

# Pharmacy Passages

## Formulary Update

January 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.

### 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

<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 novel drug Nereus for motion sickness

On Dec. 30, 2025, the FDA approved Nereus (tradipitant) oral tablet for the prevention of vomiting induced by motion in adults.

Motion sickness is a syndrome in which the brain's visual, vestibular, and somatosensory information are conflicting and trigger a release of substance P and activation of neurokinin-1 (NK-1) receptors. This activity in the central nervous system leads to nausea and vomiting. Motion sickness can take place in varying travel modes; some examples include cars, planes, and boats. Approximately 65 – 78 million adults in the U.S. experience motion sickness with 5 to 15% of the population experiencing severe, recurrent symptoms that can significantly impact quality of life.

Nereus targets the specific motion sickness pathway, offering a novel preventive option for the syndrome. The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Nereus 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.

*Please note there are no down-tiers at this time.*

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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.*

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## 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	
Antineoplastic Agents	Beizray (docetaxel) IV injection 20 mg/mL*	Tier 3	EXC	X	—	—	—	12/17/25
	Hyrnuo (sevabertinib) tablet*	Tier 3	EXC	X	—	—	—	12/1/25

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Rybrevant Faspro (amivantamab-hyaluronidase-lpuj) SC injection*	Tier 3	EXC	X	—	—	—	12/22/25
	Xpovio (selinexor) tablet therapy pack 80mg	Tier 3	Tier 3	X	X	—	—	12/22/25
Anti-obesity Agents	Wegovy (semaglutide) tablet	Tier 3	EXC	—	X	—	X	12/23/25
Antipsychotic Agents	Vraylar (cariprazine) capsule 0.5, 0.75 mg	Tier 3	Tier 3	—	—	—	X	12/24/25
Cardiovascular Agents	Cardamyst (etripamil) nasal spray*	Tier 3	EXC	—	—	—	—	12/22/25
Corticosteroid Agents	Prednisone DR tablet	Tier 3	EXC	—	—	—	—	12/15/25
Diabetes Supplies	Assure Titanium blood glucose monitor	Tier 3	EXC	—	—	X	—	12/23/25
Genitourinary Agents	Voyxact (sibprenilimab-szsi) prefilled syringe for SC injection*	Tier 3	EXC	X	—	—	—	12/2/25
Hematological Agents	Aqvesme (mitapivat) tablet*	Tier 3	EXC	X	X	—	X	12/26/25
Immunological Agents	Adalimumab-bwwd auto-injector and prefilled syringe for SC injection	Tier 3	EXC	X	X	—	X	12/15/25
	Omvoh (mirikizumab-mrkz) auto-injector for SC injection 200 mg/2 mL	Tier 2	Tier 2	X	X	—	X	12/31/25
Metabolic Agents	Pokonza (potassium chloride) powder for oral solution 15 mEQ	Tier 3	EXC	—	—	—	—	12/5/25
Neuromuscular Agents	Itvisma (onasemnogene abeparvovec-brve) intrathecal injection*	Tier 3	EXC	X	—	—	—	11/28/25
Ophthalmic Agents	Omlonti (omidene pag) ophthalmic solution*	Tier 3	EXC	—	—	—	—	12/3/25
Respiratory Agents	Exdansur (depemokimab-ulaa) prefilled syringe for SC injection*	Tier 3	EXC	X	—	—	—	12/18/25

\* 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.

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	
ADHD Agents	amphetamine ER ODT	Adzenys XR	Tier 1	Tier 1	—	—	—	X	12/12/25
Anticonvulsant Agents	perampanel oral suspension	Fycompa	Tier 1	Tier 1	—	—	—	—	12/30/25
Metabolic Agents	potassium chloride powder 40 mEq	N/A	Tier 1	Tier 1	—	—	—	—	12/22/25
	sodium polystyrene sulfonate oral suspension	N/A	Tier 1	Tier 1	—	—	—	—	12/26/25
Otic Agents	ciprofloxacin-hydrocortisone otic suspension	Cipro HC	Tier 1	Tier 1	—	—	—	—	12/9/25

## 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.

*Please note no medications have been removed from the New Drugs to Market exclusion list 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.

*Please note there are no additions or removals of this restriction at this time.*

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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.

*Please note there are no additions or removals of this restriction at this time.*

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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.

*Please note there are no additions or removals of this restriction at this time.*



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



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