



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.

*Please note there are no new down-tiers at this time.*

## Up-tiers

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

*Please note there are no up-tiers at this time.*

## 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	
Blood Products and Modifiers	Pyrukynd tab	Tier 4	Tier 5	X	X	---	X	7/1/22
Respiratory Tract/Pulmonary Agents	Nucala inj 40mg/0.4	Tier 4	Tier 4	X	X	---	X	6/21/22

\*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	
Antineoplastics	Sorafenib tab 200mg <sup>^</sup>	Nexavar tab 200mg	Tier 4	Tier 4	X	X	---	---	6/1/22
Inflammatory Bowel Disease Agents	Mesalamine cap 500mg ER <sup>*</sup>	Pentasa cap 500mg CR	Tier 1	Tier 1	---	---	---	---	5/19/22

\*Originator brand will be excluded effective Jan. 1, 2023.

<sup>^</sup>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.

Therapeutic use	Medication name	Add/Remove	Effective date
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>	Amphet/Dextr cap ER	Remove	7/1/22
	Amphet/Dextr tab	Remove	7/1/22
	Amphetamine tab	Remove	7/1/22
	Dexmethylph tab	Remove	7/1/22
	Dexmethylphe cap ER	Remove	7/1/22
	Dextroamphet cap ER	Remove	7/1/22
	Dextroamphet tab	Remove	7/1/22
	Methylphenid cap	Remove	7/1/22
	Methylphenid cap ER	Remove	7/1/22
	Methylphenid chw	Remove	7/1/22
	Methylphenid sol	Remove	7/1/22
	Methylphenid tab	Remove	7/1/22
	Methylphenid tab ER	Remove	7/1/22
	Vyvanse cap	Remove	7/1/22
	Vyvanse chw	Remove	7/1/22
<b>Genetic or Enzyme Disorder</b>	Phenylbutyra Sodium pow	Add	1/1/24
	Sodium Pheny tab 500mg	Add	1/1/24

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## 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.

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

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## QL Quantity limits

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

Therapeutic use	Medication name	Add/Remove	Effective date
Antineoplastics	Jakafi tab 5mg	Add	1/1/23
Immune Suppressants	Xeljanz	Add	1/1/23
	Xeljanz XR	Add	1/1/23

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## 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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