



Pharmacy Passages

Formulary update

September 2026



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). The committee makes decisions based on information and recommendations from the independent Optum Rx National Pharmacy & Therapeutics (P&T) Committee, which is comprised of practicing physicians, pharmacists and a patient representative.

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

Premium: Three tier formulary with generic drugs included in tier 1. 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, 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.

Key

SP: Specialty pharmacy

PA: Prior authorization

ST: Step therapy

QL: Quantity limit

Announcing the Jan. 1, 2027 Pharmacy Benefit Update

We are pleased to announce the Optum Rx direct Jan. 1, 2027 Pharmacy Benefit Update. Our strategic formulary and utilization management updates will continue to deliver beneficial, cost-effective solutions for our clients and members in 2027.

Watch the [webcast](#) to learn more about our Jan. 1, 2027 formulary and Utilization Management strategies including:

- **Affordability – New generics** for Atrovent HFA, Lumigan and diabetes drugs Farxiga, Janumet and Januvia will become preferred at Tier 1, delivering improved savings for clients and members. To encourage use of these generics and other lower cost medications, 90 drugs will be added to the **Vigilant Drug Program** including 39 High-Cost Brands with Generics and 20 High-Cost Generics.
- **Utilization Management updates – New Step Therapy** will be applied to 25 diabetes medications including Aloglipin, Januvia, Janumet, Zituvimet, Farxiga, Invokamet and others, requiring the trial of multiple preferred therapies, including newly launched generics. New **Quantity Limits** will be applied to diabetic supplies including glucose test strips for those not using insulin, and insulin pump supplies such as Omnipod, Twist and V-Go.



Our Jan. 1, 2027 strategic formulary management decisions are summarized below. A more detailed list [of drug updates for the Select and Premium Formularies](#) is also available, identifying all therapeutic categories, brand/generic drug names, and the planned update for each one.

Jan. 1, 2027 Pharmacy Benefit Update Summary	Select Formulary	Premium Formulary
Down-tier (positive) Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	2	2
Up-tier (negative) Medications that move to a higher tier because they offer less health care value, clinically and/or financially, than similar medications in their therapeutic classes.	18	3
Exclusions A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our clients while preserving affordable choices for members.	N/A	36

At Optum Rx, our goal is to promote better choices and outcomes while lowering the total cost of care. We believe these formulary decisions support our clients and members in achieving this goal. If you have questions about these updates, please talk to your Optum Rx representative.

September 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	Select Tier	Premium Tier	Effective date
Antiviral Agents	Xocova (ensitrelvir) tablet	Brand	3 > 2	EXC > 2	9/21/26
Metabolic Agents	Jubereq (denosumab-desu) SC injection	Brand	3 > 2	EXC > 2	10/1/26
	Osvyrti (denosumab-desu) SC injection	Brand	3 > 2	EXC > 2	10/1/26

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.

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 Optum Rx National Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antimigraine Agents	Rizafilm (rizatriptan) oral film*	Tier 3	EXC	---	---	---	X	8/17/26
	Rasonque (daraxonrasib) tablet*	Tier 3	EXC^	X	X	---	---	8/31/26
Antineoplastic Agents	Revtorpyk (gedatolisib) IV injection*	Tier 3	EXC	X	---	---	---	8/7/26
	Tepadina (thiotepa and sodium chloride) IV injection	Tier 3	EXC	X	---	---	---	9/1/26

Therapeutic use	Medication name	Select Tier	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Tudriqev (vusolimogene oderparepvec-wtypg) intralesional injection*	Tier 3	EXC	X	---	---	---	8/25/26
	Zenbexus (iberdomide) capsule*	Tier 3	EXC	X	---	---	---	8/18/26
Antiviral Agents	Bixlenvo (bictegravir-lenacapavir) tablet*	Tier 3	EXC	---	---	---	---	8/31/26
Cardiovascular Agents	Furoscix (furosemide) auto-injector for SC injection*	Tier 3	EXC	---	X	---	---	8/4/26
Contraceptive Agents	Gwyn Lo (norelgestromin-ethinyl estradiol) patch*	Tier 3	EXC	---	---	---	---	8/12/26
Corticosteroid Agents	Prednisone tablet 5mg (by Dr. Reddy)	Tier 3	EXC	---	---	---	---	8/13/26
Dermatological Agents	Adquey (difamilast) ointment*	Tier 3	EXC	---	---	---	---	9/1/26
	Lisraya (brepocitinib) tablet*	Tier 3	EXC	X	---	---	---	9/2/26
Diabetes Supplies	MOBI Connect blood glucose monitoring kit*	Tier 3	EXC	---	---	X	---	8/20/26
Hematological Agents	Waskyra (etuvetidigene autotemcel) IV injection*	Tier 3	EXC	X	---	---	---	8/17/26
Immunological Agents	Niktimvo (axatilimab-csfr) IV injection 9mg/0.9mL, 22mg/2.2mL	Tier 3	EXC	X	X	---	---	9/1/26
Metabolic Agents	Pasatru (garetosmab-grts) IV injection*	Tier 3	EXC	X	---	---	---	8/24/26
Otic Agents	Clotic (clotrimazole) otic solution*	Tier 3	EXC	---	---	---	---	8/20/26
Respiratory Agents	Omlyclo (omalizumab-igec) prefilled syringe for SC injection*	Tier 3	EXC	X	---	---	---	8/7/26

*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.

^Tier 3 effective 10/1/26

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	Programs				Effective date
					SP	PA	ST	QL	
Analgesic Agents	ketoprofen capsule	Orudis	Tier 1	Tier 1	---	---	---	---	8/20/26
Antiemetic Agents	trimethobenza mide injection	Tigan	Tier 1	Tier 1	---	---	---	---	8/14/26
Electrolytic and Renal Agents	ferric citrate tablet	Auryxia	Tier 1	Tier 1	---	---	---	---	8/20/26

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	Programs				Effective date
					SP	PA	ST	QL	
Anti-infective Agents	Contepo (fosfomycin) IV injection	Brand	Tier 3	Tier 3	X	X	---	---	9/25/26
Antineoplastic Agents	Lifyorli (relacorilant) capsule therapy pack	Brand	Tier 3	Tier 3	X	X	---	---	10/1/26
Antiviral Agents	Xocova (ensitrelvir) tablet	Brand	Tier 2	Tier 2	---	---	---	X	9/21/26
Endocrine and Metabolic Agents	Avlayah (tividenofusp alfa-eknm)	Brand	Tier 3	Tier 3	X	X	---	---	10/1/26
Metabolic Agents	Jubereq (denosumab-desu) SC injection	Brand	Tier 2	Tier 2	X	X	---	---	10/1/26
	Osvyrti (denosumab-desu) SC injection	Brand	Tier 2	Tier 2	X	X	---	X	10/1/26

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
Anti-infective Agents	Orlynvah (sulopenem-etzadroxil-probenecid) tablet	Remove	10/1/26
Antilipemic Agents	Lipfendra (enlicitide) tablet	Add	9/1/26
Antineoplastic Agents	Veppanu (vepdegestrant) tablet	Add	9/1/26
Endocrine Agents	Lumvoa (veligrotug-vvze) IV injection	Add	9/1/26
Gastrointestinal Agents	Lynavoy (linerixibat) tablet	Add	9/1/26
Genitourinary Agents	Trutakna (atacept-vymj) auto-injector for SC injection	Add	9/1/26
Immunological Agents	Tregzi (Tregs & HSPC & TCONS-vldq) IV infusion	Add	9/1/26
Otic Agents	Otarmeni (lunsotogene parvec-cwha) injection	Add	9/1/26

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
Anti-infective Agents	Orlynvah (sulopenem-etzadroxil-probenecid) tablet	Add	10/1/26
Otic Agents	Xtoro (finafloxacin) otic suspension	Add	9/1/26



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
Antilipemic Agents	Lipfendra (enlicitide) tablet	Add	9/1/26
Antineoplastic Agents	Veppanu (vepdegestrant) tablet	Add	9/1/26
Gastrointestinal Agents	Lynavoy (linerixibat) tablet	Add	9/1/26
Genitourinary Agents	Trutakna (atacept-vymj) auto-injector for SC injection	Add	9/1/26

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



Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2026 OptumRx, Inc. All rights reserved. WF21110258_260217 DirectSeptember2026