



Premium Prescription Drug List Updates Effective July 1, 2025

Please Note: These changes ONLY apply to members on the Premium Formulary. Group-specific benefit exceptions may apply.

New Step Therapy Requirements

Members must try preferred alternatives before other drugs will be covered.

Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Oral Contraceptives	Femlyv tablet	Any of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Cholesterol Agents	Trilipix capsule	fenofibric DR capsule
Corticosteroids	deflazacort suspension	prednisone oral solution
Miscellaneous Gastrointestinal Agents	Chenodal tablet	ursodiol tablet
Topical Anti-infectives	Crotan lotion 10%	permethrin cream

New Excluded Drugs with Covered Generic Equivalents

Corlanor tablet	Dasiresp tablet	Evista tablet	Fosamax tablet
Intelence tablet 100 mg	Intelence tablet 200 mg	Lucemyra tablet	mesalamine kit
Proscar tablet	Rowasa kit	Sprycel tablet	Viibryd tablet

Specialty Drug Classification Changes

Now Classified as Non-Specialty Drugs		
Jesduvroq tab	Vafseo tab	Xphozah tab