

Updates To Your Prescription Benefits

Effective January 1, 2021

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
Glaucoma	Rhopressa	2→3	bimatoprost ophthalmic solution, latanoprost ophthalmic solution, travoprost ophthalmic solution
	Rocklatan	2→3	dorzolamide/timolol ophthalmic solution, Combigan, Simbrinza
Oncology	Istodax, Romidepsin	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Rabies	HyperRAB, HyperRAB S/D, Imogam, KEDRAB	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Rosacea	Mirvaso	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
	Soolantra	2→3	azelaic acid gel, metronidazole cream, Rosadan cream

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
Cholesterol	Livalo	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Depression	Bupropion XL 450mg, Forfivo XL	bupropion hydrochloride XL (generic Wellbutrin XL)

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THERAPEUTIC USE	MEDICATION NAME	ALTERNATIVES
Dermatology: Acne	Avita cream	adapalene cream, adapalene/benzoyl peroxide gel, clindamycin/benzoyl peroxide gel, erythromycin/benzoyl peroxide gel, tazarotene cream, tretinoin cream, tretinoin gel
	Avita gel	adapalene/benzoyl peroxide gel, clindamycin/benzoyl peroxide gel, erythromycin/benzoyl peroxide gel, tretinoin cream, tretinoin gel
Dermatology: Topical Corticosteroid	Trianex ointment	hydrocortisone valerate, triamcinolone acetonide
Diabetes: Blood Glucose Monitoring	Accu-Chek (Roche) test strips and meters, OneTouch (Lifescan) test strips and meters	Contour, Contour Next (Ascencia) test strips and meters
Duchenne Muscular Dystrophy	Exondys 51	dexamethasone, methylprednisolone, prednisone
Gastrointestinal: Colonoscopy Preparation Medications	OsmoPrep, Plenvu	Clenpiq, Gavilyte-N, PEG 3350, Prepopik, Suprep
Gout	Colchicine capsules, Colcrys	colchicine tablets
HIV	Descovy	Patients are to consult with their physician for clinically appropriate alternatives(s)
Multiple Sclerosis	Rebif	Avonex, Betaseron
Oncology: Chemotherapy-Related Neutropenia	Udenyca	Neulasta, Ziextenzo
Opioid Overdose	Evzio	Narcan
Respiratory: COPD	Incruse Ellipta	Spiriva
Respiratory: Short-Acting Bronchodilator	ProAir Digihaler, ProAir HFA, ProAir RespiClick, Proventil HFA, Ventolin HFA	albuterol HFA
Testosterone Replacement Therapy	Aveed, Natesto, Testopel	testosterone, Androderm, Xyosted
Weight Loss	Contrave	phentermine

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Medications being excluded

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

BRAND NAME	GENERIC EQUIVALENT
Plaquenil	hydroxychloroquine
Truvada 200/300mg	emtricitabine/tenofovir disoproxil fumarate 200/300mg

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