



4/13/2021

Essential Health Benefit Formulary Updates*

March 2021

2021 FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Miscellaneous Therapeutic Agents	Zokinvy	Tier 4 PA, QL	4/1/2021
Immunological Agents	Xeljanz solution	Tier 4 PA	4/1/2021
Antineoplastics	Xtandi tablets	Tier 4 – CM PA	3/23/2021
Immunological Agents	Avsola Injection 100mg	Tier 4 PA	3/1/2021
Antineoplastics	Trazimera injection	Tier 4 PA	2/23/2021
Antineoplastics	Iclusig 10mg tablets	Tier 4 PA, QL	2/9/2021
Antineoplastics	Iclusig 30mg tablets	Tier 4 PA	2/9/2021
Antimigraine Agents	zolmitriptan spray 2.5mg & 5mg (generic Zomig)	Tier 3 ST, QL	1/19/2021

YEAR-TO-DATE FORMULARY GENERIC RELEASES (generic drug is available at copay listed once drug is available on the market)

Therapeutic Class	Generic Name	For Brand Name	Formulary Status	Available Date
Antivirals	Emtricitabine/tenofovir tablets	Truvada	Tier 1	January 2021
Blood Glucose Regulators	Glucagon Kit 1mg	Glucagon Injection	Tier 1	December 2020
Antiparasitics	ivermectin 0.5% lotion	Sklice	Tier 1	December 2020
Analgesics	meloxicam 5mg & 10mg capsules	Vivlodex	Tier 1	December 2020
Antineoplastics	abiraterone 500mg tab	Zytiga	Tier 4 – CM PA	December 2020
Antipsychotics	asenapine SL tab	Saphris	Tier 1 QL	December 2020
Gastrointestinal Agents	alvimopan capsule	Entereg	Tier 1	December 2020
Anticonvulsants	rufinamide suspension	Banzel	Tier 1 PA	November 2020

Key
 PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary
 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.

*Changes are reflective of OptumRx P&T Committee decisions.

YEAR-TO-DATE FORMULARY GENERIC RELEASES (generic drug is available at copay listed once drug is available on the market)

Therapeutic Class	Generic Name	For Brand Name	Formulary Status	Available Date
Ophthalmic Agents	Timolol 0.5% ophth solution	Timoptic	Tier 1	November 2020
Antiparasitics	nitazoxanide	Alinia	Tier 1	November 2020
Central Nervous System Agents	dimethyl fumarate starter pack	Tecfidera	Tier 4 PA, QL	September 2020

YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Genetic or Enzyme Disorder	Evrysdi	Tier 4 PA, QL	2/10/2021
Antineoplastics	Onureg	Tier 4 – CM PA	1/1/2021
Antiparasitics	Alinia	Tier 2	1/1/2021
Antipsychotics	Saphris SL	Tier 2 QL	1/1/2021
Pulmonary Agents	Proair HFA & Respiclick	Tier 2 QL	1/1/2021
Antivirals	Trogarzo injection	Tier 3 PA	1/1/2021
Respiratory Tract & Pulmonary Agents	Trelegy Ellipta	Tier 2 QL	1/1/2021
Immunological Agents/Vaccines	Vaxelis	Tier 2 Preventive	12/14/2020
Blood Products	Retacrit Injection	Tier 4 PA	11/11/2020

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