



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

Optum Rx Humira and Stelara biosimilar management for Jan. 1, 2025

Continuing with our phased biosimilar approach, Optum Rx constantly negotiates with manufacturers in order to bring value to the market by driving biosimilar competition, supporting innovation and lowering overall health care costs. Our latest Humira and Stelara biosimilar management strategies will deliver savings for your plans while preserving quality and optionality for both plans and patients - and new Nuvaila products will offer a stable supply and \$0 copay support.

These new biosimilar strategies continue to meet our **patient-first guiding principles** while delivering a lower net cost:

- Continued quality of care for patients.
- FDA-approved interchangeability.
- Stable supply.
- Availability of formulations and drug strengths to provide continuity of care.
- Affordability for patients, including manufacturer copay assistance programs, and significant cost reduction for plan sponsors.

Humira biosimilar strategy

Optum Rx will exclude Humira and prefer FDA-approved adalimumab biosimilars effective Jan. 1, 2025 **for patients new to therapy**. Existing Humira patients will be able to continue therapy without switching to a biosimilar if they choose, with improved Humira pricing. We have chosen to wait on preferring only Humira biosimilars until all drug strengths are interchangeable at the pharmacy without a new prescription, which is expected later in 2025.

Stelara biosimilar strategy

Nuvaila will launch the first Stelara biosimilar named Wezlana on Jan. 1, 2025. Wezlana will be offered as a Nuvaila private label product in HW and LW versions, manufactured by Amgen. Wezlana offers significant differentiations to Stelara and attributes including:

- First ustekinumab biosimilar to market, with other ustekinumab biosimilars not expected until later in 2025.
- Available in all the drug formulations and strengths as Stelara and **latex-free**, an attribute that Stelara does not have.
- FDA-approved interchangeability for all Stelara indications and approved for allowing pharmacies to switch without requiring a new prescription.
- \$0 copay support available from Nuvaila.
- Plan sponsor savings of up to almost 50% compared to the Stelara list price.

Please see the drug charts below for the latest formulary and utilization management updates.

Humira biosimilar strategies				
FORMULARY	CURRENT		EFFECTIVE JAN. 1, 2025	
Premium Formulary	Tier 2 with PA <ul style="list-style-type: none"> • Humira • Amjevita HW & LW (Amgen) • Cyltezo & Adalimumab-adbm • Hyrimoz & Adalimumab-adaz 	Excluded All other branded and unbranded biosimilars	Tier 2 with PA <ul style="list-style-type: none"> • Amjevita for Nuvaila (LW) • Amjevita for Amgen (HW) 	Excluded Humira* for new patients, and all other branded and unbranded biosimilars

Humira biosimilar strategies				
FORMULARY	CURRENT		EFFECTIVE JAN. 1, 2025	
Select Formulary	Tier 2 with PA <ul style="list-style-type: none"> Humira Amjevita HW & LW (Amgen) Cyltezo & Adalimumab-adbm Hyrimoz & Adalimumab-adaz 	Tier 3 with PA All other branded and unbranded biosimilars	Tier 2 with PA <ul style="list-style-type: none"> Amjevita for Nuvaila (LW) Amjevita for Amgen (HW) 	Tier 3 with PA PA requires 6-month trial of preferred biosimilars Humira* for new patients, and all other branded and unbranded biosimilars
Premium Value Formulary	Tier 3 with PA <ul style="list-style-type: none"> Humira Amjevita LW (Amgen) Adalimumab-adbm Adalimumab-adaz 	Excluded All other branded and unbranded biosimilars	Tier 3 with PA <ul style="list-style-type: none"> Amjevita for Nuvaila (LW) Adalimumab-adbm 	Excluded Humira* for new patients, and all other branded and unbranded biosimilars

Stelara biosimilar strategy		
	CURRENT	EFFECTIVE JAN. 1, 2025
Premium, Select and Premium Value Formularies	Tier 2 with PA <ul style="list-style-type: none"> Stelara 	Tier 2 with PA <ul style="list-style-type: none"> Stelara Wezlana for Nuvaila (LW & HW)

*Continuation of care will remain for existing Humira utilizers.
 LW = Low Wholesale Acquisition Cost
 HW = High Wholesale Acquisition Cost
 PA = Prior Authorization

Watch for the full suite of Jan. 1, 2025 formulary and utilization management updates which will be published in the September edition of *Pharmacy Passages*.

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
Anti-Obesity Agents	Qsymia (phentermine-topiramate) ER capsule	Brand	3 > 2	3 > 2	9/1/24

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	Tafinlar (dabrafenib) tablet for oral suspension	Brand	EXC > 4	8/1/24

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	Oxycodone tablet 15mg (ABA for Roxybond)	Tier 3	EXC	EXC	---	---	---	X	7/23/24
Antidementia Agents	Kisunla (donanemab-azbt) IV injection*	Tier 3	EXC	EXC	X	X	---	X	7/8/24
Antineoplastic Agents	Cyclophosphamide IV infusion 500mg/mL, 1G/2mL, 2G/4mL	Tier 3	Tier 3	EXC	X	---	---	---	8/20/24
Cardiovascular Agents	Entresto (sacubitril-valsartan) sprinkle capsule 6-6mg, 15-16mg	Tier 2	Tier 2	Tier 3	---	---	---	X	7/23/24

Therapeutic use	Medication name	Select Tier	Premium Tier	PVF Tier	Programs				Effective date
					SP	PA	ST	QL	
Dermatological Agents	Sofdra (sofipironium) gel*	Tier 3	EXC	EXC	---	---	---	---	7/1/24
	Taltz (ixekizumab) SC prefilled-syringe 20mg/0.25mL, 40mg/0.5mL	Tier 3	Tier 3	Tier 4	X	X	---	X	8/20/24
	Zoryve (roflumilast) cream 0.15%*	Tier 3	EXC	EXC	---	X	---	---	7/11/24
Dietary Management Agents	Deplin FC (l-methylfolate) capsule	Tier 3	Tier 3	EXC	---	---	---	---	6/28/24
	Metanx FC (l-methylfolate with vitamin B6/B12) capsule	Tier 3	Tier 3	EXC	---	---	---	---	6/28/24
Endocrine and Metabolic Agents	Acthar (corticotropin) SC auto-injector*	Tier 3	EXC	EXC	X	X	---	---	7/8/24
	Elfabrio (pegunigalsidase alfa-iwxj) IV injection 5mg/2.5mL	Tier 3	EXC	EXC	X	X	---	---	7/30/24
Gastrointestinal Agents	Livmarli (maralixibat) oral solution 19mg/mL	Tier 3	EXC	EXC	X	X	---	X	8/20/24
Hematological Agents	Piasy (crovalimab-akkz) injection*	Tier 3	EXC	EXC	---	---	---	---	7/17/24
	Vafseo (vadadustat) tablet*	Tier 3	EXC	EXC	---	---	---	---	7/18/24
Immunological Agents	Otezla (apremilast) tablet 20mg	Tier 2	Tier 2	Tier 3	X	X	---	X	8/20/24
	Rystiggo (rozanolixizumab-noli) SC injection 420/3mL, 560/4mL, 840/6mL	Tier 3	Tier 3	EXC	X	X	---	---	7/2/24
Neurological Agents	Austedo XR (deutetrabenazine) tablet 18mg	Tier 3	Tier 3	Tier 4	X	X	---	X	7/30/24
Respiratory Agents	Ohtuvayre (ensifentrine) inhalation suspension*	Tier 3	EXC	EXC	---	---	---	---	7/1/24

*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	
Antineoplastic Agents	eribulin IV injection	Halaven	Tier 1	Tier 1	Tier 4	.X	X	---	---	5/3/24
Cardiovascular Agents	ivabradine tablet 5mg	Corlanor	Tier 1	Tier 1	EXC	---	X	---	X	7/11/24
Corticosteroid Agents	deflazacort oral suspension 22.75mg/mL	Emflaza	Tier 1	Tier 1	EXC	X	X	---	---	5/29/24
Hematological Agents	L-glutamine powder pack	Endari	Tier 1	Tier 1	EXC	---	X	---	---	7/15/24

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	
Antineoplastic Agents	Amtagvi (lifileucel) IV infusion	Brand	Tier 3	Tier 3	EXC	X	X	---	---	8/23/24
	Pemrydi RTU (pemetrexed) IV injection	Brand	Tier 3	Tier 3	EXC	X	---	---	---	9/6/24
Hematological Agents	Xolremdi (mavoxifafor) capsule	Brand	Tier 3	Tier 3	EXC	X	X	---	X	9/1/24
Wound Care Agents	Filsuvez (birch triterpenes) topical gel	Brand	Tier 3	Tier 3	EXC	---	X	---	X	8/22/24

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
Antineoplastic Agents	Anktiva (nogapendekin alfa inbak-pmln) intravesical solution	Add	8/1/24
	Imdelltra (tarlatamab-dlle) IV injection	Add	8/1/24
	Ojemda (tovorafenib) oral suspension and tablet	Add	8/1/24
Hematological Agents	Beqvez (fidanacogene elaparvovec-dzkt) IV injection	Add	8/1/24
	Xolremdi (mavorixafor) capsule	Add	8/1/24
Immunological Agents	Myhibbin (mycophenolate mofetil) oral suspension	Add	8/1/24

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
Antineoplastic Agents	Alimta (pemetrexed) IV injection	Remove	9/1/24
	Pemetrexed IV injection	Remove	9/1/24
	Pemfexy (pemetrexed) IV injection	Remove	9/1/24
	Pemrydi RTU (pemetrexed) IV injection	Remove	9/1/24

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
Hematological Agents	Xolremdi (mavorixafor) capsule	Add	8/1/24



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

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