



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.

**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**

<b>Select</b>	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.
<b>Premium</b>	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.
<b>Premium Value (PVF)</b>	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

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## FDA approves first-in-class therapy for the treatment of molluscum contagiosum, a common viral skin infection

On Jan. 5, 2024, the FDA approved Zelsuvmi (berdazimer) to treat molluscum contagiosum. Zelsuvmi is indicated for the topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older. The medication is available as a 10.3% strength topical gel.

Molluscum contagiosum is a highly contagious viral skin infection characterized by multiple, flesh-colored to red dome-shaped lesions with a central, umbilication. In the United States, approximately six million people, primarily children, are infected each year. This common viral disease is confined to the skin and mucous membranes and transmission typically requires direct contact with infected hosts or contaminated materials/objects. Treating the lesions is critical to preventing the infection from spreading to other people or to other areas of the body. Active treatment of MC may be non-pharmacological (e.g., cryotherapy, curettage, pulsed dye laser therapy), or pharmacological, such as Ycanth (cantharidin).

Zelsuvmi is a nitric oxide releasing agent. Although the mechanism of action for Zelsuvmi is unknown, nitric oxide has been shown to have antiviral properties. Zelsuvmi is also the first and only topical prescription medication that can be applied by patients or caregivers at home, outside of a physician's office or other medical setting to treat this highly contagious viral skin infection.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Zelsuvmi for clinical value and safety. Afterwards, Optum Rx will determine its place on the 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
Dermatological Agents	Sotyktu (deucravacitinib) tablet	Brand	3 (N/C)	EXC > 3	3/1/24
Immunological Agents	Adalimumab-adbm SC injection kit & prefilled syringe kit	Brand	3 > 2	EXC > 2	5/1/24
	Amjevita (adalimumab-atto) SC injection & prefilled syringe	Brand	3 > 2	EXC > 2	5/1/24
Prenatal Vitamins	Complete Natal Pak DHA (prenatal-FE BIS-FE-Omega 3) capsule	Brand	3 > 2	2 (N/C)	3/1/24
Toxicology Agents	Opvee (nalmeffene) nasal spray	Brand	3 > 2	EXC > 2	2/17/24

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
<b>Analgesic Agents</b>	butalbital/acetaminophen tablet 50-325mg	Brand	2 > 1	3/1/24
<b>Anaphylactic Agents</b>	Auvi-Q (epinephrine) auto-injector 0.1mg/0.1ml	Brand	EXC > 3	12/1/23
<b>Antidementia Agents</b>	memantine er capsule	Generic	2 > 1	3/1/24
<b>Antidotes</b>	deferasirox tablet for oral suspension	Generic	4 > 3	3/1/24
<b>Anti-infective Agents</b>	Humatin (paromomycin) capsule	Brand	EXC > 4	12/1/23
<b>Antilipemic Agents</b>	Nexletol (bempedoic acid) tablet	Brand	EXC > 2	1/1/24
	Nexlizet (bempedoic acid-ezetimibe) tablet	Brand	EXC > 2	1/1/24
<b>Antineoplastic Agents</b>	decitabine injection	Generic	4 > 3	3/1/24
	imatinib tablet	Generic	3 > 2	3/1/24
	oxaliplatin IV solution	Generic	2 > 1	3/1/24
	Rozlytrek (entrectinib) capsule	Brand	EXC > 4	1/1/24
<b>Antipsychotic Agents</b>	lurasidone tablet	Generic	3 > 2	3/1/24
<b>Antiviral Agents</b>	tenofovir disoproxil fumarate tablet	Generic	2 > 1	3/1/24

Therapeutic use	Medication name	Brand/ Generic	PVF Tier	Effective date
Dermatological Agents	clobetasol propionate foam	Generic	2 > 1	3/1/24
	desoximetasone ointment 0.25%	Generic	2 > 1	3/1/24
	Sotyktu (deucravacitinib) tablet	Brand	EXC > 4	3/1/24
Diabetic Supplies	Omnipod Go (insulin infusion) kit	Brand	EXC > 3	12/1/23
Endocrine Agents	zoledronic acid IV solution	Generic	2 > 1	3/1/24
Gastrointestinal Agents	peg-3350/electrolytes/ascorbate for solution	Generic	EXC > 1	3/1/24
	Rebyota (fecal microbiota, live-jslm) rectal suspension	Brand	EXC > 4	12/1/23
Hematological Agents	Veopoz (pozelimab-bbfg) injection	Brand	EXC > 4	12/1/23
Hormonal Agents	ganirelix prefilled syringe	Generic	EXC > 3	3/1/24
Immunological Agents	Amjevita (adalimumab-atto) auto-injector/prefilled syringe	Brand	EXC > 3	5/1/24
Multiple Sclerosis Agents	fingolimod capsule 0.5mg	Generic	4 > 3	3/1/24
	teriflunomide tablet	Generic	4 > 3	3/1/24

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	
Analgesic Agents	Combogesic (ibuprofen-acetaminophen) IV injection*	Tier 3	EXC	EXC	---	---	---	---	1/22/24

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Antidiabetic Agents	Dapagliflozin tablet (ABA for Farxiga)	Tier 3	EXC	EXC	---	X	---	---	2/6/24
	Dapagliflozin-metformin tablet (ABA for Xigduo XR)	Tier 3	EXC	EXC	---	X	---	---	2/6/24
Anti-infective Agents	Defencath (heparin-taurolidine) intracatheter injection	Tier 3	Tier 3	EXC	---	---	---	---	2/1/24
Antineoplastic Agents	Bosulif (bosutinib) capsule*	Tier 3	EXC	EXC	X	X	---	---	1/4/24
Corticosteroid Agents	Agamree (vamorolone) oral suspension*	Tier 3	EXC	EXC	X	---	---	---	1/4/24
Gastrointestinal Agents	Zenpep (pancrelipase) DR capsule 6,000 unit	Tier 2	Tier 2	Tier 3	---	---	---	---	12/28/23
Genitourinary Agents	Rivfloza (nedosiran) SC injection*	Tier 3	EXC	EXC	X	---	---	---	1/23/24
Hematological Agents	Hemlibra (emicizumab-kxwh) SC injection	Tier 3	Tier 3	Tier 4	X	---	---	---	1/30/24
	Udenyca Onbody (pegfilgrastim-cbqv) SC injection*	Tier 3	Tier 3	EXC	X	X	---	---	1/24/24
Neuromuscular Agents	Zilbrysq (zilucoplan) SC injection*	Tier 3	EXC	EXC	X	---	---	---	1/4/24

\*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.

Authorized Brand Alternatives (ABA), also referred to as Authorized Generics, are approved brand name medications marketed by either the brand company or another company. Although it does not have the brand name on its label, it is the exact same drug product as the brand product.

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	
<b>Analgesic Agents</b>	indomethacin oral suspension	Indocin	Tier 1	Tier 1	EXC	---	---	X	---	2/6/24
<b>Dermatological Agents</b>	halobetasol topical foam	Lexette	Tier 1	Tier 1	EXC	---	X	---	---	3/1/24
<b>Hematological Agents</b>	cyanocobalamin nasal spray	Nascobal	Tier 1	Tier 1	EXC	---	---	---	---	12/12/23
<b>Neurological Agents</b>	gabapentin tablet	Gralise	Tier 1	Tier 1	EXC	---	---	X	X	2/13/24
<b>Ophthalmic Agents</b>	bromfenac ophthalmic solution	Prolensa	Tier 1	Tier 1	EXC	---	---	---	X	1/5/24

## 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	
<b>Anti-infective Agents</b>	Xacduro (sulbactam-durlobactam) IV injection	Brand	Tier 3	Tier 3	EXC	---	---	---	---	2/9/24
<b>Antineoplastic Agents</b>	Elrexio (elranatamab-bcmm) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/17/24
	Talvey (talquetamab-tgvs) SC injection	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/15/24

Therapeutic use	Medication name	Brand/ Generic	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
						SP	PA	ST	QL	
<b>Antipsychotic Agents</b>	Rykindo (risperidone) IM injection	Brand	Tier 3	Tier 3	EXC	---	---	---	---	3/1/24
<b>Dermatological Agents</b>	Daxxify (daxibotulinumtoxinA-lanm) IM injection	Brand	Tier 3	Tier 3	EXC	---	X	---	---	3/5/24
<b>Immunological Agents</b>	Adalimumab-adbm SC injection kit & prefilled syringe kit	Brand	Tier 2	Tier 2	Tier 3	X	X	---	X	5/1/24
	Amjevita (adalimumab-atto) SC auto injection & prefilled syringe	Brand	Tier 2	Tier 2	Tier 3	X	X	---	X	5/1/24
<b>Metabolic Agents</b>	Opfolda (miglustat) capsule	Brand	Tier 3	Tier 3	EXC	X	X	---	X	4/5/24
	Pombiliti (cipaglucosidase alfa-atga) IV infusion	Brand	Tier 3	Tier 3	EXC	X	X	---	---	4/5/24
<b>Musculoskeletal Agents</b>	Sohonos (palovarotene) capsule	Brand	Tier 3	Tier 3	EXC	X	X	---	X	3/1/24
<b>Ophthalmic Agents</b>	Eylea HD (afibercept) intravitreal solution	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/23/24
	Izervay (avacincaptad pegol) intravitreal solution	Brand	Tier 3	Tier 3	EXC	X	X	---	---	2/11/24

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## 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
<b>Antidepressant Agents</b>	Zurzuvae (zuranolone) capsule	Add	2/1/24
<b>Antidiabetic Agents</b>	Dapagliflozin tablet	Add	2/6/24
	Dapagliflozin-metformin tablet	Add	2/6/24
<b>Anti-infective Agents</b>	Likmez (metronidazole) oral suspension	Add	1/1/24
<b>Antineoplastic Agents</b>	Dacogen (decitabine) IV infusion	Remove	3/1/24
	decitabine IV infusion	Remove	3/1/24
	Exkivity (mobocertinib) capsule	Remove	2/1/24
	Fruzaqla (fruquintinib) capsule	Add	2/1/24
	Jylamvo (methotrexate) oral solution	Add	2/1/24
	Truqap (capivasertib) tablet	Add	2/1/24
<b>Cardiovascular Agents</b>	spironolactone oral suspension	Add	1/1/24
<b>Dermatological Agents</b>	Bimzelx (bimekizumab-bkzx) SC auto-injector/prefilled syringe	Add	1/1/24
	Cabtreo (adapalene-benzoyl peroxide-clindamycin) gel	Add	2/1/24
<b>Endocrine Agents</b>	oxandrolone tablet	Remove	2/1/24
<b>Gastrointestinal Agents</b>	Voquezna (vonoprazan) tablet	Add	2/1/24
<b>Immunological Agents</b>	OmvoH (mirikizumab-mrkz) IV infusion	Add	2/1/24
	Velsipity (etrasimod arginine) tablet	Add	1/1/24
<b>Metabolic Agents</b>	Opfolda (miglustat) capsule	Add	1/1/24
	Pombiliti (cipaglucoSIdase alfa-atga) IV infusion	Add	1/1/24
<b>Neurological Agents</b>	riluzole tablet	Remove	3/1/24



## 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
<b>Antipsychotic Agents</b>	Rykindo (risperidone) IM injection	Remove	3/1/24
<b>Gastrointestinal Agents</b>	Pylera (bismuth subcitrate-metronidazole-tetracycline) capsule	Remove	1/1/24
<b>Metabolic Agents</b>	Xphozah (tenapanor) tablet	Add	2/1/24
<b>Neurological Agents</b>	Motpoly XR (lacosamide ER) capsule	Add	1/1/24
<b>Respiratory Agents</b>	Airsupra (albuterol-budesonide) inhalation aerosol	Remove	1/1/24

## 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
<b>Antidepressant Agents</b>	Zurzuvae (zuranolone) capsule	Add	2/1/24
<b>Dermatological Agents</b>	Bimzelx (bimekizumab-bkzx) SC auto-injector/prefilled syringe	Add	1/1/24
<b>Endocrine Agents</b>	oxandrolone tablet	Remove	2/1/24
<b>Gastrointestinal Agents</b>	Voquezna (vonoprazan) tablet	Add	2/1/24
<b>Immunological Agents</b>	OmvoH (mirikizumab-mrkz) IV infusion	Add	2/1/24
	Velsipity (etrasimod arginine) tablet	Add	1/1/24
<b>Metabolic Agents</b>	Opfolda (miglustat) capsule	Add	1/1/24
	Xphozah (tenapanor) tablet	Add	2/1/24
<b>Neurological Agents</b>	riluzole tablet	Remove	3/1/24



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

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