



# Pharmacy Passages

## Premium Formulary Update

June 2025

The following formulary decisions and updates apply to **Western Health Advantage Premium Formulary**.

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.

Premium Formulary Tiers	
Generic/Preferred Brand = Tier 1	
Preferred Brand/Non-Preferred Generic = Tier 2	
Non-Preferred Brand = Tier 3	
Specialty = Tier 4	
Excluded = EXC	
Office Administered = OA	
Include preventive (PV) drugs which may have \$0 when health care reform requirements are met.	
<b>Notes:</b>	Four tier formulary comprised of generics, preferred brands, non-preferred brands, and Specialty. Some drugs may be excluded due to a strategic evaluation of the market, utilization, quality outcomes and total cost of care.
<b>Key</b>	<b>SP:</b> Specialty Pharmacy <b>PA:</b> Prior Authorization <b>ST:</b> Step Therapy <b>QL:</b> Quantity Limits

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## FDA approves first-in-class triple combination therapy for hypertension, Widaplik

On June 5, 2025, the FDA approved Widaplik (telmisartan/amlodipine/indapamide) tablet for the treatment of hypertension in adult patients.

The AHA estimates that more than 122 million adults in the U.S. have high blood pressure and only one in four have their blood pressure under control. In some patient populations, treatment will require two or more drugs to control their hypertension. Widaplik provides another approach to controlling blood pressure, whether it be at the initiation of therapy, or further down the line.

The Optum Rx National Pharmacy & Therapeutics Committee is thoroughly assessing Widaplik for clinical value and safety. Afterwards, Optum Rx will determine its place on 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.

*Please note there are no down-tiers at this time.*

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## 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.*

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## New brand launches

New brand name medications launch throughout the year. A change in coverage status may be determined after medications are thoroughly reviewed by the Optum Rx National Pharmacy & Therapeutics Committee and Optum Rx Business Committee. New brand launches may include Authorized Brand Alternatives.

Therapeutic use	Medication name	Premium Tier	Programs				Effective date
			SP	PA	ST	QL	
Antianxiety Agents	Bucapsol (buspirone) capsule*	EXC	—	—	—	—	5/19/25
Antidiabetic Agents	Exenatide 5 mcg pen-injector for SC injection*	EXC	—	X	—	X	5/19/25

Therapeutic use	Medication name	Premium Tier	Programs				Effective date
			SP	PA	ST	QL	
Antidiabetic Agents	Sitagliptin-metformin (ABA of Zituvimet XR) tablet	EXC	—	—	X	—	5/14/25
Anti-infective Agents	Embleveo (aztreonam-avibactam) IV injection	OA	—	—	—	—	5/28/25
Antineoplastic Agents	Avmapki Fakzynja (avutometinib-defactinib) therapy pack*	EXC	X	—	—	—	5/14/25
	Emrelis (telisotuzumab vedotin-tlrv) IV injection*	OA	X	—	—	—	5/21/25
Antiviral Agents	Edurant Ped (rilpivirine) tablet for oral suspension	Tier 2	—	—	—	—	6/4/25
Cardiovascular Agents	Yutrepia (treprostinil) capsule for inhalation	EXC	X	—	—	—	5/28/25
Corticosteroid Agents	Khindivi (hydrocortisone) oral solution	EXC	—	—	—	—	5/29/25
Gastrointestinal Agents	Livmarli (maralixibat) tablet*	EXC	X	X	—	X	5/2/25
Hematological Agents	Ryzneuta (efbemalenograstim alfa-vuxw) prefilled syringe for SC injection*	EXC	X	—	—	—	5/9/25
Metabolic Agents	Jubbonti (denosumab-bbdz) prefilled syringe for SC injection*	OA	X	X	—	X	5/6/25
	Wyost (denosumab-bbdz) SC injection*	EXC	X	X	—	—	5/6/25

\* 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 no longer on the New Drugs to Market exclusion list** section.

EXC: Excluded

## New generic launches

New generic medication launches occur throughout the year. Generic medications will typically be placed in Tier 1. 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	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Anticonvulsant Agents	eslicarbazepine tablet	Aptiom	Tier 1	—	—	—	—	5/2/25
Antineoplastic Agents	nilotinib capsule	Tasigna	Tier 4	X	X	—	—	5/23/25
Anti-obesity Agents	phentermine-topiramate capsule	Qsymia	EXC	—	X	—	—	5/21/25
Cardiovascular Agents	eltrombopag powder for oral suspension and tablet	Promacta	Tier 4	X	X	—	—	5/13/25

EXC: Excluded

## New benefit coverage for medications no longer on 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 after which a medication may be added from the list and have new benefit coverage as shown below, or remain excluded.

Therapeutic use	Medication name	Brand/ Generic	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Antineoplastic Agents	Bizengri (zenocutuzumab-zbco) solution therapy pack for IV injection	Brand	OA	X	X	—	—	6/28/25
	Opdivo Qvantig (nivolumab-hyaluronidase-nvhy) SC injection	Brand	Tier 4	X	X	—	—	7/4/25
	Romvimza (vimseltinib) capsule	Brand	Tier 4	X	X	—	—	7/1/25
Cardiovascular Agents	Attruby (acoramidis) tablet therapy pack*	Brand	EXC	X	X	—	—	5/28/25
Cystic Fibrosis Agents	Alyftrek (vanzacaftor-tezacaftor-deutivacaftor) tablet	Brand	Tier 4	X	X	—	X	7/1/25
Endocrine and Metabolic Agents	Crenessity (crinecerfont) capsule and oral solution	Brand	Tier 4	X	X	—	X	6/27/25
Neurological Agents	Kebilidi (eladocagene exuparovec-tneq) suspension for IV injection	Brand	EXC	X	X	—	—	7/8/25

\*Correction from May 2025 *Pharmacy Passages*

EXC: Excluded

## 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
Cardiovascular Agents	Tezruly (terazosin) oral solution	Add	7/1/25
Hematological Agents	Alhemo (concizumab-mtci) pen injector for SC injection	Add	6/1/25
	Qfitlia (fitusiran) vial and auto-injector for SC injection	Add	6/1/25
Metabolic Agents	Vykat XR (diazoxide choline) extended-release tablet	Add	6/1/25
Ophthalmic Agents	Encelto (revakinagene-taroretcel-lwey) intravitreal implant	Add	6/1/25
Respiratory Agents	Umeclidinium-vilanterol (ABA of Anoro Ellipta) aerosolized powder inhaler	Add	6/1/25

## 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 has been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

*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. 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
Metabolic Agents	Vykat XR (diazoxide choline) extended-release tablet	Add	6/1/25



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

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