

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
Diabetes - insulins	
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

Medication name	Tier placement
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
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	
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.

Medication name	Tier placement	Lower cost medications
Antineoplastics - Drugs for Cancer		
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).
Antivirals		
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).
Dermatological Agents - Drugs for Skin Conditions		
RETIN-A MICRO GEL 0.06%, 0.08%	Tier 2 to Tier 3	tretinoin gel
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
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
Anticonvulsants - Drugs for Seizures		
TROKENDI XR CAP 25MG, 50MG, 100MG, 200MG	Tier 3 to EXC	topiramate ER/IR
Antineoplastics - Drugs for Cancer		
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).
Antipsychotics - Drugs for Mood Disorders		
LATUDA TAB 20MG, 40MG, 60MG, 80MG, 120MG	Tier 3 to EXC	lurasidone
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
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
Central Nervous System Agents - Drugs for Multiple Sclerosis		
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
Hormonal Agents - Men's Health		
XYOSTED INJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	Tier 3 to EXC	testosterone cypionate, testosterone enanthate
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
CINRYZE SOL 500 UNIT	Tier 3 to EXC	HAEGARDA, ORLADEYO, TAKHZYRO
Inflammatory Bowel Disease Agents		
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
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
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
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
REVATIO SUSP, TAB	Tier 3 to EXC	sildenafil
Sleep Disorder Agents		
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.