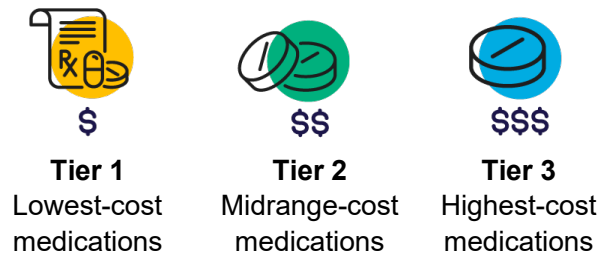


## Updates To Your Prescription Benefits

Applies to the Biosimilar Advantage 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.



### 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>Diabetes Mellitus</b>	Victoza	Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity
<b>Duchenne Muscular Dystrophy (DMD)</b>	Emflaza	generic deflazacort
<b>Hereditary Angioedema (HAE)</b>	Sajazir	generic icatibant
<b>Hyperphosphatemia</b>	Velphoro	calcium acetate, calcium carbonate, lanthanum carbonate, sevelamer, Auryxia
<b>Immunomodulators</b>	Amjevita (non-preferred NDCs)	Adalimumab-aacf, Adalimumab-aaty, Adalimumab-adaz, Adalimumab-fkjp, Hadlima, Simlandi, Yusimry
<b>Seizures</b>	Viagadrone	generic vigabatrin
<b>Wilson's Disease</b>	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
<b>Allergies</b>	Promethegan	1→3	generic promethazine suppository
<b>Antibiotics</b>	Avidoxy, Mondoxyne NL	1→3	generic doxycycline
<b>Eye Infections</b>	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
<b>Growth Hormone Deficiency</b>	Nutropin AQ	2→3	Norditropin, Omnitrope
<b>Hemorrhoids</b>	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
<b>Infertility</b>	Fyremadel	1→3	generic ganirelix
<b>Macular Degeneration</b>	Cimerli	2→3	Bevacizumab injection (compounded)

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

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