

6/15/2019

Essential Health Benefit (EHB) Formulary Changes*

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Divigel	Tier 3		6/1/2019
Fabrazyme	Tier 4	PA	6/1/2019
Cablivi	Tier 4	PA, QL	6/1/2019

Year-to-Date 2019 EHB Formulary Changes*

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Tegsedi	Tier 4	PA	5/1/19
Hemlibra	Tier 4		4/1/19
Revcovi	Tier 4	PA	4/1/19
Gamifant	Tier 4	PA	4/1/19
Tagrisso	Tier 4 – Oral Chemo QL Removed	PA	3/1/19
Jasmiel	Tier 1 Preventive		2/11/2019
vigabatrin	Tier 4	PA	1/18/2019

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy NF=Non-formulary

Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics; Tier 4=Specialty

Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call Scott & White Pharmacy Help Desk at 1-800-728-7947.

When generics become available on the EHB formulary, the brand moves to Excluded status.

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

This list does not guarantee coverage.

*Changes are reflective of OptumRx P&T Committee decisions.