

Updates To Your Prescription Benefits

Effective July 1, 2020

The Prescription Drug List (PDL) groups medications by the conditions they treat. Each medication is placed in a tier that indicates the amount you pay to fill a prescription as determined by your employer or health plan. Please reference this chart as you review the following PDL updates.



TIER 1
Lowest-cost medications



TIER 2
Midrange-cost medications



TIER 3
Highest-cost medications

Medications moving to a higher tier

If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to discuss the preferred option(s) below with your doctor to determine if they may be used to treat your condition.

THERAPEUTIC USE	MEDICATION NAME	TIER PLACEMENT	LOWER-COST MEDICATIONS
Cholesterol/Lipid Lowering	Vascepa	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Diabetes: Hypoglycemia	GlucaGen HypoKit	2→3	Baqsimi, Glucagon, Gvoke
Pulmonary Arterial Hypertension (PAH)	Tracleer 32 mg	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)

Medications being excluded

Medications may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

THERAPEUTIC USE	MEDICATION NAME	ALTERNATIVES
Cardiovascular: Platelet Aggregation Inhibitor	Yosprala	aspirin plus omeprazole
Contraception	Slynd	Camila, Incassia, Nora-Be, norethindrone, Norlyda, Norlyroc
Diabetes: Oral Agents	Invokamet, Invokamet XR, Invokana	Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR
Growth Hormones	Omnitrope	Norditropin, Nutropin AQ
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Migraine	Tosymra	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
Oncology	Erleada, Treanda, Yonsa, Zytiga	Patients are to consult with their physician for clinically appropriate alternatives(s)

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THERAPEUTIC USE	MEDICATION NAME	ALTERNATIVES
Pain: Non-Steroidal Anti-Inflammatory Agents (NSAIDs)	Zipsor	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Prenatal Vitamins	Azesco, CitraNatal Assure, CitraNatal Bloom, CitraNatal DHA, CitraNatal Harmony, Duet DHA, Duet DHA Balanced, EnBrace HR, NataChew, NeevoDHA, Nestabs DHA, Nestabs One, OB Complete One, OB Complete Petite, OB Complete Premier, Pregenna, Prenate chewable, Prenate DHA, Prenate Elite, Prenate Enhance, Prenate Essential, Prenate mini, Prenate Pixie, Prenate Restore, PrimaCare, RediChew Rx, Select-OB, Select-OB DHA, Trinaz, TriStart DHA, TriStart One, Vitafol Fe+, Vitafol gummies, Vitafol Nano, Vitafol-OB, Vitafol-OB DHA, Vitafol-One, Vitafol Ultra, vitaMedMD One, VitaPearl, VitaTrue, Zalvit	generic prenatal vitamins

Medications being excluded

Brand name medications with generic equivalents that are excluded from coverage under your pharmacy benefit.

BRAND NAME	GENERIC EQUIVALENT
Afinitor	everolimus
Targadox	doxycycline
Tracleer 62.5 mg	bosentan
Tracleer 125 mg	bosentan

If you have additional questions, please call customer service at **800-759-3203** or visit serveyourx.com.