Optum Rx®

Pharmacy Passages

Formulary update

July 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 the first oral PCSK9 inhibitor, Lipfendra

On July 16, 2026, the FDA approved Lipfendra (enlicitide) as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).

Cholesterol is a substance that circulates in the bloodstream. While the body requires some cholesterol to build cells and synthesize hormones, excessive levels of cholesterol, specifically LDL-C, can have harmful effects on the body. They can accumulate on artery walls and form plaques, causing the narrowing of arteries. Overtime, this increases the risk of heart attack, stroke, and other cardiovacular complications. Lipfendra exhibits its affects by blocking a protein called PCSK9 which in turn reduces the circulating LDL-C in the bloodstream. There are currently four other PCSK9 inhibitors: Praluent, Repatha, Leqvio, and Lerochol. Lipfendra is the first oral formulation, providing another therapeutic option for individuals with an aversion to injections.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Lipfendra 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
Contraceptive Agents	Nextstellis (drospirenone-estetrol) tablet	Brand	**3 (N/C)**	**EXC > 3**	8/1/26
Ophthalmic Agents	Vevye (cyclosporine) ophthalmic solution	Brand	**3 (N/C)**	**EXC > 3**	8/1/26

N/C: No change

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 name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
ADHD Agents	Atoncy (atomoxetine) oral solution*	Tier 3	EXC	---	---	---	---	6/2/26
	Methylphenidate ER (ABA of Cotempla XR) disintegrating tablet*	Tier 3	EXC	---	---	X	X	6/26/26
Antidepressant Agents	Auvelity (dextromethorphan-bupropion ER) tablet titration pack	Tier 3	Tier 3	---	---	X	X	6/23/26
	Marplan (isocarboxazid) tablet (by Lifsa)*	Tier 3	EXC	---	---	---	---	5/29/26
Antiemetic Agents	Dronabinol (ABA of Syndros) oral solution*	Tier 3	EXC	---	X	---	X	6/5/26
Antilipemic Agents	Tryngolza (olezarsen) auto-injector for SC injection 50mg/0.8mL*	Tier 3	EXC	X	X	---	X	6/29/26
Antineoplastic Agents	Decnupaz (pivekimab sunirine-pvzy) IV injection*	Tier 3	EXC	X	---	---	---	6/3/26
	Evdi (trabectedin) IV injection*	Tier 3	EXC	X	---	---	---	6/1/26
	Romidepsin IV injection 27.5mg/5.5mL	Tier 3	Tier 3	X	X	---	---	6/30/26
	Veppanu (vepdegestrant) tablet*	Tier 3	EXC	X	---	---	---	6/22/26
Antiviral Agents	Xocova (ensitrelvir) tablet*	Tier 3	EXC	---	---	---	X	6/8/26
Cardiovascular Agents	Tyvaso (treprostinil) inhalation powder maintenance kit 112 x 48 mcg & 112 x 80 mcg	Tier 3	Tier 3	X	X	---	X	6/23/26
Dermatological Agents	Pellix (calcipotriene) topical solution*	Tier 3	EXC	---	---	---	---	7/1/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Endocrine Agents	Lumvoa (veligtrotug-vvze) IV injection*	Tier 3	EXC	X	---	---	---	6/30/26
Gastrointestinal Agents	Lynavoy (linerixibat) tablet*	Tier 3	EXC	X	---	---	---	6/22/26
Hematological Agents	Hympavzi (marstacimab-hncq) auto-injector for SC injection	Tier 3	Tier 3	X	---	---	---	7/15/26
Metabolic Agents	Jubereq (denosumab-desu) SC injection*	Tier 3	EXC	X	X	---	---	6/2/26
	Osvyrti (denosumab-desu) prefilled syringe for SC injection*	Tier 3	EXC	X	X	---	X	6/4/26
Ophthalmic Agents	Nufymco (ranibizumab-leyk) intravitreal injection*	Tier 3	EXC	X	X	---	---	6/22/26
Otic Agents	Otarmeni (lunsotogene parvec-cwha) injection*	Tier 3	EXC	X	---	---	---	6/12/26
Respiratory Agents	Breztri aerosphere (budesonide-glycopyrrolate-formoterol) inhalation 160-18-4.8 mcg/act*	Tier 2	Tier 2	---	---	---	X	6/30/26
Thyroid Agents	Amerithroid (thyroid) tablet*	Tier 3	EXC	---	---	---	---	7/1/26

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	
Antianxiety Agents	buspirone tablet 2.5, 12.5mg	N/A	Tier 1	Tier 1	---	---	---	---	6/8/26
Antidepressant Agents	duloxetine DR capsule 80, 90, 120mg	N/A	Tier 1	Tier 1	---	---	---	X	6/23/26
Antineoplastic Agents	bosutinib tablet	Bosulif	Tier 1	Tier 1	X	X	---	---	6/17/26
Antirheumatic Agents	tofacitinib ER tablet	Xeljanz XR	Tier 1	Tier 1	X	X	---	X	6/11/26
	tofacitinib solution, tablet	Xeljanz	Tier 1	Tier 1	X	X	---	X	6/11/26
Cardiovascular Agents	azilsartan tablet	Edarbi	Tier 1	Tier 1	---	---	---	---	6/19/26
	macitentan tablet	Opsumit	Tier 1	Tier 1	X	X	---	X	6/12/26
Genitourinary Agents	mirabegron ER granules for oral suspension	Myrbetriq	Tier 1	Tier 1	---	---	---	---	6/19/26

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	
Cardiovascular Agents	Hemangeol (propranolol) oral solution	Brand	Tier 3	Tier 3	---	X	---	---	10/24/26

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	Programs				Effective date
					SP	PA	ST	QL	
Metabolic Agents	Yuviwel (navepegritide) SC injection	Brand	Tier 3	Tier 3	X	X	---	X	8/1/26

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
Antiemetic Agents	Nereus (tradipitant) capsule	Add	7/1/26
Antineoplastic Agents	Imlygic (talimogene laherparepvec) intralesional injection	Add	7/1/26
	Omisirge (omidubicel-onlv) IV infusion	Add	7/1/26
Immunological Agents	Ryoncil (remestemcel-l-rknd) IV infusion kit	Add	7/1/26

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
Anticonvulsant Agents	Neurontin (gabapentin) capsule	Remove	7/1/26
	Relgaabi (gabapentin) capsule	Remove	7/1/26

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
Antiemetic Agents	Nereus (tradipitant) capsule	Add	7/1/26

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

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