Optum Rx®

Pharmacy Passages

Formulary update

October 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 Hovilpri for use in herpes simplex virus infection

On Oct. 9, 2026, the FDA approved Hovilpri (pritelivir) for the treatment of mucocutaneous lesions in immunocompromised adults caused by herpes simplex virus (HSV) infection that is refractory (with or without documented resistance) to treatment with acyclovir, valacyclovir, or famciclovir.

HSV is a common, lifelong viral infection caused by HSV-1 and HSV-2 virus. Many people with HSV have no symptoms, while symptomatic infections cause clusters of mucocutaneous lesions or fluid-filled blisters that rupture into sores. HSV is not curable and can be in a dormant or active state – antiviral therapy is used to treat individual outbreaks or suppress the infection to reduce the number of symptomatic recurrences and lower the risk of transmission to others. Individuals who are immunocompromised can have more frequent and serious HSV outbreaks that may not respond well to available oral antiviral treatments due to resistance.

Hovilpri provides a novel oral option for these individuals to control the infection. By inhibiting a different viral protein, it is an effective option for those who have developed resistance to antiviral drugs such as acyclovir, valacyclovir, and famciclovir.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Hovilpri 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
Antiviral Agents	Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide) tablet	Brand	**3 > 2**	**3 > 2**	11/1/26
	Sunlenca (lenacapavir) SC injection, tablet, tablet therapy pack	Brand	**3 > 2**	**3 > 2**	12/1/26
Hematological Agents	Fesilty (fibrinogen human-chmt) IV injection	Brand	**3 > 2**	**EXC > 2**	10/28/26
Immunological Agents	Adalimumab-aaty auto-injector, prefilled syringe for SC injection	Brand	**3 > 2**	**EXC > 2**	1/1/27
	Adalimumab-adaz prefilled syringe for SC injection 10mg/0.1mL	Brand	**3 > 2**	**EXC > 2**	1/1/27

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 nam	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antidiabetic Agents	Langlara (insulin glargine-aldy) pen-injector for SC injection*	Tier 3	EXC	---	---	---	---	9/3/26
Anti-infective Agents	Nuzolvence (zoliflodacin) granules for oral suspension*	Tier 3	EXC	---	---	---	---	9/3/26
Antineoplastic Agents	Beqalzi (sonrotoclax) tablet & tablet therapy pack*	Tier 3	EXC	X	---	---	---	9/10/26
	Etcamah (camizestrant) tablet*	Tier 3	EXC	X	---	---	---	9/10/26
	Mimrylo (rusfertide) SC injection*	Tier 3	EXC	X	---	---	---	9/8/26
Diabetes Supplies	Mint insulin infusion disposable pump reservoir, kit*	Tier 3	EXC	---	---	---	---	9/16/26
Endocrine and Metabolic Agents	Fayuvi (rebisufligene etisparvovec-hopf) IV injection*	Tier 3	EXC	X	---	---	---	9/30/26
	Genglycos (pariglasgene brecaparvovec-opnr) IV injection*	Tier 3	EXC	X	---	---	---	9/3/26
Hematological Agents	Kresladi (marnetegragene autotemcel) IV injection*	Tier 3	EXC	X	---	---	---	9/15/26

Therapeutic use	Medication nam	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Immunological Agents	Joenja (leniolisib) tablet	Tier 3	EXC	X	X	---	X	10/6/26
Neurological Agents	Isembyld (apitegromab-mstn) IV injection*	Tier 3	EXC	X	---	---	---	9/21/26
	Zanvastro (zilganersen) intrathecal injection*	Tier 3	EXC	X	---	---	---	9/9/26

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	
Anticonvulsant Agents	clonazepam tablet 0.25mg	N/A	Tier 1	Tier 1	---	---	---	X	9/17/26
Antidepressant Agents	trazodone tablet 25mg, 75mg	N/A	Tier 1	Tier 1	---	---	---	---	9/10/26
Genitourinary Agents	dimethyl sulfoxide intravesical solution	Rimso-50	Tier 1	Tier 1	---	---	---	---	10/2/26

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	
Antilipemic Agents	Tryngolza (olezarsen) auto-injector for SC injection 50mg/0.8mL	Brand	Tier 3	Tier 3	X	X	---	X	11/1/26
Antineoplastic Agents	Rasonque (daraxonrasib) tablet	Brand	Tier 3	Tier 3	X	X	---	X	10/1/26
Hematological Agents	Fesilty (fibrinogen human-chmt) IV injection	Brand	Tier 2	Tier 2	X	---	---	---	10/28/26
Immunological Agents	Saphnelo (anifrolumab-fnia) auto-injector, prefilled syringe for SC injection	Brand	Tier 3	Tier 3	X	X	---	X	10/30/26

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
Antineoplastic Agents	Cavhanza (nilotinib) oral disintegrating tablet	Add	10/1/26
	Jideytro (zidesamtinib) tablet	Add	10/1/26
	Rasonque (daraxonrasib) tablet	Add	10/1/26
	Revtorpyk (gedatolisib) IV injection	Add	10/1/26

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
Antimigraine Agents	Rizafilm (rizatriptan) oral film	Add	10/1/26

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
Antineoplastic Agents	Jideytro (zidesamtinib) tablet	Add	10/1/26
	Rasonque (daraxonrasib) tablet	Add	10/1/26

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

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