Your formulary updates

Tier changes
Effective Jan. 1, 2026

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).

Medications moving to a lower tier

These medications are moving to a lower tier, making them more affordable.

Medication name	Tier placement
Antimigraine Agents	
EMGALITY INJ AUTO-INJECTOR PEN 120MG/ML	EXC to 2
EMGALITY INJ PREFILLED SYR 120MG/ML	EXC to 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
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
OMECLAMOX THERAPY PAK	2 to 3	bismuth subcitrate /metronidazole/tetracycline capsule, PYLERA, TALICIA, VOQUEZNA DUAL PAK, VOQUEZNA TRIPLE PAK
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DEPEN TITRA TAB 250MG	2 to 3	penicillamine 250mg tablet
Hormonal Agents - Pituitary		
SUPPRELIN LA KIT 50MG	2 to 3	LUPRON DEPOT-PED, TRIPTODUR

Medications moving to exclusion

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

Medication name	Tier placement	Lower cost medications
Anticonvulsants Agents - Drugs for Seizures		
APTIOM TAB 200MG, 400MG, 600MG, 800MG	3 to EXC	eslicarbazepine tablet
SPRITAM TAB 250MG, 500MG, 750MG, 1000MG	3 to EXC	levetiracetam tablet

Medication name	Tier placement	Lower cost medications
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
NAMZARIC CAP 14-10MG, 21-10MG, 28-10MG	2 to EXC	donepezil-memantine capsule
NAMZARIC CAP 7-10MG	2 to EXC	donepezil tablet, memantine tablet
NAMZARIC PACK	2 to EXC	donepezil tablet, memantine tablet, donepezil-memantine capsule
Antimigraine Agents		
AJOVY INJ 225MG/1.5ML AUTO-INJECTOR	2 to EXC	AIMOVIG injectable, EMGALITY 120MG/ML injectable
AJOVY INJ 225MG/1.5ML PRE-FILLED SYR	2 to EXC	AIMOVIG injectable, EMGALITY 120MG/ML injectable
Antiplatelets Agents		
BRILINTA TAB 60MG, 90MG	2 to EXC	ticagrelor tablet
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ENTRESTO TAB 24-26MG, 49-51MG, 97-103MG	2 to EXC	sacubitril-valsartan tablet
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR CAP 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	3 to EXC	amphetamine-dextroamphetamine ER capsule
Central Nervous System Agents - Drugs for Multiple Sclerosis		
COPAXONE INJ 40MG/ML	2 to EXC	glatiramer injectable
Dermatological Agents - Drugs for Skin Conditions		
DOXYCYCLINE CAP 40MG	1 to EXC	doxycycline IR tablet, minocycline IR capsule/tablet, metronidazole cream/gel/lotion, azelaic acid gel, ivermectin cream
Hormonal Agents - Sex Hormones and Birth Control		
ESTROGEL GEL 0.06%	3 to EXC	estradiol 0.06% gel pump
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
DYMISTA NASAL SPRAY 137-50MCG/ACT	2 to EXC	azelastine hcl-fluticasone propionate nasal spray
Sleep Disorder Agents		
DAYVIGO TAB 5MG, 10MG	3 to EXC	eszopiclone tablet, ramelteon tablet, zaleplon capsule, zolpidem tablet, BELSOMRA

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.

NOTICE OF NONDISCRIMINATION

OptumRx®, Inc. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@optum.com

If you need help filing a complaint, call the toll-free number **1-888-445-8745.** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your member plan ID card.

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'a'eyeed bee áka'anída'w o'i dóó bee ahil hane'i náání łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchinigíí. náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh 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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