Optum Rx®

July 1, 2025
Pharmacy Benefit Update

SEHBP

SEHBP Summary

SEHBP	
Disruption Type	**Member Impact**
EXCLUSION	346
UPTIER	82
PRIOR AUTHORIZATION	118
QUANTITY LIMIT	43
STEP THERAPY	56
Grand Total	**645**

Disruption Type	Drug	Alternative	Member Impact
EXCLUSION	HUMIRA	AMJEVITA (PREFERRED NDCS)	159
EXCLUSION	PITAVASTATIN TAB	ATORVASTATIN, LOVASTATIN, PRAVASTATIN , ROSUVASTATIN, SIMVASTATIN	103
EXCLUSION	STELARA	WEZLANA	69
EXCLUSION	SPRYCEL	DASATINIB TABLET	6
EXCLUSION	MESALAMINE KIT 4GM	MESALAMINE ENEMA	4
EXCLUSION	CORLANOR TAB	IVABRADINE TABLET	2
EXCLUSION	VIIBRYD TAB	VILAZODONE TABLET	2
EXCLUSION	PROSCAR TAB 5MG	FINASTERIDE TABLET	1
UPTIER	HUMIRA		55
UPTIER	STELARA		27
PRIOR AUTHORIZATION	PITAVASTATIN TAB		62
PRIOR AUTHORIZATION	HUMIRA		55
PRIOR AUTHORIZATION	ALLOPURINOL TAB 200MG		1
QUANTITY LIMIT	ELIQUIS TAB 5MG		24
QUANTITY LIMIT	MIEBO DRO 1.3GM/ML		9
QUANTITY LIMIT	BIMZELX INJ 160MG/ML		4
QUANTITY LIMIT	VYZULTA SOL 0.024%		4
QUANTITY LIMIT	LUPRON DEPOT INJ 45MG		2
STEP THERAPY	MOTEGRITY TAB		54
STEP THERAPY	VELPHORO CHW 500MG		1
STEP THERAPY	XPHOZAH TAB 30MG		1

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July 1, 2025
Formulary Management

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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 Strategy** 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.

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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

FDA-approved interchangeability

Ensure stable supply

Dosage and strength availability

Deliver provider and member choice

Affordability for members and plan sponsors

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

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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.

Premium and Select Formularies

Current	July 1, 2025 strategy
Tier 2 with PA Amjevita for Amgen (HW)[2]	**Tier 2 with PA** Amjevita for Amgen (HW)[2]
Premium – Excluded **Select – Tier 3 with PA** Humira for **new** patients and all other branded and unbranded Humira biosimilars	**Premium – Excluded** **Select – Tier 3 with PA** Humira for **all** patients and all other branded and unbranded Humira biosimilars

1. LW = Low WAC
2. HW = High WAC

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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
Premium & Select Formularies*	**Tier 2 with PA** • Stelara • Wezlana for Nuvaila (HW[2])	**Tier 2 with PA** • Wezlana for Nuvaila (HW[2]) **Premium – Excluded** **Select – Tier 3 with PA** • Stelara

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

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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	PREMIUM
Downtiers Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings	0	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	0
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	25

Pharmacy Care. Optumized.

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Formulary updates drive savings

THERAPEUTIC CLASS		BRAND DRUG	FORMULARY STATUS	ALTERNATIVES
Antineoplastic Agents	Essential Drug	Sprycel tablet	**Select:** Tier 3 (N/C) **Premium:** Tier 3 > Excluded	**dasatinib tablet** Premium/Select: Tier 1
			N/C = No Change	
		Savings potential	**~ $13,500** Brand Sprycel tablet Ingredient cost per Rx	**~ $8,600** Generic dasatinib tablet Ingredient cost per Rx

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

Removing waste and shifting use to lower cost drugs through exclusions

2024 program savings

$8.05 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	• Livalo tablet • **Preferred option:** atorvastatin tablet	• Cost **$535/Rx** • Cost **$15/Rx**
High-Cost Generics	**4 products**	**0 products**
Savings	• pitavastatin tablet • **Preferred option:** atorvastatin tablet	• Cost **$360/Rx** • Cost **$15/Rx**
Performance Drivers	0 products	0 products
23 products will be added		

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Specialty drug reclassifications effective July 1, 2025

Continually monitoring specialty drug lists for optimal plan management

Member Impact: 3

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.

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July 1, 2025
Utilization Management

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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.
*Excluded on Premium Formulary

Savings potential*

Brand Femlyv
vs.
generics with the same active ingredients

~$200 vs. ~$30

*Ingredient cost per 30 days

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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	

*Excluded on Premium Formulary

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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

*Excluded on Premium Formulary

First nonopioid pain agent

Journavx (suzetrigine)

New Quantity Limit
2 tablets per day
AND
30 tablets per 90 days

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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

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Thank you!

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