



Formulary Change	#
2020 Exclusions (New)	241
New Exclusions for 2021	50
Number of Specialty Drugs	6
Positive Changes (add backs)	15
Member Impact %	5.8
Cost Impact %	2.6

Key Insights

- OptumRx will exclude 50 products from their formularies effective January 2021. This is expected to represent 5.8 percent impact to members and 2.6 percent impact on cost.
- Contour® Next is moving from excluded status to the only preferred blood glucose meter and test strip product for people with diabetes. The current preferred product, OneTouch®, will move to excluded. New Contour Next meters will be provided at no cost to members.
- OptumRx is moving forward with a generic only rescue inhaler strategy by excluding Proventil®, Ventolin®, and ProAir® HFA products and preferring the generic equivalent, albuterol HFA. While this change may affect many members, the disruption should be minimal.
- Rebif® (interferon beta-1a) injection for multiple sclerosis will be excluded with Avonex® or Betaseron® as alternatives. Udenyca®, a biosimilar to Neulasta®, will be excluded with brand Neulasta and Ziextenzo® as alternatives. Exondys 51®, an IV infusion for Duchenne muscular dystrophy (DMD), will be excluded. However, since this drug is not typically billed through the pharmacy benefit it could still be available for coverage through the medical benefit.
- Truvada® and Descovy® are used for HIV-1 pre-exposure prophylaxis (PrEP) and will be excluded with generic Truvada as the preferred alternative. This generic is expected to be available in the U.S. later this year.
- Eighty non-essential drugs will be added to the Vigilant Drug List for exclusion as part of the 2021 changes, which offers continued cost savings. For plan sponsors who do not have the Vigilant Drug List in place, OptumRx is offering a “Me-Too” step therapy program to promote the use of the lower-cost alternatives.
- Updates to the utilization management programs include quantity limits for acute treatments of hereditary angioedema (HAE), quantity limits for Stelara® and prior authorization to require use of Lucentis® or compounded Avastin® instead of Beovu®, Eylea®, and Macugen®.

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