

# Your formulary updates

Tier changes

Effective Jan. 1, 2024

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.

| Medication name                    | Tier placement   |
|------------------------------------|------------------|
| <b>Diabetes - insulins</b>         |                  |
| ADMELOG INJ 100U/ML                | EXC to Tier 1    |
| ADMELOG SOLOSTAR                   | EXC to Tier 1    |
| APIDRA INJ SOLOSTAR                | EXC to Tier 1    |
| APIDRA INJ U-100                   | EXC to Tier 1    |
| BASAGLAR KWIKPEN                   | EXC to Tier 1    |
| FIASP FLEX INJ TOUCH               | EXC to Tier 1    |
| FIASP INJ 100U/ML                  | EXC to Tier 1    |
| FIASP PENFIL INJ U-100             | EXC to Tier 1    |
| FIASP PUMPCART                     | EXC to Tier 1    |
| HUMALOG INJ 100/ML                 | Tier 2 to Tier 1 |
| HUMALOG JR KWIKPEN                 | Tier 2 to Tier 1 |
| HUMALOG KWIKPEN INJ 100/ML, 200/ML | Tier 2 to Tier 1 |
| HUMALOG MIX 50/50                  | Tier 2 to Tier 1 |
| HUMALOG MIX 50/50 KWIKPEN          | Tier 2 to Tier 1 |
| HUMALOG MIX 75/25                  | Tier 2 to Tier 1 |
| HUMALOG MIX 75/25 KWIKPEN          | Tier 2 to Tier 1 |
| HUMULIN 70/30 INJ                  | Tier 2 to Tier 1 |
| HUMULIN 70/30 KWIKPEN              | Tier 2 to Tier 1 |
| HUMULIN N INJ                      | Tier 2 to Tier 1 |
| HUMULIN N KWIKPEN                  | Tier 2 to Tier 1 |
| HUMULIN R INJ                      | Tier 2 to Tier 1 |
| HUMULIN R U-500 (CONCENTRATED)     | Tier 2 to Tier 1 |
| HUMULIN R U-500 KWIKPEN            | Tier 2 to Tier 1 |
| INSULIN LISPRO                     | Tier 2 to Tier 1 |
| INSULIN LISPRO JUNIOR KWIKPEN      | EXC to Tier 1    |
| INSULIN LISPRO KWIKPEN             | EXC to Tier 1    |
| INSULIN LISPRO/PROTAMINE KWIKPEN   | EXC to Tier 1    |
| LANTUS                             | Tier 2 to Tier 1 |
| LANTUS SOLOSTAR                    | Tier 2 to Tier 1 |
| LYUMJEV INJ 100UT/ML               | Tier 2 to Tier 1 |
| LYUMJEV KWIKPEN 100UT/ML, 200UT/ML | Tier 2 to Tier 1 |
| NOVOLIN 70/30 FLEXPEN              | EXC to Tier 1    |
| NOVOLIN 70/30 INJ                  | EXC to Tier 1    |

| <b>Medication name</b>   | <b>Tier placement</b> |
|--|-----------------------|
| NOVOLIN N FLEXPEN  | EXC to Tier 1         |
| NOVOLIN N INJ  | EXC to Tier 1         |
| NOVOLIN R FLEXPEN  | EXC to Tier 1         |
| NOVOLIN R INJ  | EXC to Tier 1         |
| NOVOLOG INJ 100U/ML  | EXC to Tier 1         |
| NOVOLOG INJ FLEXPEN  | EXC to Tier 1         |
| NOVOLOG INJ PENFILL  | EXC to Tier 1         |
| NOVOLOG MIX INJ 70/30  | EXC to Tier 1         |
| NOVOLOG MIX 70/30 FLEXPEN  | EXC to Tier 1         |
| REZVOGLAR KWIKPEN  | EXC to Tier 1         |
| TOUJEO MAX SOLOSTAR  | Tier 2 to Tier 1      |
| TOUJEO SOLOSTAR  | Tier 2 to Tier 1      |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |                       |
| ADVAIR HFA AER 45/21, 115/21, 230/21   | Tier 2 to Tier 1      |
| BREO ELLIPTA INH 100-25, 200-25  | Tier 2 to Tier 1      |
| QVAR REDHALER 40MCG, 80MCG   | EXC to Tier 2         |

## 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>Medication name</b>   | <b>Tier placement</b> | <b>Lower cost medications</b>                     |
|--|-----------------------|---|
| <b>Antineoplastics - Drugs for Cancer</b>  |                       |   |
| MEKINIST TAB 0.5MG, 2MG  | Tier 2 to Tier 3      | Please talk to your doctor about other option(s). |
| TAFINLAR CAP 50MG, 75MG  | Tier 2 to Tier 3      | Please talk to your doctor about other option(s). |
| <b>Antivirals</b>  |                       |   |
| COMPLERA TAB   | Tier 2 to Tier 3      | Please talk to your doctor about other option(s). |
| TIVICAY PD TAB 5MG   | Tier 2 to Tier 3      | Please talk to your doctor about other option(s). |
| TIVICAY TAB 10MG, 25MG, 50MG   | Tier 2 to Tier 3      | Please talk to your doctor about other option(s). |
| <b>Dermatological Agents - Drugs for Skin Conditions</b>                           |                       |   |
| RETIN-A MICRO GEL 0.06%, 0.08%   | Tier 2 to Tier 3      | tretinoin gel                                     |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |                       |   |
| PYLERA CAP   | Tier 2 to Tier 3      | bismuth subcit/metronidazole/tetracycline         |

## Medications moving to exclusion

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

| Medication name  | Tier placement | Lower cost medications   |
|--|----------------|--|
| <b>Anticonvulsants - Drugs for Seizures</b>  |                |  |
| TROKENDI XR CAP 25MG, 50MG, 100MG, 200MG   | Tier 3 to EXC  | topiramate ER/IR   |
| <b>Antineoplastics - Drugs for Cancer</b>  |                |  |
| IMBRUVICA TAB 140MG, 280MG   | Tier 3 to EXC  | CALQUENCE, IMBRUVICA CAP 140MG   |
| XALKORI CAP 200MG, 250MG   | Tier 3 to EXC  | Please talk to your doctor about other option(s).  |
| <b>Antipsychotics - Drugs for Mood Disorders</b>   |                |  |
| LATUDA TAB 20MG, 40MG, 60MG, 80MG, 120MG   | Tier 3 to EXC  | lurasidone   |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>              |                |  |
| VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG                                     | Tier 2 to EXC  | amphetamine-dextroamphetamine ER/IR, dexamethylphenidate ER/IR, dextroamphetamine IR/SR, lisdexamfetamine, methylphenidate ER/IR |
| VYVANSE CHW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG   | Tier 2 to EXC  | amphetamine-dextroamphetamine ER/IR, dexamethylphenidate ER/IR, dextroamphetamine IR/SR, lisdexamfetamine, methylphenidate ER/IR |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                      |                |  |
| AMPYRA TAB 10MG  | Tier 3 to EXC  | dalfampridine  |
| AUBAGIO TAB 7MG, 14MG  | Tier 3 to EXC  | teriflunomide  |
| COPAXONE INJ 20MG/ML   | Tier 2 to EXC  | glatiramer   |
| <b>Hormonal Agents - Men's Health</b>  |                |  |
| XYOSTED INJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML  | Tier 3 to EXC  | testosterone cypionate, testosterone enanthate   |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>         |                |  |
| CINRYZE SOL 500 UNIT   | Tier 3 to EXC  | HAEGARDA, ORLADEYO, TAKHZYRO   |
| <b>Inflammatory Bowel Disease Agents</b>   |                |  |
| LIALDA TAB 1.2GM   | Tier 1 to EXC  | mesalamine dr tab 1.2gm, APRISO  |
| PENTASA CR CAP 250MG   | Tier 3 to EXC  | mesalamine dr cap 400mg, mesalamine dr tab 800mg, mesalamine dr tab 1.2gm, APRISO  |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |                |  |
| ADVAIR DISKUS 100/50, 250/50, 500/50   | Tier 2 to EXC  | ADVAIR HFA, BREO ELLIPTA INH, SYMBICORT AER  |
| ESBRIET CAP 267MG  | Tier 3 to EXC  | pirfenidone  |
| FLOVENT DISKUS 50MCG, 100MCG, 250MCG   | Tier 2 to EXC  | ARNUIITY ELLIPTA INH, QVAR REDIHALER AER   |
| FLOVENT HFA 44MCG, 110MCG, 220MCG  | Tier 2 to EXC  | ARNUIITY ELLIPTA INH, QVAR REDIHALER AER   |
| PULMICORT FLEXHALER 90MCG, 180MCG  | Tier 2 to EXC  | ARNUIITY ELLIPTA INH, QVAR REDIHALER AER   |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>           |                |  |
| REVATIO SUSP, TAB  | Tier 3 to EXC  | sildenafil   |
| <b>Sleep Disorder Agents</b>   |                |  |
| XYREM SOL 500MG/ML   | Tier 3 to EXC  | SODIUM OXYBATE (by Hikma), SUNOSI, WAKIX, XYWAV  |

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.