Optum Rx®

Jan. 1, 2025
Pharmacy Benefit Update

Client overview and resources

Formulary Foundation

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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

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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

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Formulary management

Continuous monitoring throughout the product lifecycle

Pipeline

Review medication development pipeline to track trends and expected new launches

Launch

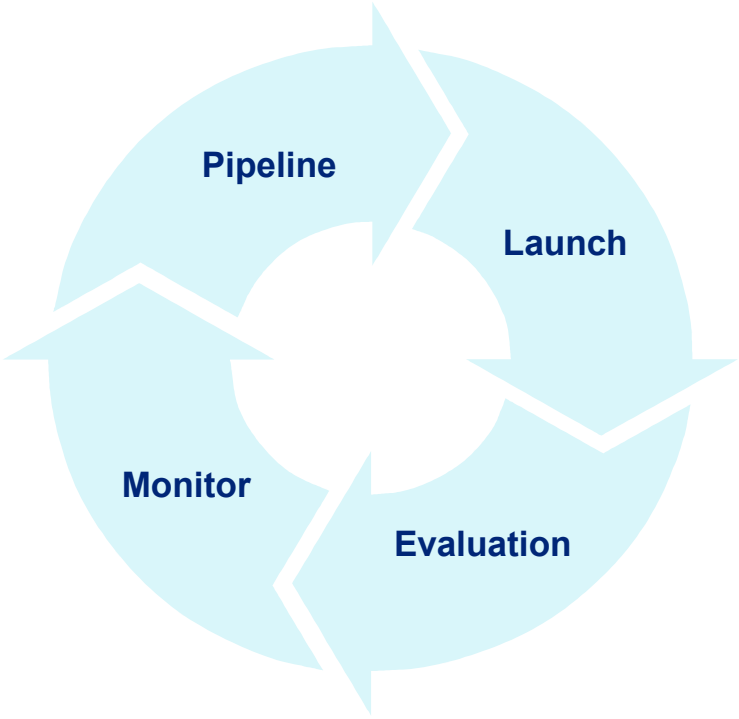
Determine initial coverage and strategy

Evaluation

Review available clinical evidence comparison to existing therapies

Monitor

Ongoing discussions with pharmaceutical manufacturers and distributors



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Jan. 1, 2025 Formulary Update Summary SHBP

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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	PREMIUM
Downtiers Medications can move to a lower tier at any time throughout the year to provide members with immediate cost savings	6
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	3
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	70

Pharmacy Care. Optumized.

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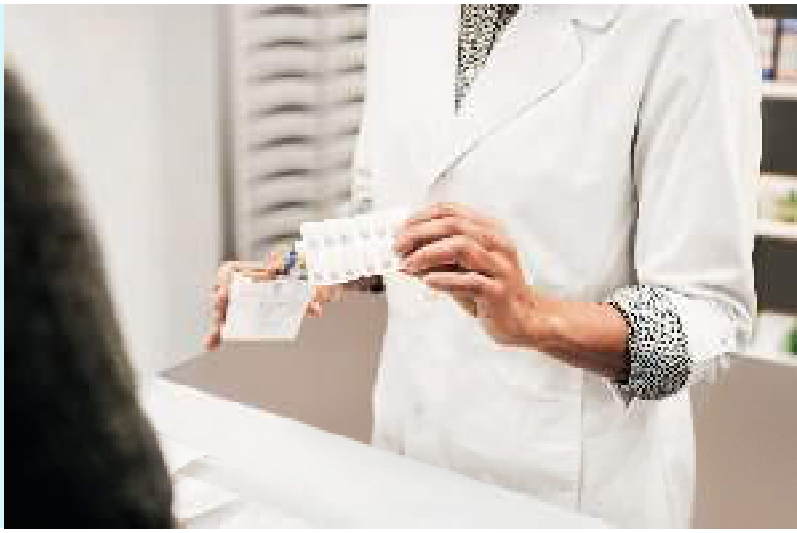
Jan. 1, 2025
Utilization Management updates

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

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SHBP Disruption Summary

SHBP	
Disruption Type	**Member Impact**
Exclusion	272
PA	0
ST	25
QL	109
Uptier	69
Total	**475**

Top Drugs- SHBP		
Disruption Type	**Drug**	**Impacted Members**
Exclusion	CLINDAMYCIN GEL TRETINOI	84
ST	BROMFENAC DRO 0.07% OP	69
Exclusion	VICTOZA	56
QL	FASENRA PEN INJ 30MG/ML	48
Exclusion	BUDESONIDE TAB ER 9MG	41
Exclusion	TESTOSTERONE GEL 1.62%	30
QL	XOLAIR INJ 150MG/ML	29
Uptier	NUTROPIN AQ NUSPIN	25
Exclusion	VELPHORO	19
QL	FASENRA INJ 30MG/ML	19
Exclusion	TAZAROTENE GEL 0.1%	10
QL	NUZYRA TAB 150MG	10
Exclusion	TIMOLOL MAL SOL OP	8
Exclusion	LANTHANUM CHW	6
Exclusion	NEXIUM GRA DR	6
Exclusion	EMFLAZA	3
Exclusion	PREZISTA TAB 800MG	3
Exclusion	HYRIMOZ	2
QL	TERIFLUNOMID TAB 7MG	2
Exclusion	CARDIZEM LA	1

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Formulary updates drive savings

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

N/C = No Change

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Advancing our biosimilar strategy

As the **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 Formulary

Current		Jan. 1, 2025 strategy	
Humira **Tier 2 with PA** • Humira • Amjevita HW (Amgen) • Cyltezo & Adalimumab-adbm • Hyrimoz & Adalimumab-adaz **Stelara** **Tier 2 with PA** • Stelara	**Excluded** All other branded and unbranded biosimilars	**Humira** **Tier 2 with PA** • Amjevita for Amgen (HW) **Stelara** **Tier 2 with PA** • Stelara • Wezlana for Nuvaila	**Excluded** 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.**

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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

	Current	Effective Jan. 1, 2025
Premium Formulary	**Tier 2 with PA** • Stelara	**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

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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	• Emflaza tablet • **Preferred option:** prednisone tablet	• Cost **$13,874/Rx** • Cost **$8/Rx**
High-Cost Generics	**8 products**	**0 products**
Savings	• lanthanum chewable tablet • **Preferred option:** sevelamer tablet/packet	• Cost **$853/Rx** • Cost **$287/Rx**
Performance Drivers	0 products	0 products

58 products will be added

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Appendix

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Utilization Management

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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]	✓
Minimum 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

[a] Rheumatoid Arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Plaque psoriasis, Ankylosing spondylitis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa, Uveitis

[b] Confirmed by chart notes or claims history

[c] Provider 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.

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Recent Prior Authorization additions*

Therapeutic Class	Drugs	New PA
Cardiology	Winrevair (sotatercept-csrk) injection	• 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	• Diagnosis check • Inadequate response to first line treatment and Iqirvo will be used in combination with first line agent • Iqirvo will not used in combination with Ocaliva • Specialist requirement • QL of 1 tablet per day
Central Nervous System	Kisunla (donanemab-azbt) injection	• 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 don 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.

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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)	**Any three of the following generics:** amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, lisdexamfetamine
	Intuniv* (guanfacine) Kapvay (clonidine) Qelbree* (viloxazine) Strattera* (atomoxetine)	**Any two of the following generics:** atomoxetine, guanfacine ER, clonidine ER **AND** a methylphenidate class drug **AND** Sebree 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

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*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

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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

Therapeutic use	Drug	Rationale
Step Therapy		
Endocrinology	Adthyza, Armour Thryoid, 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.

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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
• Rho(D) Immune Globulins – **Ex:** Rhogam • Immunological Agents – **Ex:** Palforzia • Liver Disease – **Ex:** Rezdiffra	• 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.

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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

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Thank you!

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