

Pharmacy Passages

Formulary Update



OptumRx Direct Pharmacy Plans

August 2019

The following formulary decisions and updates apply to OptumRx® direct commercial business.

The OptumRx 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 OptumRx 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).

Please note: If your plan includes Specialty Pharmacy (SP), your members may obtain specialty products from BriovaRx® 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

Premium Three tier formulary with generic drugs included in Tier 1. All specialty drugs, including injectables, are tiered based on the OptumRx specialty drug list. Some drugs may be excluded from the Premium Formulary due to our strategic evaluation of the market, utilization, quality outcomes and total cost of care.

Select Three tier formulary with generic drugs included in Tier 1. All specialty drugs, including injectables, are tiered based on the OptumRx specialty drug list.

Key	SP: Specialty Pharmacy	PA: Prior Authorization
	ST: Step Therapy	QL: Quantity Limits

Jan. 1, 2020 Pharmacy Benefit Update coming in September

Look for the OptumRx Jan. 1, 2020 Pharmacy Benefit Update in the September edition of *Pharmacy Passages*. A recorded webcast will detail the strategic drivers behind our formulary updates and why these are beneficial in delivering cost-effective solutions for our clients and members.

Highlights will include:

- An expanded number of Multi-Source Brand exclusions such as Lyrica and Cialis. Disruption is expected to be minimal due to clinically-equivalent generic availability.
- Newly launched oncology biosimilar management strategies such as the First Movers initiative for agents like Mvasi (bevacizumab-awwb), a vascular endothelial growth factor inhibitor and biosimilar to Avastin.
- Vigilant Drug List and Utilization Management updates.

Down-tiers

Medications may move to a lower tier throughout the year, helping members take immediate advantage of cost savings.

Therapeutic Use	Medication Name	Brand/ Generic	Premium Tier	Select Tier	Effective Date
Anti-rheumatic Agents	Xeljanz/Xeljanz XR tablet	Brand	3 > 2	3 > 2	10/1/19
Ophthalmic Agents	Rocklatan ophthalmic solution	Brand	3 > 2	3 > 2	10/1/19

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.

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

New Brand Launches

New brand name medications launch throughout the year. Final coverage status is determined after medications are thoroughly reviewed by the OptumRx National Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.*

Therapeutic Use	Medication Name	Premium Tier	Select Tier	Programs				Effective Date
				SP	PA	ST	QL	
ADHD Agents	Evekeo ODT tablet	Tier 3	Tier 3	---	X	---	X	6/28/19
Anaphylactic Agents	Symjepi injection 0.15mg	Tier 3	Tier 3	---	---	---	---	7/3/19
Antidiabetic Agent	Baqsimi One/ Baqsimi Two Nasal Powder ⁺	Excluded	Tier 3	---	---	---	---	8/20/19
Anti-narcolepsy	Sunosi tablet ⁺	Excluded	Tier 3	X	X	---	X	7/2/19

Antineoplastic Agents	Kanjinti injection 420mg ⁺	Excluded	Tier 3	X	X	---	---	7/22/19
	Mvasi injection ⁺	Excluded	Tier 3	X	X	---	---	7/22/19
	Nubeqa tablet 300mg ⁺	Excluded	Tier 3	X	---	---	---	7/31/19
	Xpovio tablet (therapy pack) ⁺	Excluded	Tier 3	X	---	---	---	7/9/19
Cardiovascular Agents	Katerzia suspension 1mg/ml ⁺	Excluded	Tier 3	---	---	---	---	7/16/19
Contraceptive Agents	Annovera vaginal ring ⁺	Excluded	Tier 3	---	---	---	---	7/12/19
	Slynd tablet 4mg ⁺	Excluded	Tier 3	---	---	---	---	7/2/19
Gastrointestinal Agents	Rabeprazole sprinkle capsule DR 10mg ^{**}	Excluded	Tier 3	---	---	X	X	7/16/19
	Zelnorm tablet 6mg ⁺	Excluded	Tier 3	---	---	---	---	7/16/19
Genitourinary Agents	Thiola EC tablet	Tier 3	Tier 3	X	---	---	---	7/9/19
Hematological Agents	Heparin sodium prefilled syringe injection 5000unit/0.5ml	Tier 3	Tier 3	---	---	---	---	7/11/19

⁺ Medication product added to New Drugs to Market.

^{*} Authorized Brand Alternatives, 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.

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.

Therapeutic Use	Generic Medication Name	Brand Medication Name	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
Anti-gout Agents	febuxostat tablet	Uloric	Tier 1	Tier 1	---	---	X	---	7/1/19
Anti-infective Agents	erythromycin tab EC	Ery-tab EC	Tier 1	Tier 1	---	---	---	---	7/18/19
Gastrointestinal Agents	ranitidine injection 25mg/ml	Zantac	Tier 1	Tier 1	---	---	---	---	7/10/19
Hematological Agents	icatibant injection 30mg/3ml	Firazyr	Tier 1	Tier 1	X	X	---	---	7/16/19
Hormonal Agents	carboprost tromethamine injection 250mcg	Hemabate	Tier 1	Tier 1	---	---	---	---	7/3/19
Neurological Agents	pregabalin capsule	Lyrica	Tier 1	Tier 1	---	---	---	X	7/19/19

Ophthalmic Agents	loteprednol ophthalmic suspension 0.5%	Lotemax	Tier 1	Tier 1	---	---	---	---	7/8/19
Sedative Agents	dexmedetomidine injection	Precedex	Tier 1	Tier 1	---	---	---	---	7/1/19
	ramelteon tablet 8mg	Rozerem	Tier 1	Tier 1	---	---	---	X	7/22/19

New Benefit Coverage (automatically applies to plans that opt into the Premium Formulary)

Therapeutic Use	Medication Name	Brand/Generic	Premium Tier	Select Tier	Programs				Effective Date
					SP	PA	ST	QL	
ADHD Agents	Jornay PM capsule ER	Brand	Tier 3	N/C Tier 3	---	X	X	X	11/14/19
Analgesic Agents	Diclofenac patch 1.3%	Brand	Tier 3	N/C Tier 3	---	---	---	X	9/4/19
	Qmiiz ODT tablet	Brand	Tier 3	N/C Tier 3	---	---	---	---	9/11/19
Anaphylactic Agents	Symjepi prefilled syringe injection 0.3mg	Brand	Tier 3	N/C Tier 3	---	---	---	---	7/17/19
Anthelmintic Agents	Egaten tablet 250mg	Brand	Tier 3	N/C Tier 3	---	---	---	---	11/17/19
Anticonvulsants	Diacomit capsule and packet	Brand	Tier 3	N/C Tier 3	X	X	---	---	10/29/19
Antidepressant Agents	Spravato nasal solution	Brand	Tier 3	N/C Tier 3	X	X	---	---	9/8/19
	Zulresso injection 100/20ml	Brand	Tier 3	N/C Tier 3	X	X	---	---	12/19/19
Anti-infective Agents	Aemcolo tablet 194mg	Brand	Tier 3	N/C Tier 3	---	X	---	---	12/19/19
	Cutaquig injection	Brand	Tier 3	N/C Tier 3	X	X	---	---	11/14/19
	Nuzyra tablet and injection	Brand	Tier 3	N/C Tier 3	---	---	---	---	8/4/19
	Seysara tablet	Brand	Tier 3	N/C Tier 3	---	---	X	---	6/24/19
Antimalarial Agents	Krintafel tablet 150mg	Brand	Tier 3	N/C Tier 3	---	---	---	---	7/2/19
Antimigraine Agents	Emgality injection 100mg/ml	Brand	Tier 3	N/C Tier 3	---	X	---	X	12/6/19
Antineoplastic Agents	Balversa tablet	Brand	Tier 3	N/C Tier 3	X	X	---	---	10/15/19
	Herceptin hylecta injection 60-10000	Brand	Tier 3	N/C Tier 3	X	X	---	---	10/4/19
	Infugem solution	Brand	Tier 3	N/C Tier 3	X	---	---	---	9/12/19

Antineoplastic Agents	Piqray tablet daily dose	Brand	Tier 3	N/C Tier 3	X	X	---	---	11/30/19
Antiparkinson Agents	Inbrija inhalation powder capsule 42mg	Brand	Tier 3	N/C Tier 3	X	X	---	---	8/15/19
Antiviral Agents	Dovato tablet 50-300mg	Brand	Tier 3	N/C Tier 3	X	---	---	---	8/1/19
Cardiovascular Agents	Vyndaqel capsule 20mg	Brand	Tier 3	N/C Tier 3	X	X	---	X	9/1/19
Central Nervous System Agents	Mavenclad tablet (therapy pack)	Brand	Tier 3	N/C Tier 3	X	X	---	---	10/15/19
Dermatological Agents	Duobrii lotion	Brand	Tier 3	N/C Tier 3	---	X	---	---	10/29/19
	Skyrizi prefilled syringe injection kit 150 dose	Brand	Tier 2	N/C Tier 2	X	X	---	---	8/1/19
Hematological Agents	Aspirin-omeprazole tablet 81-40mg	Brand	Tier 3	N/C Tier 3	---	---	---	X	10/18/19
Hematopoietic Agents	Retacrit injection	Brand	Tier 2	N/C Tier 2	X	X	---	---	7/1/19
Metabolic Bone Disease Agents	Evenity prefilled syringe injection 105mg	Brand	Tier 3	N/C Tier 3	X	X	---	X	10/16/19
Multiple Sclerosis Agents	Mayzent tablet and starter pack	Brand	Tier 3	N/C Tier 3	X	X	---	X	9/27/19
Musculoskeletal Agents	Sodium hyaluronate injection 20mg/2ml	Brand	Tier 3	N/C Tier 3	X	X	---	---	12/27/19
Ophthalmic Agents	Inveltys ophthalmic suspension 1%	Brand	Tier 3	N/C Tier 3	---	---	---	---	7/1/19
Respiratory Agents	Nucala prefilled syringe injection and auto-injector 100mg/ml	Brand	Tier 3	N/C Tier 3	X	X	---	X	12/11/19
	Tuxarin ER tablet 54.3-8mg	Brand	Tier 3	N/C Tier 3	---	X	---	X	7/28/19

QL 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.

Therapeutic Use	Medication Name	Add/Remove	Effective Date
Dermatological Agents	Duobrii lotion	Add	8/1/19

STEP 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.

Please note there are no additions or removals of this restriction at this time.

QL Quantity Limits

Quantity Limits establish the maximum quantity of a drug that is covered within a specified timeframe.

Please note there are no additions or removals of this restriction at this time.

AR Age Restrictions (this applies to a limited number of clinical programs)

Please note there are no additions or removals of this restriction at this time.

GR Gender Restrictions

Please note there are no additions or removals of this restriction at this time.

BCE Bulk Chemical Exclusions (only applies to plans that opt into compound exclusions)

As a way to address increasing compound medication costs, OptumRx pharmacy has excluded a number of compound medication ingredients. For groups that do not exclude, a member must go through the prior authorization program in order to receive benefit coverage.

Please note there are no new bulk chemical exclusions at this time.

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



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