



July 1, 2025 Pharmacy Benefit Update

Select Formulary
Client overview and resources



July 1, 2025 Formulary Management



July 1, 2025 key formulary updates

Specialty medication updates

- In order to further advance biosimilar use and create value, **biosimilars for Humira and Stelara will be preferred** on our standard formularies – delivering savings for our clients and providing most members with up to \$0 copays. Special member, prescriber and pharmacy support will be provided to assist members transitioning to biosimilars.
- Three medications related to the treatment of Chronic Kidney Disease are being **reclassified as non-specialty** to better align drugs for this therapy and improve member savings.

Affordability

- To encourage the use of recently launched generics and lower cost medications, 23 drugs will be added to the **Vigilant Drug Program** including 15 drugs in the **High-cost Brands with Generics** category, providing savings for both plans and members.

Utilization Management

- **Step Therapy** will be added for Femlyv in the contraceptives category, and revised for four drugs in the constipation and phosphate binder categories to promote the use of lower cost generic and preferred brand medications.
- New **Quantity Limits** will apply to 16 medications including drugs used for the prevention of attacks related to hereditary angioedema, anti-infective inhalation treatments for cystic fibrosis, and the new non-opioid pain medication Journavx.

Advancing biosimilars, creating value

As of July 1, 2025, biosimilars for Humira and Stelara will be preferred on commercial formularies.

Patient-first guiding principles:



**Quality of care
for patients**



**Dosage and
strength availability**

Deliver provider and member
choice



**FDA-approved
interchangeability**



**Affordability for members
and plan sponsors**

- As low as **\$0 copays** available for eligible patients
- Preferred Humira and Stelara **biosimilars** cost up to 80% less than list price of their respective brands



**Ensure stable
supply**



July 1, 2025 Humira biosimilar only strategy

As the adalimumab **biosimilar market has matured**, we continue to advance biosimilars. Providers and patients have gained familiarity, costs have decreased, and more biosimilars are expected to have FDA-approved interchangeability soon.



Biosimilars for Humira will be preferred

Continuation of Therapy will be discontinued for **brand Humira only**.

Members using brand Humira will be notified and supported through their transition to a biosimilar.

Select Formulary

Current

Tier 2 with PA

Amjevita for Nuvaila (LW)¹
Amjevita for Amgen (HW)²

Tier 3 with PA

Humira for new patients and all other branded and unbranded Humira biosimilars

July 1, 2025 strategy

Tier 2 with PA

Amjevita for Nuvaila (LW)¹
Amjevita for Amgen (HW)²

Tier 3 with PA

Humira for all patients and all other branded and unbranded Humira biosimilars

July 1, 2025 Stelara biosimilar only strategy

The first ustekinumab biosimilar Wezlana will be preferred



Wezlana will be preferred on standard formularies. FDA-approved interchangeability allows pharmacies to switch without requiring a new prescription.



Wezlana is available in all the same drug formulations and strengths as Stelara, with the added benefit of being latex-free.



Members using brand Stelara will be notified and supported through their transition to a preferred product.



	Current	Effective July 1, 2025
Select Formulary	Tier 2 with PA <ul style="list-style-type: none">StelaraWezlana for Nuvaia (LW¹ & HW²)	Tier 2 with PA <ul style="list-style-type: none">Wezlana for Nuvaia (LW¹ & HW²) Tier 3 with PA <ul style="list-style-type: none">Stelara

¹LW = Low WAC
²HW = High WAC
PA = Prior Authorization

Plan sponsor savings of up to 81% off Stelara list price

July 1, 2025 Formulary Update Summary

OUR MISSION

Helping people live **healthier lives** and helping make the **health system work better for everyone**

DRUG DECISIONS

SELECT

Downtiers

Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings

0

Uptiers

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

1

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

Pharmacy Care. Optimized.

July 1, 2025 Optum Rx® Vigilant Drug Program® updates

Removing waste and shifting use to lower cost drugs through exclusions



Average savings

\$2.50 PMPM

First year savings
Over \$5 PMPM

Program	Additions (Negative Change)	Removals (Positive Change)
Clinical Duplicate Drugs	4 products	0 products
Non-Essential Drugs	0 products	0 products
Non-Essential Drugs/Creams and Patches	0 products	0 products
High-Cost Brands with Generics	15 products	0 products
↓ Savings	<ul style="list-style-type: none">Livalo tabletPreferred option: atorvastatin tablet	<ul style="list-style-type: none">Cost \$535/RxCost \$15/Rx
High-Cost Generics	4 products	0 products
↓ Savings	<ul style="list-style-type: none">pitavastatin tabletPreferred option: atorvastatin tablet	<ul style="list-style-type: none">Cost \$360/RxCost \$15/Rx
Performance Drivers	0 products	0 products
23 products will be added		

Specialty drug reclassifications effective July 1, 2025

Continually monitoring specialty drug lists for optimal plan management

Drugs being reclassified from specialty to non-specialty

- **Jesduvroq** (daprodustat)
Voluntarily withdrawn from U.S. market for business reasons Dec. 19, 2024.
- **Vafseo** (vadadustat)
Not available through the pharmacy channel so removed from specialty classification.
- **Xphozah** (tenapanor)
Only available through Walgreen's Specialty Pharmacy which will remain the same. Some members may see a change in copay.



With all three of these drugs having indications related to Chronic Kidney Disease, Xphozah was removed from the Specialty Medication List to align the drugs for this therapy and improve affordability for members.



Critical Drug Affordability Program class options

Helps members with medication adherence, affordability & health conditions

Up to 19 categories now available for critical medications

Ability to set a maximum member cost-share of \$35 for a one month supply

Acute

- Anaphylaxis (epinephrine)
- Antidote (naloxone)
- Inhaled bronchodilators (albuterol)
- Hyperglycemia (insulin)
- Hypoglycemia (glucagon)

Chronic

- Antianginal agents
- Antiarrhythmics
- Anticoagulants
- **Antidepressant agents**
- Anti-infective agents (systemic infections)
- Antiplatelet agents
- **Antipsychotic agents**
- Epilepsy treatment
- Heart failure treatment
- **Hepatitis C** – Jan. 1, 2025
- HIV treatment
- Medication for Opioid Use Disorder (MOUD) treatment
- **Respiratory agents** (Asthma/COPD)
- Transplant agents

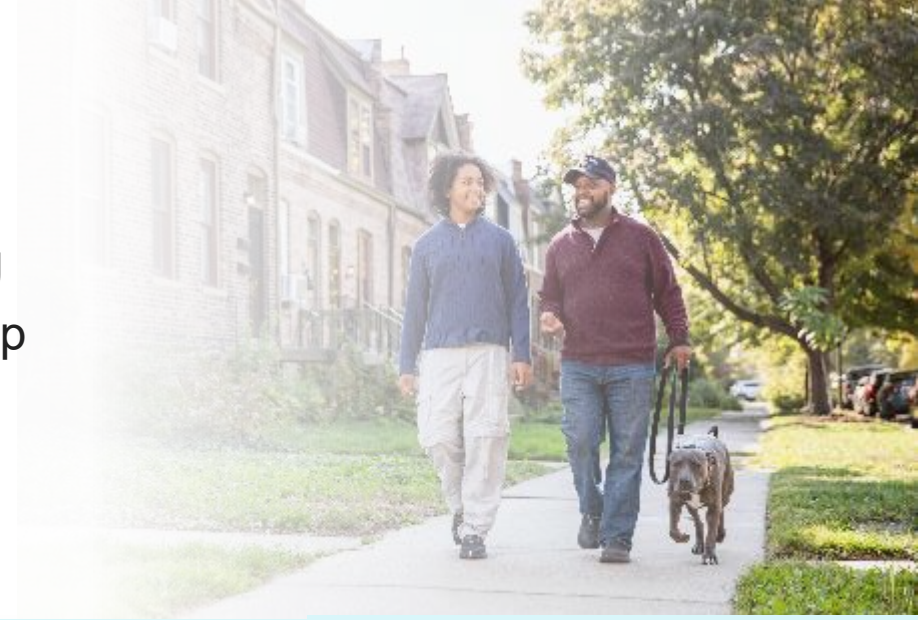


Better access for members

Most generic and preferred brand products included.

Zepbound for OSA indication

On Dec. 20, 2024, Zepbound® (tirzepatide) received a new Federal Drug Administration (FDA) indication to treat moderate-severe obstructive sleep apnea (OSA) in adults with obesity (BMI 30+), in addition to its original FDA-approved indication for weight loss in overweight individuals.



Eligible population



Approximately **54% of U.S. population** (184 million individuals) are obese and have a BMI of 30 or higher:

- **78%** are over the age of 18
- **3.3%** have a diagnosis of OSA (ICD 10 code)
- **1%** of these obese individuals with an OSA diagnosis are already receiving a GLP-1 for other conditions like diabetes or cardiovascular risk reduction

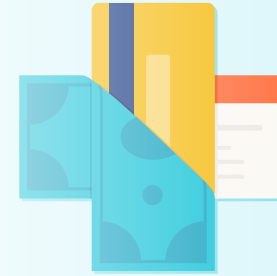
Projected uptake

Use of Zepbound for moderate-severe OSA in individuals with obesity could expand coverage to an additional **1.4% of the U.S. population** or 4.75 million individuals.

Optum data indicates a **10% uptake of GLP-1s** for treatment of weight loss among eligible members. The same uptake is expected to continue in this overlapping population.

Zepbound for OSA

PMPM Modeling Estimates



Estimated costs

Average Price Per Script

Wholesale Acquisition Cost: \$1,060

Scripts per year: 9 scripts per year

(Based on commercial population adherence, 70% discontinuation rate at 18 months)

OSA prevalence: 3.3%

(Internal Optum ICD-10 diagnosis data)

Treatment uptake: 10% of eligible members or 0.17% of total U.S. population.

(Average uptake for Optum Book of Business)

\$1.15 - \$1.40 PMPM

incremental increase

in cost for plans covering GLP-1s for
Cardiovascular Risk Reduction only.
















\$0.45 - \$0.55 PMPM

additional cost for plans covering GLP-1s for **weight loss**. This represents an increase of 2.3% in current obesity **GLP-1 PMPM cost**.

July 1, 2025 Utilization Management



Optum Rx has Zepbound coverage options for obstructive sleep apnea

Requirement	Standard UM Option Aligns to drug label	Risk Stratified UM Option Aligns to higher risk patients
Initial Coverage Criteria		
Used for treatment of sleep apnea		
BMI ≥30 kg/m ²		
Age requirement	 (18+)	 (18+)
Continuous positive airway pressure (CPAP) check		
Lifestyle check (dietary, behavioral, exercise)		
HbA1c <6.5 %		
Step therapy requirement (through 2 non-GLP-1 weight loss drugs for 3 months each*)		
Check for duplicate GLP-1s		
Submission of chart notes		
Reauthorization criteria Initial and reauthorization for 12 months	Attestation of lifestyle intervention No duplication of GLP-1 therapy Achieved maintenance dose	Chart notes confirming: diagnosis, BMI, CPAP, lifestyle intervention, HbA1c <6.5%, weight loss, & maintenance dose. Chart notes or claims check for duplicate therapy and maintenance dose

Evolving UM strategies for GLP-1s



Refill threshold increased

Adjustment to refill threshold to **prevent early filling & waste** from excess medication on hand.

Prior to implementation, **up to 4%*** of commercial members had surplus supply of GLP-1s.¹



90-day contingent therapy required

To **confirm diagnosis of T2DM** in the presence of at least **90% utilization** of a medication used in the treatment of T2DM. When not met, prior authorization requires chart notes to confirm T2DM.



Flexible PA options

Standard to label or risk-stratified criteria developed for CV risk reduction, obstructive sleep apnea for obesity GLP-1s to support client strategies.



Duplicate therapy edits

For duplicate claims of GLP-1 drugs, implemented hard reject to prevent coverage for:

- Same drug - same strength
- Same drug - different strengths
- Different drugs - strength combinations



Diabetes GLP-1 provider taxonomy edit

Claim requires an eligible taxonomy code that reflects prescriber's area of practice associated with their National Provider Identifier (NPI) for adjudication.



New edit
Effective 2/1/25

Up to 4%¹ of commercial members have surplus supply of GLP-1s.

1. June 1, 2022 to May 31, 2023 GLP-1 agonist utilization data; Optum Rx direct commercial.

GLP-1 – glucagon-like peptide 1
T2DM – type 2 diabetes mellitus
CV – cardiovascular

July 1, 2025 Step Therapy updates

THERAPEUTIC CLASS	STEP 2 DRUGS (REQUIRES TRIAL OF STEP 1)	STEP 1 DRUGS
Gastroenterology: Constipation Agents	Motegrity (prucalopride)	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand Linzess AND generic prucalopride
Miscellaneous: Phosphate binders	Fosrenol (lanthanum carbonate) Phoslyra (calcium acetate)	Any two of the following generics: calcium carbonate, calcium acetate, sevelamer carbonate, sevelamer HCl
	Velphoro (sucroferric oxyhydroxide) Xphozah (tenapanor)	Any two of the following generics or preferred brand: calcium carbonate, calcium acetate, sevelamer carbonate, sevelamer HCl, Auryxia
Obstetrics & Gynecology: Contraceptives	Femlyv (norethindrone-ethinyl estradiol)	Any one of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe

*Drugs with new ST.



Savings potential*

Brand Femlyv
vs.
generics with the same
active ingredients

~\$200 vs. ~\$30

*Ingredient cost per 30 days

New July 1, 2025 Quantity Limit updates



	THERAPEUTIC CLASS	DRUG	NEW QUANTITY LIMITS
Cardiology	Hereditary Angioedema Agents	Cinryze soln 500 unit (c1 esterase)	32 vials per 28 days
		Haegarda inj 2000 unit (c1 esterase)	24 vials per 28 days
		Haegarda inj 3000 unit (c1 esterase)	16 vials per 28 days
		Takhzyro inj 150 mg/ml, 300 mg/2 ml (lanadelumab-flyo)	2 syringes per 28 days
		Takhzyro inj 300 mg/2 ml (lanadelumab-flyo)	2 vials per 28 days
Endocrinology & Metabolism	Gonadotropins	Lupron depot-ped inj 7.5 mg, 11.25 mg, 15 mg (leuprolide)	1 syringe per 28 days
		Lupron depot-ped (3-month) inj (leuprolide)	1 syringe per 84 days
		Lupron depot-ped (6-month) inj (leuprolide)	1 syringe per 168 days
Immunology	Neonatal Fc Receptor Antagonist	Rystiggo inj 280 mg/2 ml (rozanolixizumab-noli)	6 vials per 28 days
Oncology (Oral)	Kinase and Molecular Target Inhibitors	Scemblix tab 40 mg (asciminib)	8 tablets per day
Respiratory	Cystic Fibrosis Agents	Bethkis, tobramycin solution 300mg/4ml	2 vials per day
		Kitabis, Tobi, Tobramycin, tobramycin solution 300 mg/5ml	

Revised July 1, 2025 Quantity Limit updates

THERAPEUTIC CLASS	DRUG	NEW QUANTITY LIMITS
Cardiology	Anticoagulants	Eliquis tab 5 mg (apixiban) 2 tablets per day
Ophthalmology	Dry Eye	Miebo soln 1.3 gm/ml (perfluorohexyloctane) 3 mL per 30 days
	Prostaglandins	Vyzulta solution (latanoprostene bunod) 1 bottle (2.5 ML) per 25 days
Immunology	Immunomodulators	Bimzelx inj 160 mg/ml (bimekizumab-bkzx) 1 syringe per 28 days
		Rinvoq tab 45 mg (upadacitinib) 1 tablet per day (existing), 84 tablets per 365 days

**First nonopioid
pain agent**

Journavx (suzetrigine)

New Quantity Limit

2 tablets per day
AND
30 tablets per 90 days



Monitoring Utilization Management performance

Continuous monitoring improves the member & provider experience

Clinical basis for coverage is reviewed **annually** and **more often** when information becomes available that impacts the basis for coverage.

PA performance data is part of each review.



Medical treatments continually evolve so **ongoing monitoring** ensures alignment with standards of care.

Recent retirement examples

Class	Drug	Rationale	Date
Prior authorization			
Heart Failure	Corlanor solution 5mg/5ml, tab 5mg	Retired due to high approval rate and appropriate use	Mar. 1, 2025
Antiretrovirals, HIV	Apretude suspension 600mg/3mL ER	Retired due to USPSTF recommendation to remove UM from HIV PrEP medications	Dec. 6, 2024
Step Therapy			
Short-Acting Bronchodilators	Levalbuterol AER 45/act	Retired due to high approval rate and appropriate use	Mar. 1, 2025
	Proair RESPI AER, DIGIH AER 108mcg		
	Proventil AER HFA		
	Ventolin HFA AER		
	Xopenex HFA AER		
Contraceptives	Taytulla	Retired due to low request volume and high approval rate	Feb. 1, 2025
Dermatology	Diclofenac gel 3%	Retired due to low cost of the generic	Oct. 1, 2024

Communication plan and resources



Client and consultant tools

Communicating formulary and UM strategies



Formulary booklets & flyers will be available by late March

Outlining all updates effective July 1, 2025

Can be provided to members or posted on your intranet

Ongoing client support

Pharmacy Passages

Pharmacy Passages is a monthly newsletter that provides updates on:

- Down-tiers
- New product launches
- Clinical programs



OptumRx.com client portal

- Clinical updates
- Drug recalls and withdrawals
- Drug safety
- Drug approvals
- New generics

Member formulary communications

Optum Rx®

P.O. Box 608
Phoenix, AZ 85064-0008
2022-07-01

Log in to your account at
[optumrx.com](#) or
scan this QR code

Coverage change alert:
Take action on or before **July 1, 2022**

Weeks 1, 2022
Dear John,

We want to make sure you know about this coverage change to your prescription coverage and what to do next. The following changes take place soon.

If you don't take action on or before **July 1, 2022**, you may pay more for your prescription. Your next refill may also be delayed.

These changes do not mean you should stop taking your medication. If another option works for you, your doctor may need to write a prescription for the new medication. These options are suggestions only. Your doctor can decide if they are right for you. If you are no longer taking this medication, you can disregard this letter.

Coverage change summary

Medication	What's changing	Ask about this
TARGET DRUG (This one is NO LONGER COVERED)	Your medication will no longer be covered.*	PRESCRIPTION DRUG
TARGET DRUG (This one is UP GRADING)	Your medication is moving to a higher tier. You may pay more for your medication.	PRESCRIPTION DRUG
TARGET DRUG (This one is NEW)	Before your higher-cost medication can be covered, you should try a lower-cost medication first.* This is known as step therapy. Talk with your doctor.	PRESCRIPTION DRUG

Mailings

Disruption letters mailed to all negatively impacted members 60 days prior to effective date. Plans can also opt-in to 30-day mailings.

NEW Member letters on optumrx.com

Members can view their disruption letters in the Documents section on [optumrx.com](#).

Optum Rx®

Time-sensitive changes to your prescription coverage are coming

15 DAYS

ACT NOW

Optum Rx®
Prescription Coverage

Read this letter carefully. It contains information about changes to your prescription coverage that may affect your ability to get the medication you need. If you have any questions, please contact your doctor or pharmacist. You may also want to visit [optumrx.com](#) for more information.

Optum Rx®
Prescription Coverage

Read this letter carefully. It contains information about changes to your prescription coverage that may affect your ability to get the medication you need. If you have any questions, please contact your doctor or pharmacist. You may also want to visit [optumrx.com](#) for more information.

Emails

Emails are sent to members to let them know about alerts on the Optum Rx portal. Emails include no PHI and are only sent to members receiving cycle mailings.

Lisinopril tab 10mg

Generic for Prinivil - 90-days supply with Optum Home Delivery

Medication coverage changing
After December 31, 2022, this medication will no longer be covered by your plan.

Contact your prescriber
They may be able to change your medication to one covered by your plan.

Dr. DEANA HAVEMAN
75 BAYLOR DR STE 200 SC BLUFFTON 299108665
[843348887](#)

Portal alerts

Formulary change alerts appear for an impacted drug on the Optum Rx portal after member login.

2025
Premium Standard Formulary

For the most current list of covered medications and if you have questions, call the number on your member ID card.

Optum Rx®

Your formulary updates

Updated on July 1, 2022

This is a list of formulary updates to your formulary. Your medication is placed in a "WATCH" status if you may pay for that medication. Your employer or health plan makes the decision on the placement. Medications are grouped by the same formulary tier.

Optum Rx®

Formulary collateral

Booklets

Member-friendly list of the top 450 non-specialty and 50 specialty medications based on utilization.

Member flyers

Flyers and clinical drug lists are available to announce and communicate updates for plans and members.

Next steps

- 1 Familiarize yourself with the July 1, 2025 Pharmacy Benefit Update.
- 2 Use the formulary and UM booklets and flyers available in late March to inform your members about changes to their pharmacy benefit taking effect July 1.
- 3 Contact your Optum Rx representative with any questions about the July 1, 2025 Pharmacy Benefit Update.
- 4 To **opt-out** of any of these updates, please contact us before:

Mar. 28



Thank you!

