

# Pharmacy Passages

## Formulary Update

February 2026



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.

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## Available formularies

|                |  |
|----------------|--|
| <b>Select</b>  | 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.   |
| <b>Premium</b> | 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

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## FDA approves Yuvezzi for presbyopia

On Jan. 28, 2026, the FDA approved Yuvezzi (carbachol/brimonidine tartrate) ophthalmic solution for the treatment of presbyopia in adults.

Presbyopia is the gradual loss of near vision that typically begins around age 45 and affects 128 million people in the U.S. Current solutions for presbyopia include prescription glasses or contact lenses, surgery, and single-agent ophthalmic medications such as Qlosi, Vuity, and Vizz.

Yuvezzi provides another novel drug option for individuals living with the condition. It is the first eye drop solution combining the pharmacologic effects of carbachol and brimonidine on the iris and ciliary body of the eye.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Yuvezzi 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. 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 |
|-----------------------|----------------------------------|---------------|-------------|--------------|----------------|
| Antineoplastic Agents | Tepmetko (tepotinib) tablet      | Brand         | 3 (N/C)     | EXC > 3      | 3/1/26         |
| Dermatological Agents | Leqselvi (deuruxolitinib) tablet | Brand         | 3 (N/C)     | EXC > 3      | 3/1/26         |
| Respiratory Agents    | tiotropium inhalation capsule    | Generic       | 3 > 1       | EXC > 1      | 3/1/26         |

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. 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 |                |
| Analgesic Agents      | Orudis (ketoprofen) capsule*  | Tier 3      | EXC          | —        | —  | —  | —  | 1/13/26        |
|                       | Zybic (meloxicam) oral suspension*  | Tier 3      | EXC          | —        | —  | X  | —  | 1/21/26        |
| Anti-infective Agents | Pivya (pivmecillinam) tablet*   | Tier 3      | EXC          | —        | —  | —  | —  | 1/16/26        |
| Antineoplastic Agents | Lunsumio Velo (mosunetuzumab-axgb) SC injection*                              | Tier 3      | EXC          | X        | X  | —  | —  | 1/28/26        |
|                       | Opdivo Qvantig (nivolumab-hyaluronidase-nvhy) injection 300-5000mg-unit/2.5mL | Tier 3      | Tier 3       | X        | X  | —  | —  | 2/10/26        |
| Anti-obesity Agents   | Zepbound (tirzepatide) pen-injector for SC injection                          | Tier 3      | EXC          | —        | X  | —  | X  | 2/17/26        |
| Cardiovascular Agents | Sdamlo (amlodipine) oral solution*  | Tier 3      | EXC          | —        | —  | —  | —  | 1/21/26        |
| Diabetes Supplies     | Assure Titanium blood glucose test strips                                     | Tier 3      | EXC          | —        | —  | X  | X  | 2/10/26        |
| Hematological Agents  | Myqorzo (aficamten) tablet*   | Tier 3      | EXC          | X        | —  | —  | —  | 1/15/25        |
|                       | Yartemlea (narsoplimab-wuug) IV injection*                                    | Tier 3      | EXC          | X        | —  | —  | —  | 1/15/26        |
| Immunological Agents  | Gammagard Liquid ERC (immune globulin [human]) injection*                     | Tier 3      | EXC          | X        | X  | —  | —  | 1/9/26         |
| Metabolic Agents      | Enoby (denosumab-qbde) prefilled syringe for SC injection*                    | Tier 3      | EXC          | X        | X  | —  | X  | 1/8/26         |
|                       | Xtrenbo (denosumab-qbde) SC injection*  | Tier 3      | EXC          | X        | X  | —  | —  | 1/8/26         |
|                       | Zycubo (copper histidinate) SC injection*                                     | Tier 3      | EXC          | X        | —  | —  | —  | 1/29/26        |
| Neuromuscular Agents  | Daybue Stix (trofinetide) oral powder*  | Tier 3      | EXC          | X        | X  | —  | X  | 1/7/26         |
| Ophthalmic Agents     | Besifloxacin (ABA of Besivance) ophthalmic suspension*                        | Tier 3      | EXC          | —        | —  | —  | —  | 1/7/26         |
| Thyroid Agents        | Renthyroid (thyroid) tablet 45, 75mg  | Tier 3      | EXC          | —        | —  | —  | —  | 1/20/26        |

\* 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 no longer on the New Drugs to Market exclusion list** section.

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 |                |
| Cardiovascular Agents | metoprolol tartrate tablet 12.5mg            | N/A                   | Tier 1      | Tier 1       | —        | —  | —  | —  | 1/6/26         |
| Ophthalmic Agents     | loteprednol-tobramycin ophthalmic suspension | Zylet                 | Tier 1      | Tier 1       | —        | —  | —  | —  | 1/13/26        |

## 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 |                |
| Angioedema Agents     | Dawnzera (donidalorsen) auto-injector for SC injection                                      | Brand          | Tier 3      | Tier 3       | X        | X  | —  | X  | 2/26/26        |
| Antidiabetic Agents   | Merilog / Merilog Solostar (insulin aspart-szjj) solution and pen-injector for SC injection | Brand          | Tier 1      | Tier 1       | —        | —  | —  | —  | 2/19/26        |
| Antineoplastic Agents | Hernexeos (zongertinib) tablet  | Brand          | Tier 3      | Tier 3       | X        | X  | —  | —  | 2/12/26        |
|                       | Modeyso (dordaviprone) capsule  | Brand          | Tier 3      | Tier 3       | X        | X  | —  | —  | 2/15/26        |
| Anti-obesity Agents   | Wegovy (semaglutide) tablet   | Brand          | Tier 2      | Tier 2       | —        | X  | —  | X  | 2/15/26        |
| Immunological Agents  | Avtozma (tocilizumab-anoh) injection  | Brand          | Tier 3      | Tier 3       | X        | X  | —  | —  | 3/18/26        |
|                       | Rhapsido (remibrutinib) tablet  | Brand          | Tier 2      | Tier 2       | X        | X  | —  | X  | 3/1/26         |

## 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 |
|--------------------------------|---|------------|----------------|
| Antineoplastic Agents          | Hymnuo (sevabertinib) tablet                                  | Add        | 2/1/26         |
|                                | Inluriyo (imlunestrant) tablet                                | Add        | 1/1/26         |
|                                | Komzifti (ziftomenib) capsule                                 | Add        | 2/1/26         |
|                                | Lymphir (denileukin diftitox-cxdl) IV injection               | Add        | 2/1/26         |
| Cardiovascular Agents          | Javadin (clonidine) oral solution                             | Add        | 2/1/26         |
|                                | Lasix Onyu (furosemide) SC cartridge kit                      | Add        | 1/1/26         |
| Endocrine Agents               | Lynkuet (elinzanetant) capsule                                | Add        | 1/1/26         |
| Endocrine and Metabolic Agents | Forzinity (elamipretide) SC injection                         | Add        | 1/1/26         |
|                                | Redemplo (plozasiran) prefilled syringe for SC injection      | Add        | 2/1/26         |
| Hematological Agents           | Alhemo (concizumab-mtci) pen-injector for SC injection        | Term       | 1/1/26         |
| Immunological Agents           | Rhapsido (remibrutinib) tablet                                | Add        | 1/1/26         |
| Neurological Agents            | Subvenite (lamotrigine) oral suspension                       | Add        | 1/1/26         |
| Neuromuscular Agents           | Itvisma (onasemnogene abeparvovec-brve) intrathecal injection | Add        | 2/1/26         |
| Respiratory Agents             | tiotropium inhalation capsule                                 | Term       | 3/1/26         |
| Sclerosing Agents              | Jascayd (nerandomilast) tablet                                | Add        | 1/1/26         |

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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 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 |
|---------------------|---|------------|----------------|
| Antidiabetic Agents | Merilog / Merilog Solostar (insulin aspart-szjj) solution and pen-injector for SC injection | Remove     | 2/19/26        |

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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 |
|--------------------------------|--|------------|----------------|
| Endocrine Agents               | Lynkuet (elinzanetant) capsule                           | Add        | 1/1/26         |
|                                | Redemplo (plozasiran) prefilled syringe for SC injection | Add        | 2/1/26         |
| Endocrine and Metabolic Agents | Forzinity (elamipretide) SC injection                    | Add        | 1/1/26         |
| Immunological Agents           | Rhapsido (remibrutinib) tablet                           | Add        | 1/1/26         |
| Neurological Agents            | midazolam auto-injector for SC injection                 | Add        | 2/1/26         |
| Sclerosing Agents              | Jascayd (nerandomilast) tablet                           | Add        | 1/1/26         |



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

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