



Pharmacy Passages

Premium Formulary Update

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

FDA approves Avmapki Fakzynja Co-Pack for ovarian cancer

On May 8, 2025, the FDA approved Avmapki Fakzynja (avutometinib-defactinib) capsule and tablet co-pack for treatment of adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy.

Ovarian cancer is the second most common gynecologic malignancy and the most common cause of gynecologic cancer death in the U.S. Of the epithelial ovarian cancers, the most common histologic subtype is serous carcinoma with 90% of these malignancies considered high-grade and 10% considered low-grade. Approximately 6,000 to 8,000 women in the U.S. are living with LGSOC.

The disease affects younger women with peaks of diagnosis at ages between 20 to 30 and 50 to 60 and has a median survival of approximately ten years. Approximately 70% of LGSOC shows RAS pathway-associated mutations, and 30% of people with LGSOC have a KRAS mutation.

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

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	Premium Tier	Effective date
Immunological Agents	Yesintek (ustekinumab-kfce) vial and prefilled syringe for SC injection, solution for IV infusion*	Brand	EXC → Tier 4	7/1/25

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.

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	
Analgesic Agents	Dolobid (diflunisal) 375mg tablet	Tier 3	--	--	X	--	5/13/25
	Lurbipr (flurbiprofen) tablet	Tier 3	--	--	--	--	5/13/25
Anaphylactic Agents	Neffy (epinephrine) 1mg/ 0.1mL nasal spray	Tier 3	--	--	--	--	4/11/25
Antidiabetic Agents	Exenatide pen-injector for SC injection*	EXC	--	X	--	X	4/8/25
Anti-infective Agents	Zevtera (ceftobiprole medocartil) IV injection*	OA	--	--	--	--	4/17/25
Antimigraine Agents	Symbravo (meloxicam-rizatriptan) tablet*	EXC	--	--	--	--	4/24/25
Antineoplastic Agents	Lutrate Depot (leuprolide 3-month) [ABA of Leuprolide] IM depot*	OA	X	X	--	X	4/7/25
	Tepylute (thiotepa) IV injection*	OA	X	--	--	--	5/1/25
	Vyloy (zolbetuximab-clzb) 300mg IV injection	OA	X	X	--	--	4/29/25
Antiviral Agents	Paxlovid (nirmatrelvir 6 x 150mg - ritonavir 5 x 100mg) tablet therapy pack	Tier 2	--	--	--	X	5/6/25
	Sunlenca (lenacapavir) tablet	Tier 3	--	X	--	X	5/6/25
Cardiovascular Agents	Hemiclor (chlorthalidone) tablet*	EXC	--	--	--	--	5/1/25
	Tezruly (terazosin) oral solution*	EXC	--	--	--	--	4/8/25
Diabetes Supplies	Simplera Continuous Glucose Monitoring System*	EXC	--	X	--	--	4/23/25
Genitourinary Agents	Vanrafia (atrasentan) tablet*	EXC	X	--	--	--	4/7/25

Therapeutic use	Medication name	Premium Tier	Programs				Effective date
			SP	PA	ST	QL	
Immunological Agents	Imaavy (nipocalimab-aahu) IV injection*	OA	X	—	—	—	5/1/25
	Ustekinumab vial and prefilled syringe for SC injection, solution for IV infusion*	EXC, OA	X	X	—	X^	4/15/25
	Ustekinumab-aekn prefilled syringe for SC injection*	EXC	X	X	—	X	4/29/25
	Vyvgart Hytrulo (efgartigimod alfa-hyaluronidase-qvfc) 1000-10000mg-unit/ 5mL prefilled syringe for SC injection	Tier 4	X	X	—	X	5/6/25
Respiratory Agents	Clemasz (clemastine) tablet	Tier 3	—	—	—	—	4/22/25
	Umeclidinium-vilanterol (ABA of Anoro Ellipta) aerosolized powder inhaler*	EXC	—	—	—	X	4/15/25
Thyroid Agents	Renthyroid (lithyronine/ levothyroxine) tablet*	EXC	—	—	—	—	4/28/25

* 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.

^ QL applies to subcutaneous route only.

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	
Cardiovascular Agents	bisoprolol 2.5mg tablet	N/A	Tier 1	—	—	—	—	4/23/25
Hematological Agents	rivaroxaban 2.5mg tablet	Xarelto	Tier 1	—	—	—	X	4/29/25
	ticagrelor tablet	Brilinta	Tier 1	—	—	—	—	5/1/25
Ophthalmic Agents	levofloxacin 0.5% ophthalmic solution	N/A	Tier 1	—	—	—	—	4/17/25

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	Aucatzyl (obecabtagene autoleucl) suspension for IV injection	Brand	OA	X	X	—	—	5/19/25
	Axtle (pemetrexed dipotassium) IV injection	Brand	OA	X	—	—	—	5/27/25
	Danziten (nilotinib) tablet	Brand	Tier 4	X	X	—	—	5/23/25
	Imkeldi (imatinib) oral solution	Brand	Tier 4	X	X	—	—	6/19/25
	Pemetrexed dipotassium IV injection	Brand	OA	X	—	—	—	5/27/25
	Revuforj (revumenib) tablet	Brand	Tier 4	X	X	—	—	5/22/25
	Ziihera (zanidamatab-hrii) IV injection	Brand	OA	X	X	—	—	5/27/25
Antipsychotic Agents	Opipza (aripiprazole) oral film	Brand	Tier 3	—	—	X	X	5/19/25
Cardiovascular Agents	Attruby (acoramidis) tablet therapy pack	Brand	Tier 4	X	X	—	—	5/28/25

^ QL applies to subcutaneous route only.

EXC: Excluded

SP 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	Romvimza (vimseltinib) capsule	Add	5/1/25
Cardiovascular Agents	Inzirqo (hydrochlorothiazide) oral suspension	Add	5/1/25
Hematological Agents	Hympavzi (marstacimab-hncq) auto-injector for SC injection	Add	5/1/25
	Xromi (hydroxyurea) oral solution	Add	5/1/25

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.

Therapeutic use	Medication name	Add/Remove	Effective date
Antidementia Agents	Zunveyl (benzagalantamine) delayed release tablet	Add	5/1/25
Neurological Agents	Gabarone (gabapentin) tablet	Remove	5/1/25

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
Analgesic Agents	buprenorphine sublingual tablet	Remove	5/1/25
	buprenorphine-naloxone sublingual tablet, film	Remove	5/1/25
	Zubsolv (buprenorphine-naloxone) sublingual tablet	Remove	5/1/25
Antidementia Agents	Zunveyl (benzagalantamine) delayed release tablet	Add	5/1/25
Multiple Sclerosis Agents	Lemtrada (alemtuzumab) IV injection	Add	5/1/25
	Mavenclad (cladribine) tablet therapy pack	Add	5/1/25



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



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