

Updates To Your Prescription Benefits

Effective July 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
Allergic Conjunctivitis (ocular itching)	Pazeo	2→3	azelastine ophthalmic solution, olopatadine ophthalmic solution
Cancer	Xalkori	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Hyponatremia	Samsca	2→3	tolvaptan
Immune Thrombocytopenia (ITP)	Nplate	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Multivitamins	Corvita, Corvite	2→3	generic multivitamins
	Poly-Vite Drops	2→3	generic polyvitamin drops
Parkinson's Disease	Apokyn	2→3	Patients are to consult with their physician for clinically appropriate alternatives(s)
Spasticity	Gablofen, Lioresal	2→3	baclofen injection

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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
Acne	Fabior foam	tazarotene cream
Acne / Plaque Psoriasis	Tazorac cream 0.05%, Tazorac gel 0.05%, 0.1%	tazarotene cream
Allergic Conjunctivitis (ocular itching)	Bepreve, Lastacraft	azelastine ophthalmic solution, olopatadine ophthalmic solution
Cushing's Disease	Signifor	octreotide
Cystic Fibrosis	Bethkis, Cayston	tobramycin neb solution, TOBI Podhaler
Inflammatory Conditions (e.g., Crohn's Disease, Plaque Psoriasis, Rheumatoid Arthritis)	Renflexis	Avsola, Inflectra
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Multivitamins	Dexifol, Genicin Vita-Q, Genicin Vita-S, Folic-K, Folika-T, Folika-V, Hylavite, Lorid, MultiPro, Nicadan, NicAzal, NicAzal Forte, Nicomide, Quflora Fe, Remedient, TronVite, VitaSure, Xvite	generic multivitamins
Osteoporosis	Forteo	Teriparatide, Tymlos
Pain: NSAIDs	Diclofenac Epolamine patch	diclofenac gel, diclofenac solution
Pain: Opioids	Kadian 200mg	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, Hysingla ER, OxyContin, Xtampza ER

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

BRAND NAME	GENERIC EQUIVALENT
Ciprodex	ciprofloxacin/dexamethasone otic suspension
Kuvan Powder	sapropterin
Saphris	asenapine
Tecfidera	dimethyl fumarate DR
Truvada	emtricitabine/tenofovir disoproxil fumarate

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