



# Pharmacy Passages

## Formulary update

May 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.

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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 Trimbow for asthma treatment

On May 18, 2026, the FDA approved Trimbow (beclomethasone dipropionate / formoterol fumarate / glycopyrrolate) for the maintenance treatment of asthma in adult patients aged 18 years and older.

Asthma is a chronic, inflammatory respiratory disease that affects the airways. Individuals can experience shortness of breath, wheezing, coughing and chest tightness. More than 25 million people in the U.S. live with asthma and symptoms remain difficult to manage even with existing treatments. An estimated 60% of adults with asthma continue to experience frequent symptoms leading to emergency hospitalizations and lower quality of life. Trimbow is a triple combination inhaler offering another solution that addresses respiratory needs and the burden that persists for people living with the disease.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Trimbow 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>Antidepressant Agents</b>	Auvelity (dextromethorphan- bupropion) ER tablet	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	6/1/26
<b>Antineoplastic Agents</b>	Ibuprofen (taletrectinib) capsule	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	6/1/26
<b>Endocrine and Metabolic Agents</b>	Rezdifra (resmetirom) tablet	Brand	<b>3 (N/C)</b>	<b>EXC &gt; 3</b>	7/1/26
<b>Immunological Agents</b>	Bimzelx (bimekizumab-bkzx) auto-injector and prefilled syringe for SC injection	Brand	<b>3 &gt; 2</b>	<b>3 &gt; 2</b>	6/1/26

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>Antidiabetic Agents</b>	Dapagliflozin-saxagliptin 10-5mg tablet*	Tier 3	EXC	---	---	X	---	4/6/26
	Ozempic (semaglutide) tablet 1.5, 4, 9mg	Tier 2	Tier 2	---	X	---	X	4/16/26
<b>Antiemetic Agents</b>	Granisol (granisetron) oral solution*	Tier 3	EXC	---	---	---	---	4/28/26
	Nereus (tradipitant) capsule*	Tier 3	EXC	---	---	---	---	4/6/26
<b>Antilipemic Agents</b>	Juxtapid (lomitapide) capsule 2mg	Tier 3	Tier 3	X	X	---	X	4/28/26
<b>Antineoplastic Agents</b>	Avopef (etoposide) IV injection*	Tier 3	EXC	X	---	---	---	4/6/26
	Favlyxa (fluorouracil) IV injection*	Tier 3	EXC	X	---	---	---	4/6/26
<b>Anti-obesity Agents</b>	Foundayo (oforglipron) tablet*	Tier 3	EXC	---	X	---	X	4/3/26
<b>Cardiovascular Agents</b>	Azilsartan (ABA of Edarbi) tablet*	Tier 3	EXC	---	---	X	---	4/24/26
	Hemangeol (propranolol) oral solution (by Eton)*	Tier 3	EXC	---	X	---	---	4/23/26
	Widaplik (amlodipine-telmisartan-indapamide) tablet*	Tier 3	EXC	---	---	---	---	4/23/26
<b>Hematological Agents</b>	Fesilty (fibrinogen, human-chmt) IV injection*	Tier 3	EXC	X	---	---	---	4/27/26
	Quiofic (folic acid) oral solution*	Tier 3	EXC	---	---	---	---	4/23/26
<b>Immunological Agents</b>	Saphnelo (anifrolumab-fnia) auto-injector for SC injection*	Tier 3	EXC	X	X	---	X	4/29/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
<b>Neurological Agents</b>	Relgaabi (gabapentin) capsule 300, 400mg*	Tier 3	EXC	---	---	X	---	4/14/26
	Wainua (eplontersen) prefilled syringe for SC injection	Tier 3	Tier 3	X	X	---	X	5/19/26
<b>Ophthalmic Agents</b>	Byqlovi (clobetasol) ophthalmic suspension*	Tier 3	EXC	---	---	---	X	4/6/26
<b>Respiratory Agents</b>	Umeclidinium Ellipta (ABA of Incruse Ellipta) powder inhaler*	Tier 3	EXC	---	---	X	X	4/9/26

\*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>Analgesic Agents</b>	ketoprofen capsule	Orudis	Tier 1	Tier 1	---	---	---	X	4/20/26
<b>Antidepressant Agents</b>	citalopram capsule	N/A	Tier 1	Tier 1	---	---	---	---	3/31/26
<b>Antidiabetic Agents</b>	dapagliflozin tablet	Farxiga	Tier 1	Tier 1	---	---	---	---	4/7/26
	dapagliflozin-metformin ER tablet	Xigduo XR	Tier 1	Tier 1	---	---	---	---	4/8/26
<b>Cardiovascular Agents</b>	clonidine tablet 0.05mg	Folotyln	Tier 1	Tier 1	---	---	---	---	4/14/26

Therapeutic use	Generic medication name	Brand medication name	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
<b>Cardiovascular Agents</b>	nitroglycerin ointment 2%	Nitro-bid	Tier 1	Tier 1	---	---	---	---	4/15/26
<b>Respiratory Agents</b>	fluticasone propionate HFA inhaler	N/A	Tier 1	Tier 1	---	---	---	X	4/22/26
	ipratropium HFA inhaler	Atrovent	Tier 1	Tier 1	---	---	---	X	4/22/26

## 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	
<b>Antineoplastic Agents</b>	Hyrnuo (sevabertinib) tablet	Brand	Tier 3	Tier 3	X	X	---	---	6/2/26
	Keytruda Qlex (pembrolizumab-berahyaluron-pmph) SC injection	Brand	Tier 3	Tier 3	X	X	---	---	5/31/26
<b>Anti-obesity Agents</b>	Foundayo (orforglipron) tablet	Brand	Tier 2	Tier 2	---	X	---	X	5/11/26
<b>Genitourinary Agents</b>	Voyxact (sibeprenlimab-szsi) prefilled syringe for SC injection	Brand	Tier 3	Tier 3	X	X	---	X	6/3/26
<b>Metabolic Agents</b>	Bildyos (denosumab-nxxp) prefilled syringe for SC injection	Brand	Tier 2	Tier 2	X	X	---	X	7/1/26

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
<b>Metabolic Agents</b>	Bilprevda (denosumab-nxxp) SC injection	Brand	Tier 2	Tier 2	X	X	---	---	7/1/26
	Enoby (denosumab- qbde) prefilled syringe for SC injection	Brand	Tier 2	Tier 2	X	X	---	X	7/1/26
	Xtrenbo (denosumab- qbde) SC injection	Brand	Tier 2	Tier 2	X	X	---	---	7/1/26
	Zycubo (copper histidinate) SC injection	Brand	Tier 3	Tier 3	X	X	---	X	6/1/26
<b>Neuromuscular Agents</b>	Itvisma (onasemnogene abeparvovec-brve) intrathecal injection	Brand	Tier 3	Tier 3	X	X	---	---	5/29/26

## 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
<b>Hormonal Agents</b>	Desmoda (desmopressin) oral solution	Add	5/1/26
<b>Metabolic Agents</b>	Zycubo (copper histidinate) SC injection	Add	4/28/26

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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
Analgesic Agents	Meloxicam oral suspension	Remove	5/1/26
	Zybic (meloxicam) oral suspension	Remove	5/1/26
Respiratory Agents	Beclomethasone HFA inhaler	Add	5/1/26

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## 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
Metabolic Agents	Zycubo (copper histidinate) SC injection	Add	4/28/26

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



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