



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

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.
Premium	Three tier formulary with generic drugs included in Tier 1. Some drugs may be excluded from the Premium Formulary due to a strategic evaluation of the market, utilization, quality outcomes and total cost of care.
Premium Value (PVF)	Four-tiered, closed formulary with tiering based on net cost, regardless if the drug is a brand or generic. Drugs are added to PVF after 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 orphan drug Bizengri for NSCLC with NRG1 gene fusion

On Dec. 4, 2024, the FDA approved Bizengri (zenocutuzumab-zbco) IV infusion for the treatment of adults with:

- Advanced, unresectable or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy
- Advanced, unresectable or metastatic pancreatic adenocarcinoma harboring a NRG1 gene fusion with disease progression on or after prior systemic therapy

Gene fusions involving the NRG1 gene have been identified in various cancers including NSCLC and pancreatic ductal adenocarcinoma. These fusions have been reported in 0.3 - 1.7% of lung cancers and 0.5 - 1.8% of pancreatic cancers. While rare, patients exhibit poor response rates to existing therapies, highlighting the need for novel treatment options.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Bizengri 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
Antineoplastic Agents	Besremi (ropeginterferon alfa-2b-njft) pre-filled syringe for SC injection	Brand	3 (N/C)	EXC > 3	2/1/25
Endocrine and Metabolic Agents	Acthar (corticotropin) gel for SC injection	Brand	3 > 2	EXC > 2	1/9/25

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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Please note there are no up-tiers at this time.

Premium Value Up-tiers/Down-tiers

Medications may move to a lower tier or added to the formulary throughout the year, helping members take immediate advantage of cost savings. Medications typically move to a higher tier on Jan. 1 and July 1 to help reduce member disruption. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/ Generic	PVF Tier	Effective date
Antineoplastic Agents	Besremi (ropeginterferon alfa-2b-njft) pre-filled syringe for SC injection	Brand	EXC > T4	2/1/25

EXC: Excluded

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	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antineoplastic Agents	Aucatzyl (obecabtagene autoleucel) IV injection*	Tier 3	EXC	EXC	X	---	---	---	11/18/24
	Augtryo (repotrectinib) 160mg capsule	Tier 3	Tier 3	EXC	X	X	---	---	11/26/24
	Boruzu (bortezomib) IV and SC injection	Tier 3	Tier 3	EXC	X	X	---	---	11/25/24
	Danziten (nilotinib) tablet*	Tier 3	EXC	EXC	X	---	---	---	11/22/24
	Lumakras (sotorasib) 240mg tablet	Tier 3	Tier 3	Tier 4	X	X	---	---	11/26/24
	Pemetrexed (pemetrexed dipotassium) IV injection*	Tier 3	EXC	EXC	X	---	---	---	11/26/24
	Revuforj (revumenib) tablet*	Tier 3	EXC	EXC	X	---	---	---	11/21/24
	Ziihera (zanidatamab-hrii) IV injection*	Tier 3	EXC	EXC	X	---	---	---	11/26/24

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antipsychotic Agents	Erzofri (paliperidone) ER pre-filled syringe for IM injection*	Tier 3	EXC	EXC	---	---	---	---	11/4/24
	Opipza (aripiprazole) oral film*	Tier 3	EXC	EXC	---	---	---	---	11/18/24
Cardiovascular Agents	Aurlumyn (iloprost) IV injection	Tier 3	Tier 3	EXC	---	X^	---	X^	11/5/24
Dermatological Agents	Ebglyss (lebrikizumab-lbkz) pre-filled syringe for SC injection*	Tier 3	EXC	EXC	X	X	---	X	11/4/24
	Emrosi (minocycline) ER capsule*	Tier 3	EXC	EXC	---	---	---	---	11/20/24
Endocrine Agents	Azmiro (testosterone) IM injection*	Tier 3	EXC	EXC	---	X	---	---	11/11/24
Hematological Agents	Hympavzi (marstacimab-hncq) auto-injector for SC injection*	Tier 3	EXC	EXC	X	---	---	---	11/6/24
	Nypozi (filgrastim-txid) pre-filled syringe for SC injection*	Tier 3	EXC	EXC	X	---	---	---	11/22/24

*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.

^This medication is still being reviewed for official utilization management strategies.

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	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Analgesic Agents	tramadol 75mg tablet	N/A	Tier 1	Tier 1	EXC	---	---	---	X	12/12/24
Corticosteroid Agents	hydrocortisone IM and IV injection*	Solu-Cortef	Tier 1	Tier 1	Tier 1	---	---	---	---	11/21/24
Hormonal Agents	octreotide kit for IM injection*	Sandostatin	Tier 1	Tier 1	EXC	X	X	---	---	11/26/24
Impotence Agents	avanafil tablet*	Stendra	Tier 1	Tier 1	EXC	---	---	---	X	11/21/24
Neurological Agents	edaravone 60/100mL IV injection	N/A	Tier 1	Tier 1	EXC	X	X	---	---	12/12/24

*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.

EXC: Excluded

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	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
Antineoplastic Agents	Rytelo (imetelstat) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	12/28/24
	Tecelra (afamitresgene autoleucel) IV injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/6/25
Dermatological Agents	Sofdra (sofipironium) gel	Brand	Tier 3	Tier 3	EXC	---	---	---	X	1/2/25
Neurological Agents	Vigafyde (vigabatrin) oral solution	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/7/25

EXC: Excluded

Specialty Updates

Specialty medication updates include existing medications being added to or removed from the Specialty Pharmacy Program.

Please note there are no specialty medication updates 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.

Therapeutic use	Medication name	Add/Remove	Effective date
Antilipemic Agents	Repatha (evolocumab) auto-injector, solution cartridge, and solution for SC injection	Remove	12/1/24
Antiretroviral Agents	Apretude (cabotegravir) IM injection	Remove	12/6/24
Dermatological Agents	Ebglyss (lebrikizumab-lbkz) auto-injector for SC injection	Add	12/1/24
	Sofdra (sofpironium) gel	Remove	1/1/25
Endocrine and Metabolic Agents	Yorvipath (palopegteriparatide) pen-injector for SC injection	Add	12/1/24
Neurological Agents	Aqneursa (levacetylleucine) oral suspension	Add	12/1/24
	Miplyffa (arimoclomol) capsule	Add	12/1/24

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
Analgesic Agents	Dolobid (diflunisal) 250mg tablet	Add	12/1/24
Antilipemic Agents	Repatha (evolocumab) auto-injector, solution cartridge, and solution for SC injection	Add	12/1/24
Antipsychotic Agents	Cobenfy (xanomeline-trospium) capsule and starter pack	Add	12/1/24

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
Antipsychotic Agents	Cobenfy (xanomeline-trospium) capsule and starter pack	Add	12/1/24
Dermatological Agents	Ebglyss (lebrikizumab-lbkz) auto-injector for SC injection	Add	12/1/24
Endocrine and Metabolic Agents	Yorvipath (palopegteriparatide) prefilled syringe for SC injection	Add	12/1/24
Neurological Agents	Aqneursa (levacetylleucine) oral suspension	Add	12/1/24
	Miplyffa (arimoclomol) capsule	Add	12/1/24



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

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