

Updates To Your Prescription Benefits

EFFECTIVE JANUARY 1, 2023

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
Common Cold	CapCof	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)
	M-Clear WC	1→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Eye Inflammation	prednisolone ophthalmic suspension (Imprimis Rx manufacturer)	1→3	prednisolone ophthalmic suspension (non-compounded)
Genital Warts	Podocon-25	1→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Glaucoma	Phospholine Iodide	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)
Multivitamin with Fluoride Supplement	Poly-Vi-Flor chew	2→3	generic multivitamin/fluoride chew
Prenatal Vitamins	Virt-Nate DHA	1→3	generic prenatal vitamins

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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
ADHD	Adzenys XR-ODT, Cotelpla XR-ODT, Daytrana, Dyanavel XR suspension, Mydayis, Quillichew ER, Quillivant XR, Zenzedi	amphetamine/dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER, Azstarys, Vyvanse
Chronic Kidney Disease	Auryxia	calcium acetate, lanthanum carbonate, sevelamer, Velphoro
Oncology	Rubraca	Lynparza, Zejula
	Talzenna	Lynparza
Traveler's Diarrhea	Xifaxan 200mg	Patients are to consult with their physician for clinically appropriate alternative(s)

Medications being excluded

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

BRAND NAME	GENERIC EQUIVALENT
Aczone gel 7.5%	dapsone gel 7.5%
Combigan	brimonidine-timolol ophthalmic solution 0.2-0.5%
Esbriet	pirfenidone tablets
Pentasa CR 500mg	mesalamine ER 500mg
Toviaz	fesoterodine ER
Vimpat	lacosamide



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