



Updates to your prescription benefits

Effective June 1, 2025

Your PDL update summary

Dear Valued Plan Participant:

We want to alert you about upcoming changes to the Prescription Drug List (PDL) for your plan.

These changes include copay costs or coverage requirements. Review the list of changes to learn if any of your medications will be impacted.

To help outline changes in cost or coverage, prescription drugs are grouped by tiers. A tier indicates the amount you pay when you fill a prescription. Please reference this chart as you review the changes to the PDL for your plan.

 Tier 1 Lowest-cost medications	 Tier 2 Mid-range cost	 Tier 3 Highest-cost
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Prescription drugs with limited coverage^{1,2}

We review prescription drugs based on their total value. This includes how a drug works and how much it costs. When more than one drug works in the same way, we may choose to limit coverage of the higher-cost option. In some cases, you may need to get a prior authorization or try another covered drug first.

Sign into your online account to see if there are any actions you need to take.

Therapeutic use	Medication name	Alternative treatment option(s)
Acne	Cabtreo ³	OTC Differin gel plus clindamycin 1.2%/benzoyl peroxide 5% (generic Duac) or adapalene 0.1%/benzoyl peroxide 2.5% (generic Epiduo) plus clindamycin 1% gel (generic Clindagel)
Blood disorders	Promacta tablet	Alvaiz
Cancer	Sprycel (brand only)	dasatinib (generic Sprycel)

Therapeutic use	Medication name	Alternative treatment option(s)
COPD	Daliresp (brand only)	roflumilast (generic Daliresp)
Cushing's disease	Korlym (brand only)	mifepristone (generic Korlym)
Diabetes	Bexagliflozin (authorized generic Brenzavvy) ³	Jardiance
Diabetes	Victoza (brand only)	liraglutide (generic Victoza)
Dry eye disease	Vevye ophthalmic solution ³	Restasis single dose vial, Xiidra
Elevated phosphate levels	sevelamer hydrochloride tablet (generic Renagel)	sevelamer carbonate tablet (generic Renvela)
Eye pain & inflammation	Durezol (brand only)	difluprednate (generic Durezol)
Growth hormone	Nutropin AQ NuSpin	Norditropin Flexpro, Omnitrope
Infections	Nitrofurantoin 50 mg/5 mL oral suspension ³	nitrofurantoin 25 mg/5 mL oral suspension
Infections	Sovuna ³	hydroxychloroquine (generic Plaquenil)
Infections	Tetracycline tablet ³	tetracycline capsule (generic Achromycin V)
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Amjevita (manufactured by Amgen for Amgen)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Cyltezo	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Eohilia oral suspension ³	budesonide nebulized solution (generic Pulmicort Respules)
Inflammatory conditions	Hadlima	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Inflammatory conditions	Velsipity ³	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Entyvio, Humira, Omvoh, Rinvoq, Simponi, Skyrizi, Stelara, Xeljanz
Inflammatory conditions	Zymfentra ³	adalimumab [Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira], Cimzia, Entyvio, Infliximab IV (medical benefit), Omvoh, Rinvoq, Simponi, Stelara, Skyrizi, Xeljanz
Low potassium levels	Pokonza ³	potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K)
Muscle weakness due to potassium levels	Keveyis (brand only)	dichlorphenamide (generic Keveyis)
Muscle weakness due to potassium levels	Ormalvi (brand only) ³	dichlorphenamide (generic Keveyis)

Therapeutic use	Medication name	Alternative treatment option(s)
Nausea & vomiting	Marinol 2.5 mg (brand only)	dronabinol (generic Marinol)
Nausea & vomiting	Marinol 5 mg, 10 mg (brand only) ³	dronabinol (generic Marinol)
Nausea & vomiting	ondansetron 16 mg orally disintegrating tablet ³	ondansetron 4 mg, 8 mg orally disintegrating tablet
Oral steroid	Agamree oral suspension ³	prednisone
Pain and inflammation	Coxanto ³	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
Pain and inflammation	Kiprofen ³	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain and inflammation	Oxaprozin (Coxanto authorized generic) ³	ibuprofen, naproxen, oxaprozin tablet, Over-the-counter NSAIDs
Pain and inflammation	tolmetin 400 mg (generic Tolectin)	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pain and inflammation	Tolectin 600 mg ³	diclofenac (generic Cataflam, Voltaren), flurbiprofen (generic Ansaid), ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Pulmonary hypertension	Opsynvi ³	tadalafil (generic Adcirca) with Opsumit

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic Use	Medication name	Tier placement	Alternative treatment option(s)
Anemia	Epogen	Tier 2 to Tier 3	Retacrit
Anemia	Procrit	Tier 2 to Tier 3	Retacrit
Blood disorders	Mulpleta	Tier 2 to Tier 3	Discuss alternative treatment options with your provider.
Bowel preparations	MoviPrep	Tier 2 to Tier 3	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely)
Diabetes	Kazano	Tier 2 to Tier 3	Alogliptin/Metformin (Kazano authorized generic)
Diabetes	Nesina	Tier 2 to Tier 3	Alogliptin (Nesina authorized generic)
Diabetes	Oseni	Tier 2 to Tier 3	Alogliptin/Pioglitazone (Oseni authorized generic)
Elevated phosphate levels	Velphoro	Tier 2 to Tier 3	calcium acetate (generic PhosLo), sevelamer carbonate tablet (generic Renvela)

¹ Limited coverage includes brand, generic and authorized generic products unless otherwise noted.

² For benefits that have limited coverage, step therapy or prior authorization may be required.

³ Newly released medication which had limited coverage at the time of launch and will continue to have limited coverage under our pharmacy benefit.

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