

# Your formulary updates

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## Tier changes — effective January 1, 2022



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.



### Tier 1

Lower cost medications



### Tier 2

Mid-range cost medications



### Tier 3

Higher cost medications



### EXC

Medications may not be covered

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.

<b>Therapeutic use</b>	<b>Medication name</b>	<b>Tier placement</b>	<b>Lower-cost medications</b>
<b>Antineoplastics - Drugs for Cancer</b>	ERIVEDGE CAP	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>	NOVOSEVEN RT INJ 1MG, 2MG, 5MG, 8MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>	PREVIDENT RINSE 0.2%	Tier 2 to Tier 3	sodium fluoride sol
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>	CEREZYME INJ 400UNIT	Tier 2 to Tier 3	Please talk to your doctor about other option(s).

# Medications moving to exclusion

The following excluded medications may not be covered by your plan.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Antibacterials	CLEOCIN VAG CREAM	Tier 3 to EXC	clindamycin 2% vaginal cream, metronidazole vaginal gel
Antibacterials	CLEOCIN VAG SUPPOSITORY	Tier 2 to EXC	clindamycin 2% vaginal cream, metronidazole vaginal gel
Antibacterials	NUVESSA VAG GEL	Tier 3 to EXC	clindamycin 2% vaginal cream, metronidazole vaginal gel
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	BYSTOLIC TAB 2.5MG, 5MG, 10MG, 20MG	Tier 2 to EXC	nebivololol tab
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	PRALUENT 75MG/ML, 150MG/ML	Tier 2 to EXC	REPATHA INJ
Central Nervous System Agents - Miscellaneous	LYRICA CR TAB 82.5MG, 165MG, 330MG	Tier 3 to EXC	pregabalin ER tab
Dermatological Agents - Drugs for Skin Conditions	ABSORICA CAP 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	Tier 3 to EXC	isotretinoin cap
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	CUPRIMINE CAP 250MG	Tier 3 to EXC	penicillamine tab, DEPEN TITRA
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	penicillamine cap	Tier 1 to EXC	penicillamine tab, DEPEN TITRA
Immunological Agents - Drugs for Immune System Stimulation or Suppression	FIRAZYR INJ	Tier 3 to EXC	icatibant inj
Immunological Agents - Drugs for Immune System Stimulation or Suppression	OTREXUP INJ 10MG, 12.5MG, 15MG, 17.5MG, 20MG, 22.5MG, 25MG	Tier 3 to EXC	methotrexate, RASUVO
Ophthalmic Agents - Drugs for Glaucoma	AZOPT OP SOL	Tier 3 to EXC	brinzolamide ophth susp
Ophthalmic Agents - Drugs for Glaucoma	TRAVATAN Z OP SOL	Tier 3 to EXC	travoprost ophth soln
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	PROAIR HFA	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	PROAIR RESPICLICK	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	VENTOLIN HFA	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)



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.



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