

Your formulary updates

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 lower tier

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

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Central Nervous System Agents - Drugs for Attention Deficit Disorder	ADDERALL XR CAP 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	EXC to Tier 1	---
Inflammatory Bowel Disease Agents	APRISO CAP	Tier 2 to Tier 1	---
Inflammatory Bowel Disease Agents	LIALDA TAB	EXC to Tier 1	---
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	ADVAIR DISKUS 100/50mcg, 250/50mcg, 500/50mcg	Tier 2 to Tier 1	---

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	ERIVEDGE CAP	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders	NOVOSEVEN RT INJ 1MG, 2MG, 5MG, 8MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	PREVIDENT RINSE 0.2%	Tier 2 to Tier 3	sodium fluoride sol
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	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
	CLEOCIN VAG SUPPOSITORY	Tier 2 to EXC	clindamycin 2% vaginal cream, metronidazole vaginal gel
	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	nebivolol tab
	PRALUENT 75MG/ML, 150MG/ML	Tier 2 to EXC	REPATHA INJ
Central Nervous System Agents - Drugs for Attention Deficit Disorder	amphetamine-dextroamphetamine cap er 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1 to EXC	ADDERALL XR
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
	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
	OTREXUP INJ 10MG, 12.5MG, 15MG, 17.5MG, 20MG, 22.5MG, 25MG	Tier 3 to EXC	methotrexate, RASUVO
Inflammatory Bowel Disease Agents	mesalamine dr cap 0.375mg	Tier 1 to EXC	APRISO CAP
	mesalamine dr tab 1.2gm	Tier 1 to EXC	LIALDA TAB
Ophthalmic Agents - Drugs for Glaucoma	AZOPT OP SOL	Tier 3 to EXC	brinzolamide ophth susp
	TRAVATAN Z OP SOL	Tier 3 to EXC	travoprost ophth soln

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	fluticasone/salmeterol inh 100/50mcg, 250/50mcg, 500/50mcg	Tier 1 to EXC	ADVAIR DISKUS
	PROAIR HFA	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
	PROAIR RESPICLICK	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
	VENTOLIN HFA	Tier 2 to EXC	albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
	wixela inh 100/50mcg, 250/50mcg, 500/50mcg	Tier 1 to EXC	ADVAIR DISKUS



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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