

11/27/2024

## **Essential Health Benefit (EHB) Formulary Changes**

October 2024

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

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Effective Date</b>
<b>Kesimpta 20mg/0.4mL injection</b>	Tier 4 Specialty PA, QL	11/15/2024
<b>Tremfya (guselkumab) SC auto-injector &amp; prefilled syringe 200mg/2mL</b>	Tier 4 Specialty PA, QL	10/19/2024

### **PRODUCT DISCONTINUATIONS**

*NOTE: These medications will or have been discontinued from the market by the manufacturer. Contact your provider for guidance and next steps.*

<b>Drug Name</b>	<b>Current Formulary Tier</b>	<b>Discontinuation Effective Date</b>
<b>Levemir Flexpen</b>	Tier 2	4/1/2024
<b>Levemir 10mL vials</b>	Tier 2	12/31/2024

Novo Nordisk, the manufacturer of Levemir®, announced that LevemirFlexPen® (insulin detemir) and Levemir vials will no longer be available. Novo Nordisk is discontinuing these products because of business reasons and not due to safety or efficacy issues. The supply of Levemir FlexPen is expected to run out by April 2024, but it could run out earlier and supply disruptions could begin as early as January 2024. The vials will be discontinued by December 31, 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.

Drug Name	Current Formulary Tier	Discontinuation Effective Date
<b>Flovent HFA</b> <i>*brand product discontinued by manufacturer- authorized generic available</i>	Tier 2 QL	12/31/2023
<b>Flovent Diskus</b> <i>*brand product discontinued by manufacturer</i>	Tier 2 QL	12/31/2023
On <b>December 31, 2023</b> , Flovent branded products were discontinued by the manufacturer, GlaxoSmithKline. However, authorized generic (AG) alternative for Flovent HFA is available. Covered authorized generic (AG) product will require a new prescription at the pharmacy.		

## Year-to-Date 2023 EHB Formulary Changes

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
<b>diclofenac gel 3%</b>	Remove ST	10/1/2024
<b>Nurtec ODT 75mg (Rimegepant)</b>	Tier 2 PA, QL	10/1/2024
<b>Xolremdi (mavorixafor) capsule</b>	Tier 4 PA, QL	10/1/2024
<b>Liraglutide injection</b>	Tier 2 PA	6/24/2024
<b>Ogsiveo (nirogacestat) tablet 50mg, 100mg, 150mg</b>	Tier 4 PA	4/1/2024
<b>Spevigo (spesolimab-sbzo) SC injection</b>	Tier 4 PA, QL	4/23/24
<b>Contour Next Kit One</b>	Tier 2	5/21/24
<b>Hemlibra (emicizumab-kxwh) SC injection 12mg/0.4mL</b>	Tier 4	3/26/2024

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.

## Year-to-Date 2023 EHB Formulary Changes

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
<b>tiopronin tablet</b>	Tier 4	1/1/2025
<b>Adalimumab-adbm SC injection kit &amp; prefilled syringe kit</b>	Tier 4 PA, QL	5/1/2024
<b>Amjevita (adalimumab-atto) SC injection &amp; prefilled syringe</b>	Tier 4 PA, QL	5/1/2024
<b>Ogsiveo (nirogacestat)</b>	Tier 4 PA	4/1/2024
<b>Penbraya</b>	Tier 2	1/19/2024
<b>Veopoz (pozelimab-bbfg)</b>	Tier 4 PA	1/1/2024
<b>Rebyota (fecal microbiota, live-jslm)</b>	Tier 4 PA	1/1/2024
<b>Invega Halfyera</b>	Tier 3	1/1/2024
<b>Mounjaro</b>	Tier 2 PA Added	1/1/2024
<b>Tegsedi injection 284mg/1.5mL</b>	Add QL	1/1/2024
<b>Suprep Bowel Sol Prep Kit</b>	Excluded	1/1/2024
<b>Duramorph inj 0.5mg/mL</b>	Excluded	1/1/2024

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## Year-to-Date 2023 EHB Formulary Changes

DRUG NAME	FORMULARY STATUS	EFFECTIVE DATE
<b>Vandazole gel 0.75%</b>	Excluded	1/1/2024
<b>Crotan lot 10%</b>	Excluded	1/1/2024
<b>Xifaxan tab 200mg</b>	Excluded PA	1/1/2024
<b>sodium phenylbutyrate oral powder</b>	Tier 4 PA Added	1/1/2024
<b>sodium phenylbutyrate tablet 500mg</b>	Tier 4 PA Added	1/1/2024

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