

Updates To Your Prescription Benefits

Applies to the Select Formulary Effective January 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.



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Tier 1

Lowest-cost medications



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Tier 2

Midrange-cost medications



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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
Diabetes Mellitus	Victoza	Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity
Duchenne Muscular Dystrophy (DMD)	Emflaza	generic deflazacort
Hereditary Angioedema (HAE)	Sajazir	generic icatibant
Hyperphosphatemia	Velphoro	calcium acetate, calcium carbonate, lanthanum carbonate, sevelamer, Auryxia
Immunomodulators	Adalimumab-adaz, Adalimumab-adbm, Amjevita (non-preferred NDCs), Cyltezo, Humira, Hyrimoz	Amjevita for Amgen, Amjevita for Nuvaila
Seizures	Viagadrone	generic vigabatrin
Wilson's Disease	Syprine	generic trientine

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	ALTERNATIVES
Allergies	Promethegan	1→3	generic promethazine suppository
Antibiotics	Avidoxy, Mondoxyne NL	1→3	generic doxycycline
Eye Infections	Neo-Polycin	1→3	generic neomycin/bacitracin/ polymyxin ophthalmic ointment
	Neo-Polycin HC	1→3	generic bacitracin/polymyxin/ neomycin/ hydrocortisone ophthalmic ointment
	Polycin	1→3	generic bacitracin/polymyxin ophthalmic ointment
Growth Hormone Deficiency	Nutropin AQ	2→3	Norditropin, Omnitrope
Hemorrhoids	Ana-Lex Kit	1→3	generic lidocaine-hydrocortisone acetate rectal cream kit
	Anucort-HC	1→3	generic hydrocortisone acetate suppository
	Proctosol HC, Proctozone-HC	1→3	generic hydrocortisone perianal cream
Infertility	Fyremadel	1→3	generic ganirelix
Macular Degeneration	Cimerli	2→3	Bevacizumab injection (compounded)

Multivitamins	Airavite, Folbee, Lysiplex Plus, Nufol, Vitacel, Westab One	1→3	generic multivitamins
	K-Prime	1→3	generic potassium bicarbonate
Nausea/Vomiting	Compro	1→3	generic prochlorperazine suppository
Oral Ulcers	Kourzeq, Oralone	1→3	generic triamcinolone acetonide dental paste
Thrombocytopenia	Mulpleta	2→3	Doptelet
Uterine Hemorrhage	Methergine	1→3	generic methylergon

MEDICATIONS MOVING TO SPECIALTY

If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to discuss with your doctor to determine if there may be a non-specialty medication available to treat your condition.

THERAPEUTIC USE	MEDICATION NAME
Cancer	Leukeran
Wound Management	Filsuvez

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