

12/14/2021

Essential Health Benefit (EHB) Formulary Changes*

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Kloxxado liquid	Tier 2		12/1/2021

Year-to-Date 2021 EHB Formulary Changes*

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Rybelsus	Tier 2	ST, QL	1/1/2022
Premarin vaginal cream	Tier 2		1/1/2022
vancomycin 250/5mL (generic Vancocin)	Tier 3		1/1/2022
carbidopa 25mg tablet (generic Lodosyn)	Tier 3		1/1/2022
abacavir/lamivudine/zidovudine tablet (generic Trizivir)	Tier 3		1/1/2022
emtricitabine/tenofovir tab 100- 150, 133-200, 167-250 (generic Truvada)	Tier 3		1/1/2022
Chantix tab Apo-varenicline	Tier 3 – Preventive	ST, QL	1/1/2022
Intelligence 25mg tablet	Tier 2		1/1/2022
Toviaz	Tier 3		1/1/2022
Restasis	Tier 2	PA	1/1/2022
ivermectin 3mg tablet (generic Stromectol)	Tier 1	Add QL	1/1/2022
fluorouracil 2% & 5% solution (generic Efudex)	Tier 1		11/1/2021
Prevnar 20 injection	Tier 2		8/13/2021

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy NF=Non-formulary CM=Oral Chemo
 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.

Year-to-Date 2021 EHB Formulary Changes*

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Praluent injection	Excluded		1/1/2022
Prevident 0.2% solution	Tier 3		1/1/2022
deferasirox 90mg, 180mg, 360mg (generic Jadenu)	Excluded		1/1/2022
Dovato tab 50-300mg	Tier 2		9/1/2021
Pifeltro tab 100mg	Tier 3		9/1/2021
Symtuza tab	Tier 3	QL	9/1/2021
Annovera	Tier 3 – Preventive		9/1/2021
Tabrecta	Tier 4 – CM	PA	8/1/2021
Eysuvis 0.25% drops	Tier 3	PA	7/1/2021
Skyrizi inj 150mg/ml auto-injector	Tier 4	PA	6/2/2021
Skyrizi inj 150mg/ml prefilled syringe	Tier 4	PA	6/2/2021
arformoterol nebulizer (generic Brovana)	Tier 3		5/25/2021
Orgovyx	Tier 4 – CM	PA	6/23/2021
Retevmo	Tier 4 – CM	PA	5/1/2021
Cystadrops	Tier 4	PA, QL	4/1/2021
Zokinvy	Tier 4	PA, QL	4/1/2021
Xeljanz solution	Tier 4	PA	4/1/2021
Xtandi tablets	Tier 4 – CM	PA	3/23/2021
Avsola Injection 100mg	Tier 4	PA	3/1/2021
Trazimera injection	Tier 4	PA	2/23/2021
Iclusig 10mg tablets	Tier 4	PA, QL	2/9/2021
Iclusig 30mg tablets	Tier 4	PA	2/9/2021
zolmitriptan spray 2.5mg & 5mg (generic Zomig)	Tier 3	ST, QL	1/19/2021

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DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Evrysdi	Tier 4	PA, QL	2/10/2021
Onureg	Tier 4 – CM	PA	1/1/2021
Alinia	Tier 2		1/1/2021
Saphris SL	Tier 2	QL	1/1/2021
Proair HFA & Respiclick	Tier 2	QL	1/1/2021
Trelegy Ellipta	Tier 2	QL	1/1/2021
Trogarzo injection	Tier 3	PA	1/1/2021
Vaxelis	Tier 2	Preventive (vaccine)	12/14/2020
Retacrit Injection	Tier 4	PA	11/11/2020

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