

Your formulary updates

Tier changes effective January 1, 2027

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.

Optum Rx®



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).

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.

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
Electrolytes / Minerals / Metals / Vitamins	TOLVAPTAN TAB 15MG, 30MG	**EXC to 1**	N/A
	TOLVAPTAN THERAPY PAK 15MG, 30&15MG, 45&15MG, 60&30MG, 90&30MG	**EXC to 1**	N/A
Inflammatory Bowel Disease Agents	MESALAMINE CAP 0.375GM	**EXC to 1**	N/A

Medications moving to a higher tier

These medications are moving to a higher tier and will cost more because there are 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 provider about lower-cost medication(s) to see if they will work for you.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Central Nervous System Agents - Miscellaneous	RADICAVA ORS SUS 105/5ML	**2 to 3**	riluzole tablet
	RADICAVA ORS SUS STARTER KIT	**2 to 3**	riluzole tablet
Inflammatory Bowel Disease Agents	APRISO CAP 0.375GM	**1 to 2**	mesalamine ER capsule
Miscellaneous Therapeutic Agents	V-GO 20, 30, 40 KIT	**2 to 3**	OMNIPOD, TWIIST

Medications that are Excluded

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

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Analgesics - Drugs for Pain	HYSINGLA ER TAB 20 MG, 30MG, 40MG, 60MG, 80MG, 100MG, 120MG	**2 to EXC**	hydrocodone ER capsule/tablet, XTAMPZA ER
	OXYCONTIN TAB 10MG ER, 15MG ER, 20MG ER, 30MG ER, 40MG ER, 60MG ER, 80MG ER	**2 to EXC**	hydrocodone ER capsule/tablet, XTAMPZA ER
Analgesics - Drugs for Pain and Inflammation	NAPRELAN TAB 375MG CR, 500MG CR, 750MG CR	**3 to EXC**	naproxen sodium tablet
Anticonvulsants - Drugs for Seizures	BRIVIACT INJ 50MG/5ML	**3 to EXC**	brivaracetam IV solution
	BRIVIACT SOL 10MG/ML	**3 to EXC**	brivaracetam oral solution
	BRIVIACT TAB 10MG, 25MG, 50MG, 75MG, 100MG	**3 to EXC**	brivaracetam tablet
Antidepressants	APLENZIN TAB 174MG, 348MG, 522MG	**3 to EXC**	bupropion sr tablet, bupropion xl tablet
	VIIBRYD TAB 10MG, 20MG, 40MG	**3 to EXC**	vilazodone tablet
Antineoplastics - Drugs for Cancer	POMALYST CAP 1MG, 2MG, 3MG, 4MG	**3 to EXC**	pomalidomide capsule
	REVLIMID CAP 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	**2 to EXC**	lenalidomide capsule
Antivirals	EDURANT TAB 25MG	**3 to EXC**	rilpivirine tablet
	EPCLUSA PAK 150-37.5MG, 200-50MG	**2 to EXC**	MAVYRET, VOSEVI
	EPCLUSA TAB 200-50MG, 400-100MG	**2 to EXC**	MAVYRET, VOSEVI
	HARVONI PAK 33.75-150MG, 45-200MG	**2 to EXC**	MAVYRET, VOSEVI
	HARVONI TAB 45-200MG, 90-400MG	**2 to EXC**	MAVYRET, VOSEVI
	SOVALDI PAK 150MG, 200MG	**3 to EXC**	MAVYRET, VOSEVI
	SOVALDI TAB 200MG, 400MG	**3 to EXC**	MAVYRET, VOSEVI
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	CORLANOR SOLUTION 5MG/5ML	**3 to EXC**	ivabradine tablet
	CORLANOR TAB 5MG, 7.5MG	**3 to EXC**	ivabradine tablet
	EDARBI TAB 40MG, 80MG	**3 to EXC**	azilsartan tablet, enalapril tablet, lisinopril tablet, losartan tablet, olmesartan tablet, ramipril capsule, telmisartan tablet, valsartan tablet
Central Nervous System Agents - Drugs for Multiple Sclerosis	MAVENCLAD PAK 10MG(4), 10MG(5), 10MG(6), 10MG(7), 10MG(8), 10MG(9), 10MG(10)	**3 to EXC**	cladribine tablet therapy pak, BAFIERTAM, KESIMPTA, MAYZENT, VUMERITY, ZEPOSIA

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Central Nervous System Agents - Miscellaneous	HORIZANT TAB 300MG ER, 600MG ER	**3 to EXC**	gabapentin IR capsule/tablet, gabapentin ER (once daily) tablet
	SAVELLA TAB 12.5MG, 25MG, 50MG, 100MG	**3 to EXC**	milnacipran tablet
	SAVELLA TITRATION PAK	**3 to EXC**	milnacipran tablet, milnacipran titration pak
	SAXENDA INJ 18MG/3ML	**2 to EXC**	liraglutide injection, phentermine capsule/tablet, phentermine-topiramate capsule, QSYMIA, WEGOVY AUTO INJECTOR, ZEPBOUND AUTO INJECTOR
Dermatological Agents - Drugs for Skin Conditions	TACLONEX SUSPENSION	**3 to EXC**	calcipotriene-betamethasone dipropionate suspension 0.005-0.064%
Diabetes - Antidiabetic Agents	FARXIGA TAB 5MG, 10MG	**2 to EXC**	dapagliflozin tablet
	JANUMET TAB 50-500MG, 50-1000MG	**3 to EXC**	sitagliptin-metformin tablet
	JANUMET XR TAB 50-500MG, 50-1000MG, 100-1000MG	**2 to EXC**	sitagliptin-metformin ER tablet
	JANUVIA TAB 25MG, 50MG, 100MG	**3 to EXC**	sitagliptin tablet
	XIGDUO XR TAB 2.5-1000MG, 5-500MG, 5-1000MG, 10-500MG, 10-10000MG	**2 to EXC**	dapagliflozin-metformin ER tablet
Electrolytes / Minerals / Metals / Vitamins	JYNARQUE PAK 15MG, 30-15MG, 45-15MG, 60-30MG, 90-30MG	**1 to EXC**	tolvaptan therapy pack
	JYNARQUE TAB 15MG, 30MG	**1 to EXC**	tolvaptan tablet
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	MOTEGRITY TAB 1MG, 2MG	**3 to EXC**	prucalopride tablet
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	MYRBETRIQ TAB 25MG, 50MG	**2 to EXC**	mirabegron ER tablet
Immunological Agents - Drugs for Immune System Stimulation or Suppression	SOTYKTU TAB 6MG	**2 to EXC**	Please talk to your provider about your options.
	XELJANZ SOL 1MG/ML	**2 to EXC**	tofacitinib solution
	XELJANZ TAB 5MG, 10MG	**2 to EXC**	tofacitinib tablet
	XELJANZ XR TAB 11MG, 22MG	**2 to EXC**	tofacitinib ER tablet
Miscellaneous Therapeutic Agents	ENDARI POWDER 5GM	**3 to EXC**	l-glutamine powder
Ophthalmic Agents - Drugs for Glaucoma	LUMIGAN OPHTHALMIC SOL 0.01%	**2 to EXC**	bimatoprost 0.01% ophthalmic solution
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	RYALTRIS NASAL SPRAY 665-25	**3 to EXC**	azelastine-fluticasone nasal spray, fluticasone nasal spray, mometasone nasal spray

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	ATROVENT HFA AEROSOL 17MCG	**3 to EXC**	ipratropium HFA aerosol
	OFEV CAP 100MG, 150MG	**3 to EXC**	nintedanib capsule
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	OPSUMIT TAB 10MG	**2 to EXC**	macitentan tablet

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة **العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدوّن على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी **(Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: Se parla **italiano (Italian)** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語（Japanese）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní baąh t'áá jiik'eh bee hane'í námboo bee hodíilnih

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese),** quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

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