



# Updates to your prescription benefits

Effective January 1, 2026

## Access 3-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the cost and coverage level of a drug. Please reference the chart below as you review the following updates to the PDL.



### Tier 1

Lowest-cost medications



### Tier 2

Mid-range cost



### Tier 3

Highest-cost

## 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)              |
|-----------------|----------------------|------------------|----------------------------------------------|
| Cancer          | Ibrance <sup>1</sup> | Tier 2 to Tier 3 | Kisqali <sup>1</sup> , Verzenio <sup>1</sup> |

## Prescription drugs excluded from benefit coverage<sup>2,3</sup>

We evaluate prescription drugs based on their total value, including how a drug works, its safety, and how much it costs. When several drugs work in the same way, we may choose to exclude the higher-cost option. Effective **January 1, 2026**, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check if there are any actions you need to take.

| Therapeutic use     | Medication name                                                         | Alternative treatment option(s) |
|---------------------|-------------------------------------------------------------------------|---------------------------------|
| Alzheimer's disease | Zunveyl <sup>4</sup>                                                    | galantamine (generic Razadyne)  |
| Asthma/COPD         | Umeclidinium/Vilanterol (Anoro Ellipta authorized generic) <sup>4</sup> | Anoro Ellipta                   |

| Therapeutic use           | Medication name                                         | Alternative treatment option(s)                                                                                                                            |
|---------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cancer                    | Danziten <sup>4,5</sup>                                 | nilotinib (generic Tasigna) <sup>1</sup>                                                                                                                   |
| Cancer                    | Tasigna (brand only) <sup>5</sup>                       | nilotinib (generic Tasigna) <sup>1</sup>                                                                                                                   |
| Diabetes                  | metformin 750 mg <sup>4</sup>                           | metformin 500 mg, 1000 mg (generic Glucophage)                                                                                                             |
| Diabetes                  | OneTouch meters <sup>6,7</sup>                          | Contour Next, Contour Plus Blue, Accu-Chek Guide                                                                                                           |
| Diabetes                  | OneTouch test strips <sup>6,7</sup>                     | Contour Next test strips, Contour Plus Blue test strips, Accu-Chek Guide test strips                                                                       |
| Endocrine disorders       | Jynarque (brand only) <sup>5</sup>                      | tolvaptan (generic Jynarque) <sup>1</sup>                                                                                                                  |
| Endocrine disorders       | Thiola (brand only)                                     | tiopronin (generic Thiola)                                                                                                                                 |
| Endocrine disorders       | Thiola EC (brand only)                                  | tiopronin delayed-release (generic Thiola EC)                                                                                                              |
| Endocrine disorders       | Venxxiva (brand only) <sup>4</sup>                      | tiopronin delayed-release (generic Thiola EC)                                                                                                              |
| Heart failure             | Entresto (brand only) <sup>5</sup>                      | sacubitril/valsartan (generic Entresto) <sup>1</sup>                                                                                                       |
| Hemophilia                | Alhemo <sup>5,7</sup>                                   | Hemlibra <sup>1</sup> , Qfitlia <sup>1</sup>                                                                                                               |
| Infections                | Fulvicin P/G 165 mg <sup>4</sup>                        | griseofulvin ultramicrosize 125 mg, 250 mg (generic Gris-Peg), itraconazole (generic Sporanox), terbinafine (generic Lamisil), ciclopirox (generic Penlac) |
| Infections                | griseofulvin 165 mg (generic Fulvicin P/G) <sup>4</sup> | griseofulvin ultramicrosize 125 mg, 250 mg (generic Gris-Peg), itraconazole (generic Sporanox), terbinafine (generic Lamisil), ciclopirox (generic Penlac) |
| Infections                | metronidazole 125 mg <sup>4</sup>                       | one half of metronidazole 250 mg                                                                                                                           |
| Inflammatory conditions   | Humira <sup>5,8</sup>                                   | Adalimumab-adaz (unbranded Hyrimoz) <sup>1</sup> , Amjevita <sup>1</sup>                                                                                   |
| Inflammatory conditions   | Imuldosa <sup>4,5</sup>                                 | Steqeyma <sup>1</sup> , Wezlana <sup>1</sup> , Yesintek <sup>1</sup>                                                                                       |
| Mental health             | Opipza oral film <sup>4</sup>                           | aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon) |
| Muscle spasms             | metaxalone 640 mg <sup>4</sup>                          | cyclobenzaprine (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)              |
| Neuropathic pain/Seizures | Gabarone <sup>4</sup>                                   | gabapentin (generic Neurontin)                                                                                                                             |
| Neutropenia               | Nypozi <sup>4</sup>                                     | Nivestym, Zarxio                                                                                                                                           |
| Pain                      | tramadol 75 mg <sup>4</sup>                             | tramadol 50 mg, 100 mg (generic Ultram)                                                                                                                    |
| Pain & inflammation       | Fenopron <sup>4</sup>                                   | ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)                    |

| Therapeutic use                  | Medication name       | Alternative treatment option(s)                                                                                                                                                                                |
|----------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rosacea                          | Emrosi <sup>4</sup>   | minocycline immediate-release capsules (generic Minocin), minocycline extended-release (generic Solodyn), doxycycline hyclate (generic Vibramycin), doxycycline monohydrate 50 mg and 100 mg (generic Monodox) |
| Sickle cell disease              | Hydrea (brand only)   | hydroxyurea (generic Hydrea)                                                                                                                                                                                   |
| Sleep                            | Dayvigo               | zolpidem (generic Ambien), zaleplon (generic Sonata), eszopiclone (generic Lunesta), Belsomra                                                                                                                  |
| Stroke & heart attack prevention | Brilinta (brand only) | ticagrelor (generic Brilinta)                                                                                                                                                                                  |

<sup>1</sup> Step therapy or prior authorization may be required prior to coverage.

<sup>2</sup> Medication is typically excluded from coverage.

<sup>3</sup> Exclusion includes brand, generic and authorized generic products unless otherwise noted.

<sup>4</sup> Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our pharmacy benefit.

<sup>5</sup> For plans that do not exclude these medications, step therapy or prior authorization may be required prior to coverage.

<sup>6</sup> Includes OneTouch Ultra, Ultra 2, Ultra Blue, Verio, Verio Flex, Verio IQ, and Verio Reflect meters/test strips.

<sup>7</sup> A clinical review may be available for coverage.

<sup>8</sup> Members currently on therapy may be allowed to continue.

# Access 3-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective **January 1, 2026**.

## **PA** Prior authorization - new notification<sup>9</sup>

Prior authorization – notification requires additional clinical information to verify members benefit coverage.

| Therapeutic use | Medication name      |
|-----------------|----------------------|
| Acne            | Arazlo <sup>10</sup> |

## **MN** New medical necessity<sup>9</sup>

Medical necessity is a type of prior authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications will now require medical necessity for coverage.

| Therapeutic use           | Medication name                      |
|---------------------------|--------------------------------------|
| Acne                      | Aklief <sup>11</sup>                 |
| COPD                      | Yupelri                              |
| Elevated potassium levels | Lokelma                              |
| Elevated potassium levels | Veltassa                             |
| Endometriosis             | Orilissa                             |
| Infections                | Xifaxan                              |
| Irritable bowel disease   | Viberzi                              |
| Parkinson's disease       | Nourianz                             |
| Seizures                  | Xcopri                               |
| Sexual dysfunction        | Stendra <sup>12</sup>                |
| Sexual dysfunction        | Addyi <sup>12</sup>                  |
| Sexual dysfunction        | Vyleesi <sup>12</sup>                |
| Testosterone replacement  | Androge <sup>10</sup>                |
| Testosterone replacement  | Fortesta <sup>10</sup>               |
| Testosterone replacement  | Testim                               |
| Testosterone replacement  | testosterone 30 mg/ACT <sup>10</sup> |
| Testosterone replacement  | Vogelxo <sup>10</sup>                |
| Uterine bleeding          | Myfembree                            |

## ST Step Therapy<sup>9</sup>

The medications below have a new or revised step therapy program. You must try one or more other medications before the medication below may be covered.

| Therapeutic use                   | Medication name      | Step 1 medication                                                                                                                                                                                             |
|-----------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cholesterol/Lipid lowering</b> | Livalo <sup>10</sup> | Must try three:<br>atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor) |
| <b>Cholesterol/Lipid lowering</b> | Nexletol             | Must try both:<br>Zetia and high intensity statin therapy                                                                                                                                                     |
| <b>Cholesterol/Lipid lowering</b> | Nexlizet             | Must try both:<br>Zetia and high intensity statin therapy                                                                                                                                                     |
| <b>Cholesterol/Lipid lowering</b> | Zypitamag            | Must try three:<br>atorvastatin (generic Lipitor), fluvastatin (generic Lescol), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor) or simvastatin (generic Zocor) |
| <b>Skin conditions</b>            | Klisyri              | Must try two:<br>diclofenac 3% gel (generic Solaraze),<br>topical fluorouracil (e.g. Carac, generic Efudex),<br>imiquimod 5% (e.g. generic Aldara)                                                            |
| <b>Ulcers due to H.pylori</b>     | Voquezna Dual Pak    | One of the following:<br>clarithromycin-based triple therapy,<br>clarithromycin-based concomitant therapy<br>OR<br>bismuth quadruple therapy                                                                  |
| <b>Ulcers due to H.pylori</b>     | Voquezna Triple Pak  | One of the following:<br>clarithromycin-based triple therapy,<br>clarithromycin-based concomitant therapy<br>OR<br>bismuth quadruple therapy                                                                  |

<sup>9</sup> Includes brand, generic and authorized generic products unless otherwise noted.

<sup>10</sup> Typically excluded from coverage. For benefits that do not exclude, step therapy or prior authorization may be required.

<sup>11</sup> Prior authorization may already be in place based on benefit design.

<sup>12</sup> Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

**ማሳሰቢያ፡- አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

**في احطه:** انك ستجد بالغة الله العربية (Arabic)، سوف يملك خدم ابال مساعدته الى عونه الام حله  
طالما تملك ابال ام حله ستستفيد اخرى، مثل الاطباء، لاجل انفسهم يصل الى ام حله الى الام و دو ، في  
تطلب عيول ام حله الى عيول.

**দেখুন:** আপক্ষ যক্ষ বাংলায় (Bengali-Bangala) কথা বঁ : , তাহঁ ঞ্ক্ষ মূর্ঁ ভাষা সহায়তা  
পক্ষষবা এবং বড় মুর্ঁ ক্ষমতো অ: ' I: ' ফক্ষর্ম াঁ যোগাযোগগুঁক্ষ আপ: ক্ষজ: ' ঞ্ক্ষ মূর্ঁ  
উপ ঞ্ক্ষ। আপ: ক্ষস: সঁ ক্ষপক্ষক্ষয়পঁ ক্ষকার্ডেক্ষঁ - ঞ্ক্ষ: ঞ্ক্ষক্ষঁ কর:

**ចំណាំ:** ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)**  
សេវាជំនួយភាសាគតិគន្លឹះ និងការទំនាក់ទំនងគតិគន្លឹះក្នុងទម្រង់ផ្សេងទៀត  
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។  
ទូរសព្ទមកលេខគតិគន្លឹះនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**請注意：**如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等  
其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

**ATTENTION :** Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

**ATANSYON:** Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

**ACHTUNG:** Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

**ΠΡΟΣΟΧΗ:** Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

**ધ્યાન આપો:** જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી વિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

**ध्यान दें:** यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे क्लर्क बॅ प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

**LUS TSEEM CEEB:** Yog tias koj hais lus Hmoob (Hmong), muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

**ATENSIÓN:** No agsasaoka iti Ilocano (Ilocano), magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

**ATTENZIONE:** se parla italiano (Italian), può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

**注意事項：**日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

**알림 사항:** 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

**ໝາຍເຫດ:** ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**ध्यान दिनु ास्:** यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, ऋःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा ऋःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लाग्मा उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

بوجه: لکریه بدان وایسی (Persian-Farsi) صحبت می‌کند، خدمات پولکان کمک ربلی و لپیاطات  
پولکان در والابه‌ای بکر، ملید حاب برر ک، در سیرس‌س‌ما هسیدد. دلس‌ما ره پولکان مدرج روی‌کار  
س‌س‌ربلی عصفو ب‌اریم‌اس یکید.

**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਦਿਆਨ ਦਿਓ ਿ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ  
ਫ਼ਾ ਮੈਟਾਂ, ਜਿੰਨ੍ਹਾਂ ਵਿੱਚੋਂ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ  
ਕਾਲ ਕਰੋ।

**ВНИМАНИЕ!** Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้  
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น  
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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موجود ہیں: اگر اب اردو (Urdu) ردائے تعلیم و ردائے کی معاوضہ خدمات اور دیگر وابستہ خدمات  
مواطن اب، جسے درکار ہے، اب کلمے مع سہولیات کے ممبرانہ کارپریسے کیفول وری  
ممبر کال کریں۔

**LƯU Ý:** Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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