

## Updates To Your Prescription Benefits

Applies to the Select Formulary Effective July 1, 2024

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
<b>COPD</b>	Spiriva Handihaler	tiotropium bromide inhalation capsules
<b>Cough and Cold</b>	Prometh/PE, Prometh/PE with Codeine, Prometh VC, Prometh VC with Codeine	covered generic cough and cold products
<b>Glaucoma</b>	Alphagan P 0.1%	brimonidine ophthalmic solution 0.1%
<b>Ophthalmic NSAID</b>	Prolensa	bromfenac sodium ophthalmic solution 0.07%
<b>Rosacea</b>	Rhofade	Mirvaso

## 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
<b>Pompe Disease</b>	Lumizyme	2→3	Consult with physician for clinically appropriate alternatives

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