



# Pharmacy Passages

## Premium Formulary Update

September 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

# Announcing the Jan. 1, 2026 Pharmacy Benefit Update

We are pleased to announce the Optum Rx direct Jan. 1, 2026 Pharmacy Benefit Update. Our strategic formulary and utilization management updates will continue to deliver beneficial, cost-effective solutions for our clients and members in 2026.

Watch the [webcast](#) to learn more about our Jan. 1, 2026 formulary and Utilization Management strategies including:

- **Affordability** – Many newly launched generics will be preferred at Tier 1 on our standard formularies including the generic for popular cardiovascular agent Entresto. To encourage the use of these generics and other lower cost medications, 71 drugs will be added to the **Vigilant Drug Program** including 49 drugs in the **High-cost Brands with Generics** category, driving savings for both plans and members.
- **Utilization Management (UM) updates** – **Non-Diabetes GLP-1 Prior Authorization options** are being expanded with a new cardiometabolic option, in addition to the standard, label-based, and risk-stratified options - to better support our clients' strategies in managing this growing class. New **Quantity Limits** will be applied to select testosterone agents used for androgen replacement therapy as well as some dry eye agents, addressing appropriate usage and providing client savings.



Our Jan. 1, 2026 strategic formulary management decisions are summarized below. A more detailed list of [drug updates for the Premium Formulary](#) is also available, identifying all therapeutic categories, brand/generic drug names, and the planned update for each one.

Jan. 1, 2026 Pharmacy Benefit Update Summary	Premium Formulary
<b>DOWN-TIER (POSITIVE)</b> Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings.	1
<b>UP-TIER (NEGATIVE)</b> 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.	3
<b>EXCLUSIONS</b> 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.	11

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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	Brand/Generic	Premium Tier	Effective date
Diabetes Supplies	Freestyle glucose blood test strips and blood glucose monitoring kits	Brand	EXC	9/15/25
	Precision glucose blood test strips and blood glucose monitoring kits	Brand	EXC	9/15/25
Endocrine and Metabolic Agents	Jynarque (tolvaptan) tablet and tablet therapy pack*	Brand	EXC → 1	10/1/25

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.

Therapeutic use	Medication name	Brand/Generic	Premium Tier	Effective date
Endocrine and Metabolic Agents	tolvaptan tablet and tablet therapy pack*	Generic	EXC	10/1/25

EXC: Excluded

## 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	
ADHD Agents	Amphetamine (ABA of Adzenys XR) ER disintegrating tablet	EXC	—	—	X	X	8/27/25
Angioedema Agents	Dawnzera (donidalorsen) auto-injector for SC injection	EXC	X	—	—	—	8/25/25

Therapeutic use	Medication name	Premium Tier	Programs				Effective date
			SP	PA	ST	QL	
Antidiabetic Agents	Brynovin (sitagliptin) oral solution*	EXC	--	--	--	--	8/8/25
	Kirsty (insulin aspart-xjhz) solution and pen-injector for SC injection*	EXC	--	--	--	--	8/18/25
Antineoplastic Agents	Brukinsa (zanubrutinib) 160mg tablet	Tier 4	X	X	--	--	9/10/25
	Hemexeos (zongertinib) tablet*	EXC	X	--	--	--	8/11/25
	Jobevne (bevacizumab-nwgd) IV infusion*	OA	X	X	--	--	8/18/25
	Kyxata (carboplatin) IV injection*	OA	X	--	--	--	8/21/25
	Modeyso (dordaviprone) capsule*	EXC	X	--	--	--	8/14/25
	Unloxcyt (cosibelimab-ipdl) IV infusion*	OA	X	--	--	--	8/25/25
Antiviral Agents	Papzimeos (zopapogene imadenovec-drba) SC injection*	OA	X	--	--	--	8/22/25
	Prezcobix (darunavir-cobicistat) 675-150mg tablet	Tier 2	--	--	--	--	9/3/25
Cardiovascular Agents	Remodulin (treprostinil) 8mg/20mL injection*	EXC	X	X	--	--	8/11/25
Dermatological Agents	Hydrocortisone acetate cream	EXC	--	--	--	--	8/1/25
Diabetes Supplies	Dexcom G7 15-day continuous glucose monitor sensor	EXC	--	X	--	--	9/16/25
	MODD1 insulin disposable infusion pump welcome kit and supply kit*	EXC	--	--	--	--	8/26/25
Immunological Agents	Pyzchiva (ustekinumab-ttwe) 45mg/0.5mL & 90mg/mL auto-injector for SC injection	EXC	X	X	--	X	8/26/25
Ophthalmic Agents	Vizz (aceclidine) ophthalmic solution*	EXC	--	--	--	--	8/6/25
Respiratory Agents	Brinsupri (brensocaticb) tablet*	EXC	X	--	--	--	8/14/25

EXC: Excluded

\* 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.

## New generic launches

New generic medication launches occur throughout the year. Generic medications will typically 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	Premium Tier	Programs				Effective date
				SP	PA	ST	QL	
Cardiovascular Agents	valsartan oral solution	N/A	Tier 1	—	—	—	—	8/26/25
Corticosteroid Agents	triamcinolone 50mg/5mL IV injection	Kenolog-10	OA	—	—	—	—	8/11/25
Hematological Agents	iron sucrose IV injection	Venofer	OA	—	—	—	—	8/11/25
Ophthalmic Agents	pilocarpine ophthalmic solution	Vuity	Tier 1	—	X	—	X	8/6/25

## 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	
Anti-infective Agents	Enflonsia (clesrovimab-cfor) prefilled syringe for IM injection	Brand	OA	—	—	—	X	9/15/25
	Zevtera (ceftobiprole medocartil) IV injection	Brand	OA	—	—	—	—	10/18/25
Antineoplastic Agents	Abirtega (abiraterone) tablet	Generic	Tier 4	X	X	—	—	9/12/25
Metabolic Agents	Vykat XR (diazoxide) ER tablet	Brand	Tier 4	X	X	—	X	10/1/25

## 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
Angioedema Agents	Ekterly (sebetralstat) tablet	Add	9/1/25
Anti-infective Agents	Orlynvah (sulopenem-probenecid) tablet	Add	9/1/25
	Synagis (palivizumab) IM injection	Remove	9/1/25
Antineoplastic Agents	Ensacove (ensartinib) capsule	Add	9/1/25
	Ibtrozi (taletrectinib) capsule	Add	9/1/25
	Lynozytic (linvoseltamab-gcpt) IV injection	Add	9/1/25
	Zusduri (mitomycin) intravesical injection	Add	9/1/25
Cardiovascular Agents	Andembry (garadacimab-gxii) auto-injector for SC injection	Add	9/1/25
Endocrine and Metabolic Agents	Harliku (nitisinone) tablet	Add	9/1/25
Hematological Agents	Hympavzi (marstacimab-hncq) auto-injector for SC injection	Remove	9/1/25
Ophthalmic Agents	Tryptyr (acoltremon) ophthalmic solution	Add	9/1/25

## 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
Diabetes Supplies	Freestyle glucose blood test strips and blood glucose monitoring kits	Remove	9/15/25
	Precision glucose blood test strips and blood glucose monitoring kits	Remove	9/15/25

## 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
Angioedema Agents	Ekterly (sebetralstat) tablet	Add	9/1/25
Anti-infective Agents	Orlynvah (sulopenem-probenecid) tablet	Add	9/1/25
Cardiovascular Agents	Andembry (garadacimab-gxii) auto-injector for SC injection	Add	9/1/25
Diabetes Supplies	Freestyle glucose blood test strips	Remove	9/15/25
	Precision glucose blood test strips	Remove	9/15/25
Endocrine and Metabolic Agents	Harliku (nitisinone) tablet	Add	9/1/25
Ophthalmic Agents	Tryptyr (acoltremon) ophthalmic solution	Add	9/1/25



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



At Optum, we help create a healthier world, one insight, one connection, one person at a time.

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