Optum Rx®

Pharmacy Passages

Health Exchange Essential Health Benefit (EHB) Formulary Update

July 2026

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 and 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 limit

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	
Miscellaneous Agents	Kygevvi Powder 2GM/2GM (doxecitine-doxribtimine)	Tier 4	Tier 5	X	X	---	---	8/1/2026

Up-tiers

Medications may move to a higher tier on Jan. 1. **Brand** products with generic availabilty may move on July 1.

Therapeutic use	Medication name	EHB Base	EHB Enhanced	Effective date
Anticoagulants	Pradaxa 110mg tablets (dabigatran)	Tier 2 > EXC	Tier 2 > EXC	7/1/2026
	Xarelto 2.5mg tablets Xarelto 1MG/ML suspension (rivaroxaban)	Tier 2 > EXC	Tier 2 > EXC	7/1/2026
Anticonvuslant Agents	Fycompa tablets (perampanel)	Tier 3 > EXC	Tier 3 > EXC	7/1/2026
Antivirals	Complera tablets (emticitabine-rilpivirine-tenofovir DF)	Tier 3 > EXC	Tier 3 > EXC	7/1/2026
Blood Product Modifiers	Promacta tablets and powder (eltrombopag)	Tier 4 > EXC	Tier 5 > EXC	7/1/2026
Cardiovasuclar Agents	Entresto tablets (sacubitril-valsartan)	Tier 2 > EXC	Tier 2 > EXC	7/1/2026
Hormonal Agents	Premarin tablets (conj. estrogen)	Tier 2 > EXC	Tier 2 > EXC	7/1/2026
Oncology	Tasigna capusles (nilotinib)	Tier 4 > EXC	Tier 5 > EXC	7/1/2026
Plalelet Modifiying Agents	Brilinta tablets (ticagrelor)	Tier 2 > EXC	Tier 2 > EXC	7/1/2026
Respiratory Tract/Pulmonary Agents	Tracleer 32mg tablets (bosentan)	Tier 4 > EXC	Tier 5 > EXC	7/1/2026

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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	
Immunological Agents	Skyrizi Inj 55mg/.37ml (risankizumab)	Tier 4	Tier 4	X	X	---	X	7/28/2026

** 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	
Antineoplastic Agents	bosutinib tablet	Bosulif	Tier 4	Tier 5	X	X	---	---	6/17/2026
Antirheumatic Agents	tofacitinib ER tablet	Xeljanz XR	Tier 4	Tier 4	X	X	---	X	6/11/2026
	tofacitinib solution, tablet	Xeljanz	Tier 4	Tier 4	X	X	---	X	6/11/2026
Cardiovascular Agents	macitentan tablet	Opsumit	Tier 4	Tier 4	X	X	---	X	6/12/2026

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.

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

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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