

Updates To Your Prescription Benefits

Applies to the Standard Formulary Effective July 1, 2026

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 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
Acromegaly	Somavert	2→3	octreotide
ADHD	methylphenidate XR	1→3	amphetamine/dextroamphetamine ER, lisdexamfetamine, methylphenidate IR/ER/CD, Azstarys, Jornay PM
Cancer	Akeega	2→3	abiraterone, Lynparza
	Lorbrena		Alecensa, Alunbrig
	Vizimpro		Tagrisso
	Xalkori		Alecensa, Alunbrig, Ensacove
Clostridioides Difficile (C.diff)	Vowst	2→3	fidaxomicin
Diabetes (CGM)	Dexcom G6	2→3	Dexcom G7, FreeStyle Libre
Dry Eye Disease	Restasis multi-dose	2→3	Eysuvis, Miebo, Restasis single dose, Tyrvaya, Xiidra
Hyperhidrosis (excessive sweating)	Drysol, Xbrexza	2→3	Patients are to consult with their physician for clinically appropriate alternative(s)

THERAPEUTIC USE	MEDICATION NAME	TIER PLACEMENT	ALTERNATIVES
Hypothyroidism	Thyroid	1→3	levothyroxine, liothyronine
Interstitial Cystitis	Elmiron	2→3	amitriptyline, cimetidine, hydroxyzine
Osteoporosis	Fosamax Plus D	2→3	alendronate, ibandronate, risedronate
Tardive Dyskinesia	Austedo, Austedo XR	2→3	Ingrezza

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
Asthma/COPD	Fluticasone/Vilanterol	budesonide/formoterol, fluticasone/salmeterol diskus, Advair HFA, Breo Ellipta, Dulera, Wixela
	ProAir RespiClick	albuterol HFA
	Umeclidium/Vilanterol	Anoro Ellipta, Stiolto Respimat
Diabetes	metformin ER modified release, metformin ER osmotic release, Glumetza	metformin ER (generic Glucophage XR)
	Humalog Tempo Pen, Lyumjev Tempo Pen	Fiasp, Insulin Lispro, Lyumjev, Novolog
Hyponatremia	tolvaptan	Jynarque
Immunomodulators	Adalimumab-adaz, Humira, Simlandi	Adalimumab-aaty, Adalimumab-ryvk (Teva manufacturer)
	Ustekinumab-aekn (nonpreferred NDCs)	Ustekinumab-aekn (preferred NDCs), Steqeyma, Yesintek
Parkinson's Disease	Xadago	carbidopa/levodopa
Tetracyclines	doxycycline Hyclate DR	doxycycline (non-delayed release)
Pain	ibuprofen/famotidine, Duexis	ibuprofen plus famotidine

If you have additional questions, please call customer service at 800-759-3203 or visit ServeYouRx.com.



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