



# Pharmacy Passages

## Health Exchange Essential Health Benefit (EHB) Formulary Update

May 2025

The following formulary decisions and updates apply to **Western Health Advantage EHB Formulary**.

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).

EHB Tiers
Generic/Preferred Brand = Tier 1
Preferred Brand/Non-Preferred Generic = Tier 2
Non-Preferred Brand = Tier 3
Specialty = Tier 4
Excluded = EXC
Office Administered = OA
Include preventive (PV) drugs which may have \$0 when health care reform requirements are met.
<b>Key</b> <b>SP:</b> Specialty Pharmacy <b>PA:</b> Prior Authorization <b>ST:</b> Step Therapy <b>QL:</b> Quantity Limits

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## 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. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

*Please note there are no new down-tiers at this time.*

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## Up-tiers

Medications may move to a higher tier on Jan. 1 or July 1 for drugs with generic availability. Utilization management strategies such as Step Therapy, Quantity Limits or Prior Authorization may apply.

Therapeutic use	Medication name	EHB Base	Effective Date
Immunological Agents	Stelara injection (Ustekinumab)	Tier 4 → EXC	7/1/2025

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## 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.\*

Therapeutic use	Medication name	EHB Base	Programs				Effective date
			SP	PA	ST	QL	
Immunological Agents	Yesintek (ustekinumab-kfce)	Tier 4	—	X	—	X	7/1/2025

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\* 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.

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## New generic launches

New generic medication launches occur throughout the year.

Therapeutic use	Generic medication name	Brand medication name	EHB Base	Programs				Effective date
				SP	PA	ST	QL	
Hematological Agents	rivaroxaban 2.5mg tablet	Xarelto	Tier 2	—	—	—	X	3/4/2025

Therapeutic use	Generic medication name	Brand medication name	EHB Base	Programs				Effective date
				SP	PA	ST	QL	
Hematological Agents	ticagrelor tablet	Brilinta	Tier 2	—	—	—	—	4/28/2025
Ophthalmic Agents	levofloxacin 0.5% ophthalmic solution	N/A	Tier 3	—	—	—	—	4/17/2025

## PA Prior Authorization

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage. This table only shows Prior Authorizations that have been added or removed. Existing utilization management such as Step Therapy and Quantity Limits may still apply.

*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. This table only shows Step Therapy that has been added or removed. Existing utilization management such as Prior Authorizations and Quantity Limits may still apply.

*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. This table only shows Quantity Limits that have been added or removed. Existing utilization management such as Prior Authorizations and Step Therapy may still apply.

Therapeutic use	Medication name	Add/Remove	Effective date
Analgesic Agents	buprenorphine sublingual tablet	Remove	5/1/25
	buprenorphine-naloxone sublingual tablet, film	Remove	5/1/25

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## **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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