

9/19/2023

Essential Health Benefit (EHB) Formulary Changes

The changes below are reflective of OptumRx P&T Committee decisions.

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
Antibacterial Agent	Vancomycin 25mg/mL solution	Tier 3
Hormone Modifying Agent	Omnitrope (somatropin) SC injection	Tier 4 PA
Dermatological Agents	Adapalene cream and gel	PA Removed

Year-to-Date 2023 EHB Formulary Changes

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
Invega Halfyera	Tier 3	1/1/2024
adaliumab-adaz SC injection Cyltezo (adalimumab-adbm) SC injection Hyrimoz (adalimumab-adaz) SC injection Hyrimoz (adalimumab-adaz) SC injection	Tier 4 PA, QL Added (1/1/2024)	7/1/2023
Mounjaro	Tier 2 PA Added	1/1/2024

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary CM=Oral Chemo Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brand/generic; Tier 4= Specialty

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.

Year-to-Date 2023 EHB Formulary Changes

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
Syfovre (pegcetacoplan) 15mg/0.1mL intravitreal solution	Tier 4 PA	7/1/2023
Skyclarys (omaveloxolone) 50mg capsule	Tier 4 PA	7/1/2023
Neupro (rotigotine) 24hr patches	ST Removed	6/1/2023
Amjevita 10mg/0.2mL injection	Tier 4 PA, QL	5/16/2023
Orserdu (elacestrant hcl) tablets	Tier 4 PA	6/1/2023
Lupron Depot Pediatric Kit 45mg	Tier 4 PA	5/16/2023
Farydak	Remove PA	4/1/2023
Isotretinoin	Remove PA	5/1/2023
Tretinoin	Remove PA	5/1/2023
Adderall IR (Brand)	Tier 3	3/10/2022 TO 1/1/2024
Amjevita	Tier 4 PA, QL	2/1/2023
Ozempic Inj 2mg/3mL	Tier 2 ST, QL	1/5/2023
Turalio Cap 125mg	Tier4 PA	1/4/2023
Skyrizi Inj 180 mg/1.2mL	Tier 4 PA	1/11/2023
Tegsedi Injection 284mg/1.5mL	Tier 4 Add QL	1/1/2024
Suprep Bowel Solution Prep Kit	Excluded	1/1/2024
Duramorph Inj 0.5mg/mL	Excluded	1/1/2024
Vandazole Gel 0.75%	Excluded	1/1/2024

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

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Crotan Lot 10%	Excluded	1/1/2024
sodium phenylbutyrate oral powder	Tier 4 PA Added	1/1/2024
sodium phenylbutyrate tablet 500mg	Tier 4 PA Added	1/1/2024
Revlimid capsule	Tier 4 PA	1/1/2023
Priorix injection	Tier 2	1/1/2023
Virt-Nate Cap DHA Vitamins	Excluded	1/1/2023
Argyl Saline Solution 0.9% irrigation	Excluded	1/1/2023
Curity Saline Solution 0.9% irrigation	Excluded	1/1/2023
Botox Injection 100unit, 200unit	Tier 3 PA	1/1/2023
Phospholine Sol 0.125& Op	Tier 3	1/1/2023
Enoxaparin Inj	Tier 3 QL	1/1/2023
Fondaparinux Inj		
Baraclude Sol	Tier 3 QL	1/1/2023
Entecavir Tab	Tier 1 QL	1/1/2023
Epivir HBV Sol 5mg/mL	Tier 3	1/1/2023
Lamivudine Tab 100mg	Tier 1	1/1/2023
Adefov Dipiv Tab 10mg	Tier 3	1/1/2023

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Jakafi tablet 5mg	CM QL Added	1/1/2023
Xeljanz, Xeljanz XR	Tier 4 QL Added	1/1/2023
Rinvoq Tablet ER	Tier 4 PA, QL Added	1/1/2023
carglumic acid 200mg tablet <i>(generic Carbaglu)</i>	Tier 4 PA Added	1/1/2023
Ajovy injection 225mg/1.5 mL	Tier 2 PA, QL	1/1/2023
Emgality injection 120mg/mL	Excluded	1/1/2023
Vemlidy tablet 25 mg	Excluded	1/1/2023
Dexilant DR capsule 30 mg, 60mg	Excluded	1/1/2023
dexlansoprazole DR capsule <i>(authorized brand alternative Dexilant) 30 mg, 60 mg</i>	Excluded	1/1/2023
Tamiflu	Tier 3	12/31/2022
Procrit injection	Tier 4	12/31/2022

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