

# Your formulary updates

Tier changes  
Effective July 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>Dermatological Agents - Drugs for Skin Conditions</b>	
MIRVASO GEL	Tier 3 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
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
LUMIZYME INJ	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	Lower cost medications
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
RHOFADE CR	Tier 3 to EXC	MIRVASO
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
PROLENSA OPHTH SOL	Tier 2 to EXC	diclofenac ophth soln, flurbiprofen ophth soln, ketorolac ophth soln
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTH SOL 0.1%	Tier 2 to EXC	brimonidine 0.1%
<b>Respiratory Tract/ Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP	Tier 1 to EXC	covered generic cough and cold products
PROMETHAZINE & PHENYLEPHRINE SYRUP	Tier 1 to EXC	covered generic cough and cold products

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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