

Your formulary updates

Tier changes
Effective July 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.



Medication tiers

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 lower tier

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

| Therapeutic use | Medication name | Tier placement | Lower cost medications |
|---------------------|-----------------|----------------|------------------------|
| Antimigraine Agents | AJOVY INJ | EXC to Tier 2 | --- |

Medications moving to exclusion

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

| Therapeutic use | Medication name | Tier placement | Lower cost medications |
|---|---|----------------|--|
| Antimigraine Agents | EMGALITY INJ 120MG/ML | Tier 2 to EXC | AIMOVIG, AJOVY |
| Antineoplastics - Drugs for Cancer | AFINITOR DISPERZ 2MG, 3MG, 5MG | Tier 3 to EXC | everolimus |
| | AFINITOR TAB 10MG | Tier 3 to EXC | everolimus |
| | PEMAZYRE TAB 4.5MG, 9MG, 13.5MG | Tier 3 to EXC | TRUSELTIQ |
| | SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG | Tier 3 to EXC | sunitinib |
| Antiviral Agents | VEMLIDY TAB 25MG | Tier 3 to EXC | entecavir, tenofovir disoproxil fumarate |
| Diabetes - Glycemic Agents | GLUCAGEN HYPOKIT | Tier 3 to EXC | glucagon (generic), BAQSIMI, GLUCAGON INJ made by Fresenius Kabi, ZEGALOGUE INJ |
| | GLUCAGON EMERGENCY KIT | Tier 3 to EXC | |
| | GVOKE HYPOPEN INJ 1-PACK 0.5MG/0.1ML, 1MG/0.2ML, | Tier 2 to EXC | |
| | GVOKE HYPOPEN INJ 2-PACK 0.5MG/0.1ML, 1MG/0.2ML, | Tier 2 to EXC | |
| | GVOKE KIT INJ 1MG/0.2 | Tier 2 to EXC | |
| | GVOKE PFS INJ 0.5MG/0.1ML, 1MG/0.2ML | Tier 2 to EXC | |
| Endocrine and Metabolic Agents | JYNARQUE PAK 15MG, 30-15MG, 45-15MG, 60-30MG, 90-30MG | Tier 3 to EXC | Please talk to your doctor about clinically appropriate alternatives |
| | JYNARQUE TAB 15MG, 30MG | Tier 3 to EXC | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | DEXILANT CAP DR 30MG, 60MG | Tier 2 to EXC | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | BROVANA NEB SOLN | Tier 3 to EXC | arformoterol |
| | FLUTICASONE/SALMETEROL INH 55/14MCG, 113/14MCG, 232/14MCG | Tier 1 to EXC | fluticasone-salmeterol 100mcg/50, 250mcg/50, 500mcg/50, wixela, ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT |
| Sleep Disorder Agents | HETLIOZ CAP 20MG | Tier 3 to EXC | Please talk to your doctor about other option(s) |

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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