

Your formulary updates

Tier changes
Effective July 1, 2023

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 exclusion

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

Therapeutic use	Medication name	Tier placement	Lower cost medications
Anticonvulsants - Drugs for Seizures	DEPAKOTE TAB DR 125MG, 250MG, 500MG	Tier 3 to EXC	divalproex sodium dr tab
Antineoplastics - Drugs for Cancer	ARIMIDEX TAB 1MG	Tier 3 to EXC	anastrozole tab
Antiparasitics	PLAQUENIL TAB 200MG	Tier 3 to EXC	hydroxychloroquine tab
Central Nervous System Agents - Drugs for Multiple Sclerosis	GILENYA CAP 0.5MG	Tier 3 to EXC	fingolimod cap
Diabetes - Glucose Monitoring	EVERSENSE SENSOR/HOLDER	Tier 3 to EXC	DEXCOM
	EVERSENSE SMART TRANSMITTER	Tier 3 to EXC	
Electrolytes / Minerals / Metals / Vitamins	POLY-VI-FLOR CHW 0.25MG	Tier 3 to EXC	Any preferred multivitamin with fluoride chew
	POLY-VI-FLOR CHW 0.5MG	Tier 3 to EXC	
	POLY-VI-FLOR CHW 1MG	Tier 3 to EXC	
	POLY-VI-FLOR CHW W/IRON	Tier 2 to EXC	Any preferred multi vitamin/ fluoride w/iron drops
	POLY-VI-FLOR SUS 0.25MG/ML	Tier 2 to EXC	Any preferred multivitamin with fluoride drops
	POLY-VI-FLOR SUS W/IRON	Tier 2 to EXC	Any preferred multi vitamin/ fluoride w/iron drops
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	RAVICTI LIQ 1.1GM/ML	Tier 3 to EXC	sodium phenylbutyrate powder
	PALYNZIQ INJ 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	Tier 3 to EXC	sapropterin powder, tab
	BUPHENYL POW, TAB	Tier 3 to EXC	sodium phenylbutyrate powder

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.