

# Your formulary updates

Tier changes  
Effective Jan. 1, 2024



This is a list of biannual tier changes made to your formulary. Each medication is placed in a tier that shows the cost level you may pay for that prescription. Your employer or health plan makes the decision on tier placements. Medications are grouped by the conditions they treat.



## Medication tiers

### Tier 1

Lower cost medications

### Tier 2

Mid-range cost medications

### Tier 3

Higher cost medications

In this formulary update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

## Medications moving to a higher tier

These medications are moving to a higher tier and will cost more because there are other lower-cost options. If your medication is listed below, you may still take it, but you may pay a higher cost. Please talk to your doctor about lower-cost option(s) to see if they will work for you.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Antineoplastics - Drugs for Cancer	FOLOTYN INJ 20MG/ML, 40MG/2ML	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
	MEKINIST TAB 0.5MG, 2MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
	TAFINLAR CAP 50MG, 75MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Antivirals	COMPLERA TAB	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
	TIVICAY PD TAB 5MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
	TIVICAY TAB 10MG, 25MG, 50MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Central Nervous System Agents - Drugs for Attention Deficit Disorder	VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	Tier 2 to Tier 3	amphetamine-dextroamphetamine ER cap, dexamethylphenidate IR/ER, dextroamphetamine IR/SR, lisdexamfetamine cap, methylphenidate IR/ER
	VYVANSE CHW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	Tier 2 to Tier 3	amphetamine-dextroamphetamine ER cap, dexamethylphenidate IR/ER, dextroamphetamine SR/IR, lisdexamfetamine chw, methylphenidate IR/ER
Central Nervous System Agents - Drugs for Multiple Sclerosis	COPAXONE INJ 20MG/ML	Tier 2 to Tier 3	glatiramer
Dermatological Agents - Drugs for Skin Conditions	RETIN-A MICRO GEL 0.06%, 0.08%	Tier 2 to Tier 3	tretinoin gel
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	PYLERA CAP	Tier 2 to Tier 3	bismuth subcit/metronidazole/tetracycline
Miscellaneous Therapeutic Agents	BOTOX INJ 100UNIT, 200UNIT	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	ADVAIR DISKUS 100/50, 250/50, 500/50	Tier 2 to Tier 3	SYMBICORT AER, ADVAIR HFA, BREO ELLIPTA INH
	FLOVENT DISKUS 50MCG, 100MCG, 250MCG	Tier 2 to Tier 3	ARNUITY ELLIPTA , QVAR REDHALER AER
	FLOVENT HFA 44MCG, 110MCG, 220MCG	Tier 2 to Tier 3	ARNUITY ELLIPTA , QVAR REDHALER AER
	PULMICORT FLEXHALER 90MCG, 180MCG	Tier 2 to Tier 3	ARNUITY ELLIPTA , QVAR REDHALER AER

## Medications moving to a lower tier

These medications are moving to a lower tier, making them more affordable.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Diabetes - Insulins	ADMELOG INJ 100U/ML	Tier 3 to Tier 1	N/A
	ADMELOG SOLOSTAR	Tier 3 to Tier 1	N/A
	APIDRA INJ SOLOSTAR	Tier 3 to Tier 1	N/A

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Diabetes - Insulins – <i>continued</i>	APIDRA INJ U-100	Tier 3 to Tier 1	N/A
	BASAGLAR KWIKPEN	Tier 3 to Tier 1	N/A
	FIASP INJ 100U/ML	Tier 3 to Tier 1	N/A
	FIASP FLEX INJ TOUCH	Tier 3 to Tier 1	N/A
	FIASP PENFIL INJ U-100	Tier 3 to Tier 1	N/A
	FIASP PUMP CARTRIDGE	Tier 3 to Tier 1	N/A
	HUMALOG CARTRIDGE U-100, INJ U-100, INJ 50/50, INJ 75/25	Tier 2 to Tier 1	N/A
	HUMALOG JR KWIKPEN U-100, KWIKPEN U-100, KWIKPEN U-200, KWIKPEN 50/50, KWIKPEN 75/25	Tier 2 to Tier 1	N/A
	HUMULIN INJ 70/30, KWIKPEN 70/30	Tier 2 to Tier 1	N/A
	HUMULIN N INJ U-100, KWIKPEN	Tier 2 to Tier 1	N/A
	HUMULIN R INJ U-100, INJ U-500, KWIKPEN U-500	Tier 2 to Tier 1	N/A
	INSULIN ASPART / PROTAMINE INJ 70/30, FLEXPEN	Tier 2 to Tier 1	N/A
	INSULIN ASPART INJ U-100, FLEXPEN, PENFILL	Tier 2 to Tier 1	N/A
	INSULIN LISPRO INJ U-100, JR KWIKPEN, KWIKPEN	Tier 2 to Tier 1	N/A
	INSULIN LISPRO / PROTAMINE KWIKPEN	Tier 2 to Tier 1	N/A
	LANTUS INJ U-100, SOLOSTAR	Tier 2 to Tier 1	N/A
	LEVEMIR INJ, FLEXPEN, FLEXTOUCH	Tier 2 to Tier 1	N/A
	LYUMJEV INJ U-100, KWIKPEN U-100, KWIKPEN U-200	Tier 2 to Tier 1	N/A
	NOVOLIN INJ 70/30, INJ RELION 70/30, FLEXPEN 70/30, FLEXPEN RELION 70/30	Tier 2 to Tier 1	N/A
	NOVOLIN N INJ U-100, INJ RELION, FLEXPEN, FLEXPEN RELION	Tier 2 to Tier 1	N/A
	NOVOLIN R INJ U-100, INJ RELION, FLEXPEN, FLEXPEN RELION	Tier 2 to Tier 1	N/A
	NOVOLOG INJ 70/30, FLEXPEN, PENFILL	Tier 2 to Tier 1	N/A
	NOVOLOG INJ U-100, INJ 70/30	Tier 2 to Tier 1	N/A
	REZVOGLAR KWIKPEN	Tier 3 to Tier 1	N/A
	TOUJEO SOLOSTAR U-300, MAX SOLOSTAR U-300	Tier 2 to Tier 1	N/A
	TRESIBA INJ U-100, FLEXTOUCH U-100, FLEXTOUCH U-200	Tier 2 to Tier 1	N/A
Miscellaneous Therapeutic Agents	DYSPOIN INJ 300UNIT, 500UNIT	Tier 3 to Tier 2	N/A
	MYOBLOC INJ 2500U/0.5ML, 5000U/ML, 10000U/2ML	Tier 3 to Tier 2	N/A
	XEOMIN INJ 50 UNIT, 100UNIT, 200UNIT	Tier 3 to Tier 2	N/A
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	ADVAIR HFA AER 45/21, 115/21, 230/21	Tier 2 to Tier 1	N/A
	BREO ELLIPTA INH 100-25, 200-25	Tier 2 to Tier 1	N/A

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2023 Optum, Inc. All rights reserved. WF10969811 SS.HPGOO.FLYER 01012024

SELECT