

Pharmacy Passages

Formulary Update

October 2025



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

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

FDA approves Jascayd, an orphan drug for idiopathic pulmonary fibrosis

On Oct. 7, 2025, the FDA approved Jascayd (nerandomilast) tablet for the treatment of idiopathic pulmonary fibrosis (IPF) in adult patients.

IPF is a chronic, progressive fibrotic (scarring) disorder that affects the lower respiratory tract. Over time, lung tissue becomes thick and stiff, leading to coughing, shortness of breath, and a continuous decline in lung function. The disease is diagnosed most often in individuals 60 to 70 years of age with half of patients succumbing to the disease within five years of diagnosis. Jascayd is the first new treatment option for adults with IPF in over a decade. The drug offers a novel mechanism of action that exerts both antifibrotic and immunomodulatory effects to slow the decline in lung function.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Jascayd 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. 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
Antiviral Agents	Apretude (cabotegravir) IM injection	Brand	3 > 2	3 > 2	11/1/25

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. 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	
Antidementia Agents	Leqembi IQLIK (lecanemab-irmb) auto-injector for SC injection*	Tier 3	EXC	X	X	—	X	9/3/25
Antidepressant Agents	Escitalopram capsule*	Tier 3	EXC	—	—	—	—	9/22/25
	Exxua (gepirone) ER tablet and titration pack*	Tier 3	EXC	—	—	—	—	9/25/25
Antifungal Agents	Econazole foam (ABA of Ecoza)*	Tier 3	EXC	—	—	—	—	9/15/25
Anti-gout Agents	Krystexxa (pegloticase) IV infusion 8mg/50mL	Tier 3	Tier 3	X	X	—	—	9/24/25
Anti-infective Agents	Blujepa (gepotidacin) tablet*	Tier 3	EXC	—	—	—	—	9/9/25
Antimigraine Agents	Brekiya (dihydroergotamine) auto-injector for SC injection*	Tier 3	EXC	—	X	—	X	9/8/25
Antineoplastic Agents	Inlexzo (gemcitabine) intravesical system*	Tier 3	EXC	X	—	—	—	9/15/25
	Inluriyo (imlunestrant) tablet*	Tier 3	EXC	X	—	—	—	9/30/25
	Keytruda (pembrolizumab-berahyaluronidase-pmhp) SC injection*	Tier 3	EXC	X	X	—	—	9/30/25
	Phyrago (dasatinib) tablet*	Tier 3	EXC	X	X	—	—	9/18/25
Cardiovascular Agents	Enbumyst (bumetanide) nasal spray*	Tier 3	EXC	—	—	—	—	9/30/25
Diabetes Supplies	MiniMed Instinct glucose sensor*	Tier 3	EXC	—	X	—	—	10/2/25
Hematological Agents	Doptelet (avatrombopag) sprinkle capsule	Tier 3	Tier 3	X	X	—	X	10/14/25
	Eliquis (apixaban) sprinkle capsule and tablet for oral suspension	Tier 2	Tier 2	—	—	—	X	10/7/25
	Fibryga (fibrinogen concentrate [human]) IV injection 2g	Tier 2	Tier 2	X	—	—	—	9/8/25

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Hematological Agents	Injectafer (ferric carboxymaltose) IV injection 1000mg/20mL	Tier 3	Tier 3	—	—	X	—	9/22/25
	Wayrilz (rilzabrutinib) tablet*	Tier 3	EXC	X	—	—	—	9/3/25
Hormonal Agents	Palsonify (paltusotine) tablet*	Tier 3	EXC	X	—	—	—	9/30/25
	Skytrofa (lonapegsomatropin-tcgd) SC injection 0.7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg	Tier 3	Tier 3	X	X	—	—	9/15/25
Immunological Agents	Avtozma (tocilizumab-anoh) IV injection*	Tier 3	EXC	X	X	—	—	9/17/25
	Otezla XR (apremilast) ER tablet 75mg and 10, 20, 30, 75mg starter pack*	Tier 3	EXC	X	X	—	X	9/24/25
	Otulfu (ustekinumab-aaaz) SC injection 45mg/0.5mL	Tier 3	EXC	X	X	—	X	9/16/25
	Rhapsido (remibrutinib) tablet*	Tier 3	EXC	X	—	—	—	10/2/25
	Ryoncil (remestemcel-l-rknd) IV infusion kit 9, 10, 11, 12 x 3.8mL	Tier 3	Tier 3	X	—	—	—	10/21/25
	Yimmugo (immune globulin [human]-dira) IV injection	Tier 3	EXC	X	X	—	—	10/1/25
Metabolic Agents	Bildyos (denosumab-nxxp) prefilled syringe for SC injection*	Tier 3	EXC	X	X	—	X	9/16/25
	Bilprevda (denosumab-nxxp) SC injection*	Tier 3	EXC	X	X	—	—	9/15/25
Multiple Sclerosis Agents	Tyruko (natalizumab-sztn) IV injection*	Tier 3	EXC	X	—	—	—	9/22/25
Skeletal Muscle Relaxants	Zanaflex (tizanidine) capsule 8mg	Tier 3	EXC	—	—	X	—	9/25/25
Toxicology Agents	Zurnai (nalmefene) injection*	Tier 3	EXC	—	—	—	—	9/8/25

* 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	
Anti-obesity Agents	liraglutide pen-injector for SC injection	Saxenda	Tier 1	Tier 1	—	X	—	X	8/28/25
	phentermine tablet 8mg	Lomaira	Tier 1	Tier 1	—	X	—	—	9/3/25
Cardiovascular Agents	bosentan oral suspension*	Tracleer	Tier 1	Tier 1	X	X	—	X	9/25/25
	nicardipine IV injection	Cardene	Tier 1	Tier 1	—	—	—	—	9/12/25
Hormonal Agents	octreotide IM implant kit 10mg*	Sandostatin	Tier 1	Tier 1	X	X	—	—	9/25/25
	progesterone vaginal suppository	Endometrin	Tier 1	Tier 1	—	—	—	—	9/24/25

*The NDC was made available at a later date than when it was added to Medi-Span. The listed date is the date the product was made available

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	
Antineoplastic Agents	Avmapki Fakzynja (avutometinib-defactinib) therapy pack	Brand	Tier 3	Tier 3	X	X	—	—	11/15/25
Diabetes Supplies	Simplera continuous glucose system sensor	Brand	Tier 3	Tier 3	—	X	—	—	10/24/25

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
Dermatological Agents	Anzupgo (delgocitinib) cream	Add	10/1/25
Ophthalmic Agents	Vizz (aceclidine) ophthalmic solution	Add	10/1/25
Respiratory Agents	Brinsupri (brensocatib) tablet	Add	10/1/25

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	Brynovin (sitagliptin) oral solution	Add	10/1/25

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
Dermatological Agents	Anzupgo (delgocitinib) cream	Add	10/1/25
Ophthalmic Agents	Vizz (aceclidine) ophthalmic solution	Add	10/1/25
Respiratory Agents	Brinsupri (brensocatib) tablet	Add	10/1/25



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



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