

Optum Rx[®]

**Jan. 1, 2025
Pharmacy Benefit Update**

Client overview and resources



Formulary Foundation

Ensuring optimal clinical depth, integrity and transparency

Optum Rx National P&T Committee



Transparency

Established P&T observation for clients and consultants

Consistently high satisfaction and positive feedback

Opportunity to submit questions

Summary clinical evidence and decisions available



Clinical Rigor

Comprehensive presentations and deliberations

Scientific proof including real world evidence

Evidence-based grading using accepted best practice clinical standards

P&T member engagement

Consultation with external, practicing specialists



Independence and Integrity

Compliance with national quality standards

Voting members are practicing physicians or pharmacists not employed by Optum/UnitedHealth Group

Annual conflict of interest disclosures; monthly calls for changes/updates of disclosure

Routine monitoring of the Office of Inspector General (OIG) and public reporting sites

Clinical Quality team oversight

Drug evaluation philosophy

Looking at drug selection from all perspectives

Total health care value

Clinical Efficacy

FDA-Approved Indications and Dosing
Potential Side Effects
Drug Interactions

Drug-Disease Interactions
Comparative Clinical Trials

Cost Savings

Average Wholesale Price
Rebates
Ingredient Cost
Cost of Care

Copayments
Coinsurance
Generic Pipeline

Choice

Market Factors
Member Impact
Regulatory Restraints

Overall book of business
Number of Equivalent Alternatives in Class
Number of Indications Treated

Formulary management

Continuous monitoring throughout the product lifecycle

- ▶ **Pipeline**

Review medication development pipeline to track trends and expected new launches

- ▶ **Launch**

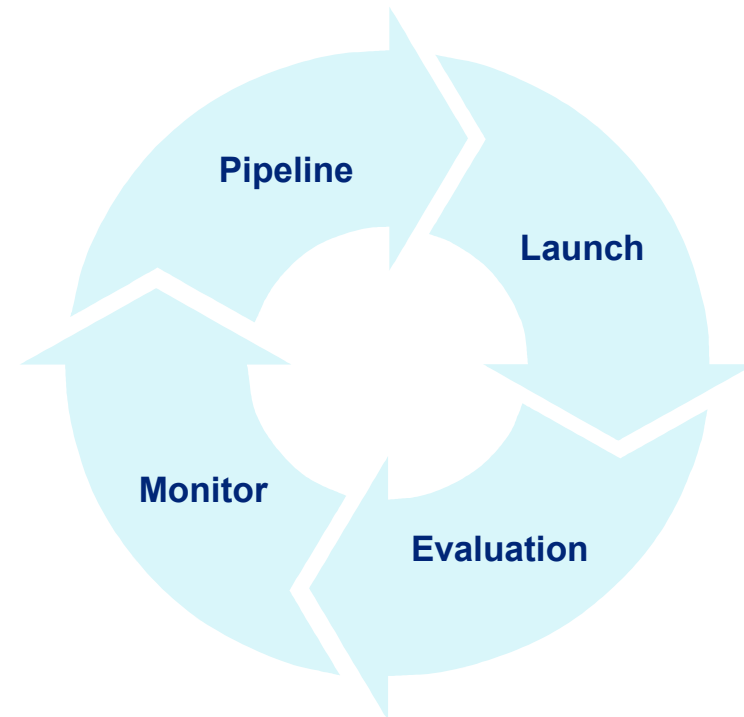
Determine initial coverage and strategy

- ▶ **Evaluation**

Review available clinical evidence comparison to existing therapies

- ▶ **Monitor**

Ongoing discussions with pharmaceutical manufacturers and distributors



Jan. 1, 2025 Formulary Update Summary SEHBP

Jan. 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

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

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

3

6

13

3

N/A

70

Pharmacy Care. Optimized.

Jan. 1, 2025 Utilization Management updates

UM Benefits

Create savings
Improve safety

Avoid waste
Promote appropriate clinical use



UM TYPE	NEW / MORE RESTRICTIVE	RETIRED/LESS RESTRICTIVE
Prior Authorization Requires physicians to provide additional clinical information to verify member benefit coverage.	4	0
Step Therapy Directs members to try a lower-cost medication (Step 1) before progressing to a higher-cost alternative (Step 2).	14	4
Quantity Limits Establishes the maximum quantity of drug that is covered per copayment or in a specified timeframe.	15	0

SEHBP Disruption Summary

SEHBP	
Disruption Type	Member Impact
Exclusion	70
PA	41
ST	93
QL	33
Uptier	43
Total	280

Top Drugs- SEHBP		
Disruption Type	Drug	Impacted Members
ST	BROMFENAC DRO 0.07% OP	37
Exclusion	CLINDAMYCIN GEL TRETINOI	23
ST	QELBREE CAP ER	21
Uptier	LEVEMIR FLEXPEN	18
Exclusion	VICTOZA	17
Uptier	NUTROPIN AQ NUSPIN	16
ST	XHANCE MIS 93MCG	15
QL	FASENRA PEN INJ 30MG/ML	13
ST	ADDERALL TAB	11
QL	FASENRA INJ 30MG/ML	9
Uptier	VICTOZA	9
PA	BUDESONIDE TAB ER 9MG	8
QL	XOLAIR INJ 150MG/ML	8
Exclusion	BUDESONIDE TAB ER 9MG	7
PA	CLINDAMYCIN GEL TRETINOI	7
PA	METFORMN OSM TAB 1000 ER	7
Exclusion	TESTOSTERONE GEL 1.62%	6
PA	TIMOLOL MAL SOL OP	5
Exclusion	TIMOLOL MAL SOL 0.5% OP	4
PA	TESTOSTERONE GEL 1.62%	4

Formulary updates drive savings

THERAPEUTIC CLASS	BRAND DRUG	FORMULARY STATUS	ALTERNATIVES
Cardiovascular Agents	Cardizem LA tablet 120 mg	Select: Tier 3 (N/C) Premium: Tier 3 > Excluded	diltiazem ER tablet 120 mg Premium/Select: Tier 1
Corticosteroid Agents	Emflaza tablet & oral suspension	Select: Tier 3 (N/C) Premium: Tier 3 > Excluded	prednisone Premium/Select: Tier 1
Chelating Agents	Syprine capsule	Select: Tier 3 (N/C) Premium: Tier 3 > Excluded	trientine Premium/Select: Tier 1
Electrolytic and Renal Agents	Velphoro chewable tablet	Select: Tier 3 (N/C) Premium: Tier 3 > Excluded	lanthanum carbonate Premium/Select: Tier 1



N/C = No Change

Advancing our Humira biosimilar strategy

As the adalimumab **biosimilar market has matured**, the time is right to advance biosimilars. Providers and patients have gained familiarity, **costs have decreased**, and Humira biosimilars now have **FDA-approved interchangeability**.

Patient-first biosimilars guiding principles



Quality of care for patients



FDA-approved interchangeability



Ensure stable supply



Availability of formulations and drug strengths to provide continuity of care



Affordability for members and plan sponsors

Jan. 1, 2025 strategy

Premium, Select and EHB Formularies**

	Current	Jan. 1, 2025 strategy
Tier 2 with PA <ul style="list-style-type: none"> Humira Amjevita HW (Amgen) Cyltezo & Adalimumab-adbm Hyrimoz & Adalimumab-adaz 	Premium – Excluded Select – Tier 3 with PA All other branded and unbranded biosimilars	Tier 2 with PA <ul style="list-style-type: none"> Amjevita for Amgen (HW)
		Premium - Excluded Select - Tier 3 with PA Humira* for new patients and all other branded and unbranded biosimilars



*Existing Humira patients will be able to continue on Humira until preferred biosimilars are interchangeable without a new prescription.

Advancing our Stelara[®] biosimilar strategy

Wezlana[™], the first ustekinumab biosimilar, offers significant attributes over Stelara



First ustekinumab biosimilar to market, with others not expected until late-2025



FDA-approved interchangeability allowing pharmacies to switch without requiring a new prescription



Available in all the drug formulations and strengths as Stelara, with the added benefit of being latex-free



FDA-approved for all indications of Stelara



\$0 copay support available from Nuvaila



Premium & Select Formularies

Current

Tier 2 with PA
• Stelara

Effective Jan. 1, 2025

Tier 2 with PA
• Stelara
• Wezlana for Nuvaila (HW)



Plan sponsor savings of up to almost 50% off Stelara list price

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

Jan. 1, 2025 Optum Rx[®] Vigilant Drug Strategy updates

Removing waste and shifting use to lower cost drugs through exclusions



Program	Additions (Negative Change)	Removals (Positive Change)
Clinical Duplicate Drugs	8 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	42 products	0 products
 Savings <ul style="list-style-type: none"> • Emflaza tablet • Preferred option: prednisone tablet 		<ul style="list-style-type: none"> • Cost \$13,874/Rx • Cost \$8/Rx
High-Cost Generics	8 products	0 products
 Savings <ul style="list-style-type: none"> • lanthanum chewable tablet • Preferred option: sevelamer tablet/packet 		<ul style="list-style-type: none"> • Cost \$853/Rx • Cost \$287/Rx
Performance Drivers	0 products	0 products
58 products will be added		

Appendix

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Jan. 1, 2025 Utilization Management



Utilization management for non-preferred adalimumab biosimilars and Humira*

Requirement	Non-preferred adalimumab product (e.g., Humira)
Coverage Criteria	
Diagnosis Check (covered indications for originator product) ^a	
<u>Minimum</u> 6-month trial requirement of preferred biosimilar ^b	
Specialist prescriber (requested drug is prescribed by or in consultation with a rheumatologist, dermatologist, gastroenterologist, or ophthalmologist)	
Lack of adequate clinical response with documentation of related symptoms ^c	
OR	
Documentation of allergic reaction to a specific non-active ingredient in the preferred product	
Note: Coverage is provided for a specific dose/concentration of the originator product if not available with the preferred biosimilar	Specific dose/ concentration request

^aRheumatoid Arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Plaque psoriasis, Ankylosing spondylitis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa, Uveitis

^bConfirmed by chart notes or claims history

^cProvider submits objective information e.g., change in RAPID3 score or other assessment tool

*Criteria applies to patients newly starting treatment with Humira after Jan. 1, 2025. Existing utilizers of Humira will be able to continue on therapy without trial of preferred biosimilars.



Recent Prior Authorization additions*

Therapeutic Class	Drugs	New PA
Cardiology	Winrevair (sotatercept-csrk) injection	<ul style="list-style-type: none"> • Diagnosis check as confirmed by objective measures • Patient is currently on two therapies to treat PAH • Specialist requirement • QL of 1 kit per 21 days
Gastroenterology	Iqirvo (elafibranor) tablets	<ul style="list-style-type: none"> • Diagnosis check • Inadequate response to first line treatment and Iqirvo will be used in combination with first line agent • Iqirvo will not be used in combination with Ocaliva • Specialist requirement • QL of 1 tablet per day
Central Nervous System	Kisunla (donanemab-azbt) injection	<ul style="list-style-type: none"> • Diagnosis check and submission of records to confirm appropriate objective measures • Testing of patient's ApoE e4 carrier status has been performed prior to treatment • Counseling has been provided on the risk of ARIA • Provider will enroll patient in a registry • Patient is not being treated with Kisunla as part of a clinical trial • Specialist requirement • Upon follow up, submission of medical records confirming brain scan has been done to confirm objective measures that qualify patients for retreatment • QL of 4 vials per 28 days will apply.



* These three drugs also have Quantity Limits.

Jan. 1, 2025 Step Therapy updates

THERAPEUTIC CLASS	STEP 2 DRUGS (REQUIRES TRIAL OF STEP 1)	STEP 1 DRUGS
Anti-infectives: Oral Brand Tetracyclines	Mondoxyne NL (doxycycline) Avidoxy (doxycycline)	Any one of the following generics: doxycycline, minocycline
Central Nervous System: ADHD Agents	Adderall* (amphetamine/dextroamphetamine) Intuniv* (guanfacine) Kapvay (clonidine) Qelbree* (viloxazine) Strattera* (atomoxetine)	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, lisdexamfetamine Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER AND a methylphenidate class drug AND and an amphetamine class drug
Endocrinology: Basal Insulin	Basaglar Tempo* (insulin glargine) Glargin yfgn* (insulin glargine-yfgn) Semglee* (insulin glargine-yfgn)	Any three the following preferred brands: Basaglar, Lantus, Rezvoglar, Toujeo, Tresiba
Miscellaneous: Phosphate Binders	Velphoro* (sucroferric oxyhydroxide) Xphozah* (tenapanor)	Any two of the following generics or preferred brand: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Auryxia
Ophthalmology: Anti-inflammatory Agents	bromfenac soln 0.07%	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac
Respiratory: Allergy (Intranasal)	Xhance (fluticasone)*	Any one of the following generics: mometasone nasal spray, flunisolide nasal spray



*Drugs with new ST.

*Excluded on Premium Formulary

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Savings potential*

Intuniv vs. generic guanfacine ER
~\$300 vs. ~\$17

Xhance vs. generic mometasone nasal
~\$600 vs. ~\$65

*Ingredient cost per 30 days

Jan. 1, 2025 Quantity Limit updates

THERAPEUTIC CLASS	DRUG	NEW QUANTITY LIMITS
Anti-infectives: Antibiotics	Nuzyra Tab 150 mg (omadacycline)	1 course per fill, 2 fills per year
Immunology: Monoclonal Antibody	Fasenra Inj 30 mg/ml (benralizumab)	1 syringe per 56 days
	Xolair inj 75 mg/0.5 ml, 150 mg/ml (omalizumab)	2 syringes per 28 days
	Xolair Inj 300 mg/2 ml (omalizumab)	4 syringes per 28 days
Immunology: Multiple Sclerosis	Aubagio Tab 7 mg (teriflunomide)	1 tablet per day
Miscellaneous: Movement Disorder Agents	Austedo XR Tab (deutetrabenazine)	1 tablet per day
Oncology: Kinase and Molecular Target Inhibitors	Cabometyx Tab 20 mg (cabozantinib s-malate)	1 tablet per day
	Ojjaara* Tab 100 mg (momelotinib)	1 tablet per day
	Rubraca Tab 200 mg (rucaparib)	4 tablets per day
	Vizimpro Tab 15 mg (dacomitinib)	1 tablet per day
Oncology: Thalidomide-related Agents	Pomalyst Cap 1 mg, 2 mg (pomalidomide)	1 capsule per day
Respiratory: Cystic fibrosis	Kalydeco Pak (ivacaftor)	2 packets per day



*Excluded on Premium Formulary

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



Therapeutic use	Drug	Rationale
Step Therapy		
Endocrinology	Adthyza, Armour Thyroid, Niva, Synthroid	ST will be retired due to low savings.
Phosphate Binders	Auryxia	ST will be retired to support formulary strategy.
Oncology (injectable)	Brand Pemetrexed products	ST will be retired due to low utilization.
Dermatology	Generic diclofenac 3% gel	ST will be retired due to decrease in generic cost.

Specialty drug reclassifications effective Jan. 1, 2025

Continually monitoring specialty drug lists for optimal plan management

Drug classes being removed from specialty	Drug classes being added to specialty
<ul style="list-style-type: none">• Rho(D) Immune Globulins – Ex: Rhogam• Immunological Agents – Ex: Palforzia• Liver Disease – Ex: Rezdiffra	<ul style="list-style-type: none">• Wound Management – Ex: Filsuvez• Oral Oncology – Ex: Leukeran

For **non-specialty** medications, members can benefit from easier access at **network retail pharmacies** or through the **Optum Home Delivery Pharmacy** which provides 90-day supplies, online and auto refills. Members may also see a reduction in their cost-share.













Specialty medications are available through the Optum Specialty network of pharmacies and may be required to be filled through an Optum Specialty network pharmacy starting Jan. 1, 2025, depending on plan benefits.



Effective Jan. 1, 2025, newly classified non-specialty products will often have **improved plan discounts** as the medications move from specialty to retail or home delivery discounts.

Responding to market changes

Market trends, price changes and clinical data

	Jan. 1	Jul. 1	Anytime
New tier placements			
Down-tiers			
Program Updates Prior Authorization Step Therapy Quantity Limits			May be applied to new or recently launched medications
Up-tiers			May be applied to brands with new generic equivalents
Exclusions*			May be applied to newly launched medications

* Applies to Premium and Premium Value Formularies

Thank you!

