

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	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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