

## Updates To Your Prescription Benefits

Applies to the Select Formulary Effective July 1, 2025

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 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
Cancer	Sprycel	dasatinib
Immunomodulators	Humira	Amjevita (preferred NDCs)
	Stelara	Wezlana

If you have additional questions, please call customer service at 800-759-3203 or visit [ServeYouRx.com](https://www.ServeYouRx.com).