

## Updates To Your Prescription Benefits

Effective January 1, 2022

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
Dental	PreviDent Rinse	2→3	sodium fluoride solution
Dermatology	Pramosone cream 1-1%	1→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Fertility	Chorionic Gonadotropin, Novarel, Pregnyl	1→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Gaucher Disease	Cerezyme	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Hemophilia	Novoseven	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Multivitamins	FerraPlus 90	1→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Oncology	Erivedge	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)

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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
Cardiovascular: High Cholesterol	Praluent	Repatha
Immunomodulator: Methotrexate Products	Otrexup	methotrexate, Rasuvo
Respiratory: Bronchospasm	ProAir HFA, ProAir RespiClick, Ventolin HFA	albuterol HFA (exception Prasco manufacturer)
Urinary Tract Infection (Bacterial)	Cleocin suppository, Nuessa	clindamycin vaginal cream, metronidazole vaginal gel
Wilson's Disease	penicillamine capsule, Cuprimine	penicillamine tablet, Depen Titra

## Medications being excluded

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

BRAND NAME	GENERIC EQUIVALENT
Absorica	isotretinoin
Azopt	brinzolamide ophthalmic suspension
Bystolic	nebivolol
Cleocin cream	clindamycin vaginal cream
Firazyr	icatibant
Lyrica CR	pregabalin ER
Travatan Z	travoprost ophthalmic solution

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