

## Your prescription benefit updates

Formulary Updates — Effective July 1, 2019

Medications are grouped by the conditions they treat. Each medication is placed in a tier that shows the amount you will pay for that prescription. This is decided by your employer or health plan. Please use this chart as you review these updates.



**Tier 1**  
Lowest-cost medications



**Tier 2**  
Midrange-cost medications



**Tier 3**  
Highest-cost medications

### Medications moving to a lower tier

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

Therapeutic use	Medication name	Tier placement	Lower-cost medications
<b>Hematopoietic Agents</b>	NIVESTYM INJ 300 MCG/0.5 ML, 480 MCG/0.8 ML	<b>3 ▶ 2</b>	N/A
<b>Immune Suppressants</b>	INFLECTRA INJ 100 MG	<b>3 ▶ 2</b>	N/A
	RENFLEXIS INJ 100 MG	<b>3 ▶ 2</b>	N/A

## 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.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
<b>Angioedema Agents</b>	BERINERT INJ 500 UNIT	2 ▶ 3	Please talk to your doctor about clinically appropriate options.
	CINRYZE INJ SOLUTION 500 UNIT	2 ▶ 3	Please talk to your doctor about clinically appropriate options.
	FIRAZYR INJ 30 MG/3 ML	2 ▶ 3	Please talk to your doctor about clinically appropriate options.
<b>Cardiovascular Agents</b>	LANOXIN INJ 0.25 MG/ML	2 ▶ 3	digitek, digox, digoxin
<b>Dermatological Agents</b>	7T LIDO GEL 2%	2 ▶ 3	lidocaine gel, lidocaine ointment, lidocaine solution, lidocaine/prilocaine cream
	DRYSOL SOL 20%	2 ▶ 3	HYPERCARE SOL 15% (OTC)
<b>Gastrointestinal Agents</b>	SEROSTIM INJ 4 MG, 5 MG, 6 MG	2 ▶ 3	Please talk to your doctor about clinically appropriate options.
<b>Hematological Agents</b>	IXINITY INJ 250 UNIT, 2000 UNIT, 3000 UNIT	2 ▶ 3	ALPHANINE SD, BENEFIX, MONONINE
	RIXUBIS INJ 250 UNIT, 2000 UNIT, 3000 UNIT	2 ▶ 3	ALPHANINE SD, BENEFIX, MONONINE
<b>Hematopoietic Agents</b>	GRANIX INJ 300 MCG/1 ML, 480 MCG/1.6 ML, 300 MCG/0.5 ML, 480 MCG/0.8 ML	2 ▶ 3	NIVESTYM, ZARXIO
	NEUPOGEN INJ 300 MCG, 480 MCG, 300 MCG/0.5 ML, 480 MCG/0.8 ML	2 ▶ 3	NIVESTYM, ZARXIO

Therapeutic use	Medication name	Tier placement	Lower-cost medications
<b>Hormonal Agents</b>	TIROSINT CAP	2 ▶ 3	levothyroxine
<b>Immunological Agents</b>	CUVITRU INJ 1 GM/5 ML, 2 GM/10 ML, 4 GM/20 ML	2 ▶ 3	FLEBOGAMMA, GAMMAGARD, GAMMAPLEX, HIZENTRA, OCTAGAM,
<b>Immune Suppressants</b>	REMICADE INJ 100 MG	2 ▶ 3	CIMZIA, HUMIRA, INFLECTRA, RENFLEXIS, SIMPONI

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For the most current list of covered medications, or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a network retail pharmacy by ZIP code.
  - Look up possible lower-cost medications.
  - Compare medication pricing.
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