

Pharmacy Passages

Health Exchange Essential Health Benefit (EHB) Formulary Update

April 2025



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 Service (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 or July 1 for drugs with generic availability.

| Therapeutic use | Medication name | EHB Base | EHB Enhanced | Effective Date |
|-------------------------|---|----------|--------------|----------------|
| Gastrointestinal Agents | Motegrity (prucalipride) Tab | 3 > EXCL | 3 > EXCL | 7/1/2025 |
| Oncology | Votrient (pazopanib) Tab | 4 > EXCL | 5 > EXCL | 7/1/2025 |
| Respiratory Agents | Spiriva (tiotropium) Cap Handihaler | 2 > EXCL | 2 > EXCL | 7/1/2025 |
| | Symbicort (budesonide-formoterol) AER 160-4.5 | 2 > EXCL | 2 > EXCL | 7/1/2025 |
| | Symbicort (budesonide-formoterol) AER 80-4.5 | 2 > EXCL | 2 > EXCL | 7/1/2025 |

New brand launches

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.*

Please note there are no new brand launch updates at this time.

* 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.

Please note there are no generic launch updates at this time.

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 |
|---------------------|--|------------|----------------|
| Antidiabetic Agents | Janumet (sitagliptin-metformin) Tab | Remove | 5/1/25 |
| | Janumet XR (sitagliptin-metformin) ER Tab | Remove | 5/1/25 |
| | Januvia (sitagliptin) Tab | Remove | 5/1/25 |
| | Jentadueto (linagliptin-metformin) Tab | Remove | 5/1/25 |
| | Jentadueto XR (linagliptin-metformin) ER Tab | Remove | 5/1/25 |
| | Trajenta (linagliptin) Tab | Remove | 5/1/25 |
| Respiratory Agents | zileuton ER Tab | Remove | 4/1/25 |

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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