

Pharmacy Passages

Formulary Update

May 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.
Premium Value (PVF)	Four-tiered, closed formulary with tiering based on net cost, regardless if the drug is a brand or generic. Drugs are added to PVF after 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 Avmapki Fakzynja Co-Pack for ovarian cancer

On May 8, 2025, the FDA approved Avmapki Fakzynja (avutometinib-defactinib) capsule and tablet co-pack for treatment of adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy.

Ovarian cancer is the second most common gynecologic malignancy and the most common cause of gynecologic cancer death in the U.S. Of the epithelial ovarian cancers, the most common histologic subtype is serous carcinoma with 90% of these malignancies considered high-grade and 10% considered low-grade. Approximately 6,000 to 8,000 women in the U.S. are living with LGSOC.

The disease affects younger women with peaks of diagnosis at ages between 20 to 30 and 50 to 60 and has a median survival of approximately ten years. Approximately 70% of LGSOC shows RAS pathway-associated mutations, and 30% of people with LGSOC have a KRAS mutation.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Avmapki Fakzynja 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
Immunological Agents	Yesintek (ustekinumab-kfce) vial and prefilled syringe for SC injection, solution for IV infusion*	Brand	3 > 2	EXC > 2	7/1/25

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.

Premium Value up-tiers/down-tiers

Medications may move to a lower tier or be added to the formulary throughout the year, helping members take immediate advantage of cost savings. Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/Generic	PVF Tier	Effective date
Antineoplastic Agents	Danziten (nilotinib) tablet	Brand	EXC > T4	5/23/25
Hematological Agents	Hypavzi (marstacimab-hncq) auto-injector for SC injection	Brand	EXC > T4	5/7/25
Immunological Agents	Yesintek (ustekinumab-kfce) vial and prefilled syringe for SC injection, solution for IV infusion	Brand	EXC > T3	7/1/25

EXC: Excluded

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	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Analgesic Agents	Dolobid (diflunisal) 375mg tablet	Tier 3	Tier 3	EXC	—	—	X	—	5/13/25
	Lurbipr (flurbiprofen) tablet	Tier 3	Tier 3	Tier 3	—	—	—	—	5/13/25
Anaphylactic Agents	Neffy (epinephrine) 1mg/ 0.1mL nasal spray	Tier 3	Tier 3	Tier 3	—	—	—	—	4/11/25
Antidiabetic Agents	Exenatide pen-injector for SC injection*	Tier 3	EXC	EXC	—	X	—	X	4/8/25
Anti-infective Agents	Zevtera (ceftobiprole medocaril) IV injection*	Tier 3	EXC	EXC	—	—	—	—	4/17/25
Antimigraine Agents	Symbravo (meloxicam-rizatriptan) tablet*	Tier 3	EXC	EXC	—	—	—	—	4/24/25

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Lutrate Depot (leuprolide 3-month) [ABA of Leuprolide] IM depot*	Tier 3	EXC	EXC	X	X	—	X	4/7/25
	Tepylute (thiotepa) IV injection*	Tier 3	EXC	EXC	X	—	—	—	5/1/25
	Vyloy (zolbetuximab-clzb) 300mg IV injection	Tier 3	Tier 3	Tier 4	X	X	—	—	4/29/25
Antiviral Agents	Paxlovid (nirmatrelvir 6 x 150mg - ritonavir 5 x 100mg) tablet therapy pack	Tier 2	Tier 2	Tier 3	—	—	—	X	5/6/25
	Sunlenca (lenacapavir) tablet	Tier 3	Tier 3	EXC	—	X	—	X	5/6/25
Cardiovascular Agents	Hemiclor (chlorthalidone) tablet*	Tier 3	EXC	EXC	—	—	—	—	5/1/25
	Tezruly (terazosin) oral solution*	Tier 3	EXC	EXC	—	—	—	—	4/8/25
Diabetes Supplies	Simplera Continuous Glucose Monitoring System*	Tier 3	EXC	EXC	—	X	—	—	4/23/25
Genitourinary Agents	Vanrafia (atrasentan) tablet*	Tier 3	EXC	EXC	X	—	—	—	4/7/25
Immunological Agents	Imaavy (nipocalimab-aahu) IV injection*	Tier 3	EXC	EXC	X	—	—	—	5/1/25
	Ustekinumab vial and prefilled syringe for SC injection, solution for IV infusion*	Tier 3	EXC	EXC	X	X	—	X^	4/15/25
	Ustekinumab-aekn prefilled syringe for SC injection*	Tier 3	EXC	EXC	X	X	—	X	4/29/25
	Vyvgart Hytrulo (efgartigimod alfa-hyaluronidase-qvfc) 1000-10000mg-unit/ 5mL prefilled syringe for SC injection	Tier 3	Tier 3	EXC	X	X	—	X	5/6/25
Respiratory Agents	Clemasz (clemastine) tablet	Tier 3	Tier 3	EXC	—	—	—	—	4/22/25
	Umeclidinium-vilanterol (ABA of Anoro Ellipta) aerosolized powder inhaler*	Tier 3	EXC	EXC	—	—	—	X	4/15/25
Thyroid Agents	Renthyroid (liothyronine/levothyroxine) tablet*	Tier 3	EXC	Tier 1	—	—	—	—	4/28/25

* 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 only.

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	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Cardiovascular Agents	bisoprolol 2.5mg tablet	N/A	Tier 1	Tier 1	EXC	—	—	—	—	4/23/25
Hematological Agents	rivaroxaban 2.5mg tablet	Xarelto	Tier 1	Tier 1	Tier 2	—	—	—	X	4/29/25
	ticagrelor tablet	Brilinta	Tier 1	Tier 1	Tier 3	—	—	—	—	5/1/25
Ophthalmic Agents	levofloxacin 0.5% ophthalmic solution	N/A	Tier 1	Tier 1	Tier 2	—	—	—	—	4/17/25

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	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Aucatzyl (obecabtagene autoleucl) suspension for IV injection	Brand	Tier 3	Tier 3	EXC	X	X	—	—	5/19/25
	Axtle (pemetrexed dipotassium) IV injection	Brand	Tier 3	Tier 3	EXC	X	—	—	—	5/27/25
	Danziten (nilotinib) tablet	Brand	Tier 3	Tier 3	Tier 4	X	X	—	—	5/23/25
	Imkeldi (imatinib) oral solution	Brand	Tier 3	Tier 3	EXC	X	X	—	—	6/19/25

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Pemetrexed dipotassium IV injection	Brand	Tier 3	Tier 3	EXC	X	—	—	—	5/27/25
	Revuforj (revumenib) tablet	Brand	Tier 3	Tier 3	EXC	X	X	—	—	5/22/25
	Ziihera (zanidamatab-hrii) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	—	—	5/27/25
Antipsychotic Agents	Opipza (aripiprazole) oral film	Brand	Tier 3	Tier 3	EXC	—	—	X	X	5/19/25
Cardiovascular Agents	Attruby (acoramidis) tablet therapy pack	Brand	Tier 3	Tier 3	EXC	X	X	—	—	5/28/25

^ QL applies to subcutaneous route only.

EXC: Excluded

SP Specialty updates

Specialty medication updates include existing medications being added to or removed from the Specialty Pharmacy Program.

Please note there are no specialty medication updates at this time.

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	Romvimza (vimseltinib) capsule	Add	5/1/25
Cardiovascular Agents	Inzirco (hydrochlorothiazide) oral suspension	Add	5/1/25
Hematological Agents	Hympavzi (marstacimab-hncq) auto-injector for SC injection	Add	5/1/25
	Xromi (hydroxyurea) oral solution	Add	5/1/25

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
Antidementia Agents	Zunveyl (benzagalantamine) delayed release tablet	Add	5/1/25
Neurological Agents	Gabarone (gabapentin) tablet	Remove	5/1/25

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	buprenorphine sublingual tablet	Remove	5/1/25
	buprenorphine-naloxone sublingual tablet, film	Remove	5/1/25
	Zubsolv (buprenorphine-naloxone) sublingual tablet	Remove	5/1/25
Antidementia Agents	Zunveyl (benzagalantamine) delayed release tablet	Add	5/1/25
Multiple Sclerosis Agents	Lemtrada (alemtuzumab) IV injection	Add	5/1/25
	Mavenclad (cladribine) tablet therapy pack	Add	5/1/25



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



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