

# Your formulary updates

Tier changes  
Effective Jan. 1, 2024

For SHBP and GSHP  
formularies



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.

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## 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>Blood products / modifiers / volume expanders - drugs for bleeding disorders</b>	
UDENYCA AUTO-INJECTOR 6MG/0.6ML	EXC to Tier 3
UDENYCA PREFILLED SYRINGE 6MG/0.6ML	EXC to Tier 3
<b>Central nervous system agents - drugs for attention deficit disorder</b>	
amphetamine/dextroamphetamine er cap 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	EXC to Tier 1
<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

<b>Medication name</b>	<b>Tier placement</b>
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
NOVOLIN 70/30 RELION	EXC to Tier 1
NOVOLIN FLEXPEN RELION 70/30	EXC to Tier 1
NOVOLIN N FLEXPEN	EXC to Tier 1
NOVOLIN N FLEXPEN RELION	EXC to Tier 1
NOVOLIN N INJ	EXC to Tier 1
NOVOLIN N INJ RELION	EXC to Tier 1
NOVOLIN R INJ RELION	EXC to Tier 1
NOVOLIN R FLEXPEN	EXC to Tier 1
NOVOLIN R FLEXPEN RELION	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>Inflammatory bowel disease agents</b>	
mesalamine tab 1.2gm	EXC to Tier 1
<b>Miscellaneous therapeutic agents</b>	
DYSPORT INJ 300UNIT, 500UNIT	Tier 3 to Tier 2
MYOBLOC INJ 2500U/0.5ML, 5000U/ML, 10000U/2ML	Tier 3 to Tier 2
XEOMIN INJ 50 UNIT, 100UNIT, 200UNIT	Tier 3 to Tier 2
<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
fluticasone/salmeterol aer 100/50, 250/50, 500/50	EXC to Tier 1
QVAR REDIHALER 40MCG, 80MCG	EXC to Tier 2
wixela inhub 100/50, 250/50, 500/50	EXC 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.

Medication name	Tier placement	Preferred alternative medication
<b>Antineoplastics - Drugs for Cancer</b>		
FOLOTYN INJ 20MG/ML, 40MG/2ML	Tier 2 to Tier 3	Please talk to your doctor about other option(s).
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
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX INJ 100UNIT, 200UNIT	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.

Medication name	Tier placement	Preferred alternative medication
<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>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
ZIEXTENZO INJ 6MG/0.6ML	Tier 3 to EXC	NEULASTA, UDENYCA
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR CAP 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	Tier 1 to EXC	amphetamine-dextroamphetamine cap ER
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

Medication name	Tier placement	Preferred alternative medication
<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 1 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	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
FLOVENT HFA 44MCG, 110MCG, 220MCG	Tier 2 to EXC	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
PULMICORT FLEXHALER 90MCG, 180MCG	Tier 2 to EXC	ARNUITY ELLIPTA INH, QVAR REDIHALER AER
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
REVATIO INJ, 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.



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