Optum Rx®

Pharmacy Passages

Formulary update

June 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 Decnupaz for rare blood cancer

On May 27, 2026, the FDA approved Decnupaz (pivekimab sunirine-pvzy) for the treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN).

BPDCN is a rare and highly aggressive cancer of the bone marrow and blood that involves multiple organ sites including the skin, bone marrow, and lymph nodes. The disease commonly presents with multiple, deep purple skin lesions, as well as fatigue, fever, and night sweats. BPDCN affects approximately 500 to 1,000 people each year with more men diagnosed than women (~4:1 ratio).

Decnupaz is a targeted antibody-drug conjugate that attaches to cancer cells expressing the CD123 protein and delivers a DNA-damaging drug to those cells. This mechanism provides a more selective approach compared to traditional chemotherapy and represents a meaningful advancement in the treatment landscape for BPDCN.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Decnupaz 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
Cardiovascular Agents	Camzyos (mavacamten) capsule	Brand	**3 (N/C)**	**EXC > 3**	7/1/26
Dermatological Agents	Icotyde (icotrokinra) tablet	Brand	**3 > 2**	**EXC > 2**	6/1/26

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.

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	
Antidiabetic Supplies	Pivot insulin delivery system*	Tier 3	EXC	---	---	---	---	5/28/26
Antineoplastic Agents	Jakafi XR (ruxolitinib) tablet	Tier 3	Tier 3	X	X	---	X	5/27/26
Antiparasitic Agents	Eurax (crotamiton) cream*	Tier 3	EXC	---	---	---	---	5/14/26
Antipsychotic Agents	Bysanti (milsaperidone) tablet and therapy pack*	Tier 3	EXC	---	---	---	---	5/14/26
Antiviral Agents	Hepcludex (bulevirtide-gmod) SC injection*	Tier 3	EXC	X	---	---	---	5/28/26
	Idvynso (doravirine-islatravir) tablet*	Tier 3	EXC	---	---	---	---	5/6/26
Cardiovascular Agents	Baxfendy (baxdrostat) tablet*	Tier 3	EXC	---	---	---	---	5/20/26
Corticosteroid Agents	Dexlyt (dexamethasone) tablet*	Tier 3	EXC	---	---	---	---	5/27/26
Hematological Agents	Armlupeg (pegfilgrastim-unne) prefilled syringe for SC injection*	Tier 3	EXC	X	X	---	---	5/19/26
	Filkri (filgrastim-laha) prefilled syringe for injection*	Tier 3	EXC	X	---	---	---	5/21/26
	Folic acid (ABA of Quiofic) oral solution*	Tier 3	EXC	---	---	---	---	5/12/26
Immunological Agents	Saphnelo (anifrolumab-fnia) prefilled syringe for SC injection*	Tier 3	EXC	X	X	---	X	5/15/26
Ophthalmic Agents	Zolymbus (bimatoprost) PF ophthalmic gel*	Tier 3	EXC	---	---	---	---	5/8/26
Otic Agents	Xtoro (finafloxacin) otic suspension*	Tier 3	EXC	---	---	---	---	5/14/26

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	
Analgesic Agents	tolmetin tablet 200mg	N/A	Tier 1	Tier 1	---	---	---	---	5/22/26
Antidiabetic Agents	glipizide tablet 15mg	N/A	Tier 1	Tier 1	---	---	---	---	5/11/26
	sitagliptin tablet	Januvia	Tier 1	Tier 1	---	---	---	---	5/28/26
	sitagliptin-metformin tablet	Janumet	Tier 1	Tier 1	---	---	---	---	5/28/26
Immunological Agents	tacrolimus ER capsule	Astagraf XR	Tier 1	Tier 1	---	---	---	---	5/4/26
Multiple Sclerosis Agents	cladribine tablet therapy pack	Mavenclad	Tier 1	Tier 1	X	X	---	X	5/27/26

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	
Anti-infective Agents	Pivya (pivmecillinam) tablet	Brand	Tier 3	Tier 3	---	X	---	X	7/17/26
Cardiovascular Agents	Myqorzo (aficamten) tablet	Brand	Tier 3	Tier 3	X	X	---	X	7/16/26
Dermatological Agents	Icotyde (icotrokinra) tablet	Brand	Tier 2	Tier 2	X	X	---	X	6/1/26
Hematological Agents	Aqvesme (mitapivat) tablet	Brand	Tier 3	Tier 3	X	X	---	X	6/27/26

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
Hematological Agents	Yartemlea (narsoplimab-wuug) IV injection	Brand	Tier 3	Tier 3	X	X	---	---	7/16/26
Immunological Agents	Gammagard ERC (immune globulin [human]) injection	Brand	Tier 3	Tier 3	X	X	---	---	7/10/26
Metabolic Agents	Kygevvi (doxecitine-doxribtimine) powder pack	Brand	Tier 3	Tier 3	X	X	---	---	7/1/26

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
Antilipemic Agents	Lerochol (lerodalcibep-liga) prefilled syringe for SC injection	Add	6/1/26
Antineoplastic Agents	Lifyorli (relacorilant) capsule therapy pack	Add	6/1/26
Gastrointestinal Agents	glycopyrrolate injection	Add	6/1/26
	Glycopyrrolate PF pre-filled syringe for injection	Add	6/1/26
Metabolic Agents	Avlayah (tividenofusp alfa-eknm) IV injection	Add	6/1/26
	Kygevvi (doxecitine-doxribtimine) powder pack	Add	6/1/26
	Loargys (pegzilarginase-nbln) injection	Add	6/1/26
	Yuviwel (navepegritide) SC injection	Add	6/1/26
Ophthalmic Agents	Yuvezzi (carbachol-brimonidine) ophthalmic solution	Add	6/1/26
Respiratory Agents	Capcof (phenylephrine-chlorpheniramine-codeine) syrup)	Remove	7/1/26
	Coditussin (pseudoephedrine-codeine) oral liquid	Remove	7/1/26
	Coditussin AC (guaifenesin-codeine) oral liquid	Remove	7/1/26

Therapeutic use	Medication name	Add/Remove	Effective date
Respiratory Agents	G Tussin AC (guaifenesin-codeine) oral solution	Remove	7/1/26
	guaifenesin-codeine oral solution	Remove	7/1/26
	Hycodan (hydrocodone-homatropine) oral solution and tablet	Remove	7/1/26
	hydrocodone polistirex-chlorpheniramine polistrex ER suspension	Remove	7/1/26
	hydrocodone-homatropine oral solution and tablet	Remove	7/1/26
	Hydromet (hydrocodone-homatropine) oral solution	Remove	7/1/26
	Mar-Cof CG (guaifenesin-codeine) oral liquid	Remove	7/1/26
	Maxi-Tuss (phenylephrine-brompheniramine-codeine) oral liquid	Remove	7/1/26
	Maxi-Tuss AC (guaifenesin-codeine) oral solution	Remove	7/1/26
	Ninjacof-XG (guaifenesin-codeine) oral liquid	Remove	7/1/26
	Poly-Tussin (phenylephrine-brompheniramine-codeine) oral liquid	Remove	7/1/26
	promethazine-codeine syrup	Remove	7/1/26
	Pro-Red AC (phenylephrine-dechlorpheniramine-codeine) syrup	Remove	7/1/26
	Rydex (pseudoephedrine-brompheniramine-codeine) oral liquid	Remove	7/1/26
	Tuxarin (codeine-chlorpheniramine) ER tablet	Remove	7/1/26
	Virtussin AC (guaifenesin-codeine) oral solution	Remove	7/1/26

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
Analgesic Agents	Tolectin (tolmetin) tablet 600mg	Remove	6/1/26
	tolmetin tablet 600mg	Remove	6/1/26

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
Antilipemic Agents	Lerochol (lerodalcibep-liga) prefilled syringe for SC injection	Add	6/1/26
Ophthalmic Agents	Yuvezzi (carbachol-brimonidine) ophthalmic solution	Add	6/1/26
Metabolic Agents	Yuviwel (navepegritide) SC injection	Add	6/1/26

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

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