



The following formulary decisions and updates apply to **Optum Rx[®] standard EHB formularies**.

The Optum Rx Business Committee meets monthly to evaluate tier placements and new prescription products approved by the Food and Drug Administration (FDA). This committee makes decisions based on information and recommendations from the Optum Rx Pharmacy & Therapeutics Committee, comprised of independent physician providers and pharmacists.

The following are the strategic clinical decisions made in the past month. Your actual plan's copays and/or coinsurance may differ from those indicated depending on the selected plan design, which determines coverage and pharmacy provider(s).

The tier chart below does not necessarily correlate to Centers for Medicare and Medicaid Services (CMS) submission tiers.

HIX BASE (RxBuilder) Tiers	HIX ENHANCED (RxBuilder) Tiers
Generic = 1	Low-Cost Generic = LCG
Preferred Brand = 2	Generic = 1
Non-Preferred Brand = 3	Preferred Brand = 2
Specialty = 4	Non-Preferred Brand = 3
Both versions include preventive (PV) drugs which may have \$0 when health care reform requirements are met.	Specialty Generic & Specialty Preferred Brands = 4
Both versions may contain Oral Chemo (CM) tier if elected.	Specialty Non-Preferred Brands = 5

Key **SP:** Specialty Pharmacy **PA:** Prior Authorization **ST:** Step Therapy **QL:** Quantity Limits

Down-tiers

Medications may move to a lower tier or be added to the formulary throughout the year, helping members take immediate advantage of cost savings.

Therapeutic use	Medication name	EHB Base	EHB Enhanced	Programs				Effective date
				SP	PA	ST	QL	
Anticoagulants- Blood Thinners	Enoxaparin Inj	Tier 4 > Tier 3	Tier 4 > Tier 3	---	---	---	X	1/1/23
	Fondaparinux Inj	Tier 4 > Tier 3	Tier 4 > Tier 3	---	---	---	X	1/1/23
Anti-hepatitis B (HBV) Agents	Baraclude Sol	Tier 4 > Tier 3	Tier 5 > Tier 3	---	---	---	X	1/1/23
	Entecavir Tab	Tier 4 > Tier 1	Tier 4 > Tier 1	---	---	---	X	1/1/23
Anti-HIV Agents	Epivir HBV Sol 5mg/mL	Tier 4 > Tier 3	Tier 4 > Tier 3	---	---	---	---	1/1/23
	Lamivudine Tab 100mg	Tier 4 > Tier 1	Tier 4 > Tier 1	---	---	---	---	1/1/23
Antineoplastics	Enhertu Inj 100mg	EXC > Tier 4	EXC > Tier 5	X	X	---	---	9/1/22
Antivirals	Adefov D piv Tab 10mg	Tier 4 > Tier 3	Tier 4 > Tier 3	---	---	---	---	1/1/23
Dermatological Agents - Skin Agents	Botox Inj 100unit, 200unit	Tier 4 > Tier 3	Tier 4 > Tier 3	---	X	---	---	1/1/23
	Cibinqo Tab	EXC > Tier 4	EXC > Tier 4	X	X	---	X	8/1/22

N/C: No change
EXC: Excluded

Up-tiers

Medications may move to a higher tier on Jan. 1.

Therapeutic use	Medication name	EHB Base	EHB Enhanced	Programs				Effective date
				SP	PA	ST	QL	
Antibacterials	Xifaxan Tab 200mg	Tier 3 > EXC	Tier 3 > EXC	---	X	---	---	1/1/24
Anticoagulants	Pradaxa cap	Tier 2 > Tier 3	Tier 2 > Tier 3	---	---	X	X	1/1/24

Antineoplastics	Rubraca tab	Tier 4 > EXC	Tier 4 > EXC	---	X	---	---	1/1/24
Ophthalmic Agents - Drugs for Glaucoma	Phospholine Sol 0.125%OP	Tier 2 > Tier 3	Tier 2 > Tier 3	---	---	---	---	1/1/23

New brand launches and new strengths

New brand name medications and new strengths launch throughout the year. Final coverage status for new medications is determined after thorough review by the Optum Rx Pharmacy & Therapeutics Committee. New brand launches may include Authorized Brand Alternatives.*

Therapeutic use	Medication name	EHB Base	EHB Enhanced	Programs				Effective date
				SP	PA	ST	QL	
Anticonvulsants	Levetir/NaCL Sol 250/50mL	Tier 1	Tier 1	---	---	---	---	6/17/22
Respiratory Tract/Pulmonary Agents	Tyvaso DPI Pow	Tier 4	Tier 5	X	X	---	X	6/28/22

*Authorized Brand Alternatives (ABA), also referred to as Authorized Generics, are approved brand name medications marketed by either the brand company or another company. Although it does not have the brand name on its label, it is the exact same drug product as the brand product.

New generic launches

New generic medication launches occur throughout the year.

Therapeutic use	Generic medication name	Brand medication name	EHB Base	EHB Enhanced	Programs				Effective date
					SP	PA	ST	QL	
Antidepressants	Vilazodone HCL Tab [^]	Viibryd Tab	Tier 1	Tier 1	---	X	---	X	6/2/22
Genitourinary Agents	Fesoterodine Fumarate Tab ER [^]	Toviaz Tab	Tier 1	Tier 1	---	---	---	---	6/28/22
Retinoids - Chemotherapy Agents	Bexarotene Gel 1% [^]	Targretin Gel 1%	Tier 4	Tier 4	X	X	---	---	5/24/22

[^]Originator brand will be excluded effective Jan. 1, 2024.

PA Prior Authorization

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage.

Please note there are no additions or removals of this restriction at this time.

ST Step Therapy

Step Therapy directs members to try a lower-cost alternative (Step 1) before a higher-cost medication (Step 2) may be eligible for coverage.

Therapeutic use	Medication name	Add/Remove	Effective date
Anticoagulants	Pradaxa cap	Add	1/1/24

QL Quantity limits

Quantity limits establish the maximum quantity of a drug that is covered within a specified timeframe.

Please note there are no additions or removals of this restriction at this time.

AR Age restrictions (this applies to a limited number of clinical programs)

Please note there are no additions or removals of this restriction at this time.



If you would like additional information that is not listed,
please contact your Optum Rx representative.

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