

# Pharmacy Passages

## Formulary Update

November 2025



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.

## Available formularies

Select	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.
Premium	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 Kygevvi, an orphan drug for genetic mitochondrial disease

On Nov. 3, 2025, the FDA approved Kygevvi (doxecitine/doxribtimine) oral solution for the treatment of thymidine kinase 2 deficiency (TK2d) in adults and pediatric patients with an age of symptom onset on or before 12 years.

TK2d is a rare genetic disease that is part of a group of mitochondrial diseases. These conditions are often fatal and debilitating, severely impacting daily living and quality of life. TK2d is typically defined by muscle weakness and eventually leads to a loss in the ability to walk, eat, and breathe independently. The estimated worldwide prevalence is approximately 1.64 in every 1,000,000 people. Kygevvi is the first and only treatment option for adults with TK2d and offers a therapeutic option beyond palliative care.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Kygevvi 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	Ensacove (ensartinib) capsule	Brand	3 > 2	EXC > 2	12/4/25
Metabolic Agents	Osenvelt (denosumab-bmwo) SC injection	Brand	3 > 2	EXC > 2	12/5/25
	Stoboclo (denosumab-bmwo) SC injection	Brand	3 > 2	EXC > 2	12/5/25

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	
<b>Analgesic Agents</b>	Vyscoxa (celecoxib) oral suspension*	Tier 3	EXC	—	—	—	—	10/23/25
<b>Anti-infective Agents</b>	Tyzavan (vancomycin) IV injection	Tier 3	Tier 3	—	—	—	—	10/21/25
<b>Antineoplastic Agents</b>	Beizray (docetaxel and albumin) IV injection*	Tier 3	EXC	X	—	—	—	10/6/25
	Blenrep (belantamabmafodotin-blmf) IV injection*	Tier 3	EXC	X	X	—	—	10/27/25
	Koselugo (selumetinib) sprinkle capsule 5mg, 7.5mg*	Tier 3	EXC	X	X	—	—	10/8/25
	Vabrinty (leuprolide) kit for SC injection 30mg*	Tier 3	EXC	X	X	—	X	10/16/25
<b>Antiparkinson Agents</b>	Carbidopa-levodopa ER capsule (ABA of Rytary)*	Tier 3	EXC	—	—	X	—	10/20/25
<b>Dermatological Agents</b>	Zoryve (roflumilast) cream 0.05%*	Tier 3	EXC	—	—	—	—	10/7/25
<b>Endocrine Agents</b>	Lynkuet (elinzanetant) capsule*	Tier 3	EXC	—	—	—	—	10/27/25
<b>Immunological Agents</b>	Selarsdi (ustekinumab-aekn) solution for SC injection	Tier 3	EXC	X	X	—	X	11/11/25
	Starjemza (ustekinumab-hmny) IV infusion, solution and prefilled syringe for SC injection*	Tier 3	EXC	X	X	—	X^	10/28/25
<b>Metabolic Agents</b>	Forzinity (elamipretide) SC injection*	Tier 3	EXC	X	—	—	—	10/3/25
	Ospomyv (denosumab-dssb) prefilled syringe for SC injection*	Tier 3	EXC	X	X	—	X	10/23/25
<b>Neurological Agents</b>	Tonmya (cyclobenzaprine) sublingual tablet*	Tier 3	EXC	—	—	—	—	10/27/25
<b>Respiratory Agents</b>	Jascayd (nerandomilast) tablet*	Tier 3	EXC	X	—	—	—	10/9/25
<b>Thyroid Agents</b>	Evexithroid (levothyroxine-liothyronine) tablet*	Tier 3	EXC	—	—	—	—	10/20/25

\* 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.

^ QL applies to subcutaneous route

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	
Corticosteroid Agents	prednisolone oral disintegrating tablet	Orapred	Tier 1	Tier 1	—	—	—	—	10/8/25
Hormonal Agents	estrogens (conjugated) tablet	Premarin	Tier 1	Tier 1	—	—	—	—	10/20/25
Neurological Agents	gabapentin once-daily tablet	Gralise	Tier 1	Tier 1	—	—	X	X	10/10/25

EXC: Excluded

## 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	Andembry (garadacimab-gxii) auto-injector for SC injection	Brand	Tier 3	Tier 3	X	X	—	X	12/20/25
Anti-infective Agents	Emblaveo (aztreonam-avibactam) IV injection	Brand	Tier 3	Tier 3	—	—	—	—	11/29/25
Antineoplastic Agents	Emrelis (telisotuzumab vedotin-tllv) IV injection	Brand	Tier 3	Tier 3	X	X	—	—	11/22/25
	Zusduri (mitomycin) intravesical instillation	Brand	Tier 3	Tier 3	X	X	—	—	12/18/25
Cardiovascular Agents	Arbli (losartan) oral suspension	Brand	Tier 3	Tier 3	—	—	—	—	12/4/25
Dermatological Agents	Zelsuvmi (berdazimer) gel	Brand	Tier 3	Tier 3	—	X	—	—	12/5/25
Hormonal Agents	Averi (desogestrel-ethinyl estradiol-iron) tablet	Brand	Tier 3	Tier 3	—	—	X	—	12/17/25
Respiratory Agents	Yutrepia (treprostinil) inhalation capsule	Brand	Tier 3	Tier 3	X	X	—	X	11/29/25

EXC: Excluded

## 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
Angioedema Agents	Dawnzera (donidalorsen) auto-injector for SC injection	Add	11/1/25
Antineoplastic Agents	Hernexeos (zongertinib) tablet	Add	11/1/25
	Inlexzo (gemcitabine) intravesical device	Add	11/1/25
	Modeyso (dordaviprone) capsule	Add	11/1/25
	Unloxcyt (cosibelimab-ipdl) IV infusion	Add	11/1/25
Antiviral Agents	Papzimeos (zopapogene imadenovec-drba) SC injection	Add	11/1/25
Hematological Agents	Wayrilz (rilzabrutinib) tablet	Add	11/1/25
Metabolic Agents	Sephience (sepiapterin) oral powder	Add	11/1/25

## 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	Kirsty (insulin aspart-xjhz) solution and pen-injector for SC injection	Add	11/1/25

## 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
Antiviral Agents	Papzimeos (zopapogene imadenovec-drba) SC injection	Add	11/1/25
Angioedema Agents	Dawnzera (donidalorsen) auto-injector for SC injection	Add	11/1/25
Hematological Agents	Wayrilz (rilzabrutinib) tablet	Add	11/1/25



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



At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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