—	6/4/25
	Stoboclo (denosumab-bmwo) SC injection*	Tier 3	EXC	X	X	—	X	6/4/25
<b>Ophthalmic Agents</b>	Tryptyr (acoltrem) ophthalmic solution*	Tier 3	EXC	—	—	—	—	6/27/25
<b>Respiratory Agents</b>	Glassia (alpha-1-proteinase inhibitor [human]) 4g/200mL and 5g/250mL IV solution	Tier 3	Tier 3	X	X	—	—	6/24/25
<b>Wound Care Agents</b>	Zevaskyn (prademagene zamikeracel) sheet*	Tier 3	EXC	X	—	—	—	5/30/25

\* 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.

^QL applies to subcutaneous route

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	
<b>Anticonvulsant Agents</b>	perampanel tablet	Fycompa	Tier 1	Tier 1	—	—	—	—	5/30/25
<b>Antiviral Agents</b>	emtricitabine- rilpivirine-tenofovir disoproxil fumarate tablet	Complera	Tier 1	Tier 1	—	—	—	—	5/27/25

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	
Antineoplastic Agents	Datroway (datopotamab deruxtecan-dink) IV infusion	Brand	Tier 3	Tier 3	X	X	—	—	7/24/25
	Gomekli (mirdametinib) oral capsule and soluble tablet	Brand	Tier 3	Tier 3	X	X	—	—	8/18/25
	Grafapex (treosulfan) IV infusion	Brand	Tier 3	Tier 3	X	—	—	—	8/18/25
Antiviral Agents	Prevymis (letermovir) pellet pack	Brand	Tier 3	Tier 3	X	—	—	—	7/16/25
Gastrointestinal Agents	Ctexli (chenodiol) tablet	Brand	Tier 3	Tier 3	X	X	—	—	8/1/25
Genitourinary Agents	Vanrafia (atrasentan) tablet	Brand	Tier 3	Tier 3	X	X	—	X	7/1/25
Hematological Agents	Alhemo (concizumab-mtci) pen-injector for SC injection	Brand	Tier 3	Tier 3	X	X	—	—	7/23/25
	Qfitlia (fitusiran) solution and auto-injector for SC injection	Brand	Tier 3	Tier 3	X	X	—	—	10/3/25
Immunological Agents	Auranofin capsule	Brand	Tier 3	Tier 3	X	—	—	—	8/20/25
Neuromuscular Agents	Evrysdi (risdiplam) tablet	Brand	Tier 3	Tier 3	X	X	—	X	8/15/25

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
Antiviral Agents	Zelsuvmi (berdazimer) gel	Add	7/1/25
Genitourinary Agents	Vanrafia (atrasentan) tablet	Add	7/1/25
Hematological Agents	Ryzneuta (efbemalenograstim alfa-vuxw) prefilled syringe for SC injection	Add	7/1/25

## 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
Analgesic Agents	Dolobid (diflunisal) tablet	Term	7/1/25
Antimigraine Agents	Symbravo (meloxicam-rizatriptan) tablet	Add	7/1/25
Genitourinary Agents	Phoslyra (calcium acetate) oral solution	Term	8/1/25

## 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
Antimigraine Agents	Symbravo (meloxicam-rizatriptan) tablet	Add	7/1/25
Genitourinary Agents	Vanrafia (atrasentan) tablet	Add	7/1/25



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



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