

## Preferred Drug List (PDL) Changes Effective 5/29/2025

In addition to the May 29, 2025 PDL changes listed below, please be prepared for the following changes coming **July 10, 2025** by transitioning members to the preferred products.

- Generic **albuterol HFA** inhalers will no longer bypass the PDL. Only brand Ventolin HFA will continue to pay without a prior authorization.
- **Fluticasone HFA** inhalers will move to non-preferred except for children 5 and under. Asmanex HFA (approved down to 5 y.o.) and Alvesco (approved down to 12 y.o.) have been added to the PDL to help mitigate treatment disruptions.

### Angiotensin Modulators:

Preferred to Non-Preferred  
quinapril  
quinapril HCTZ

Non-Preferred to Preferred

### Beta-Blockers:

Preferred to Non-Preferred

Non-Preferred to Preferred  
bisoprolol

### GI Motility, Chronic:

Preferred to Non-Preferred  
Amitiza

Non-Preferred to Preferred  
lubiprostone (generic Amitiza)

### Corticosteroids Inhaled:

Preferred to Non-Preferred

Non-Preferred to Preferred  
Alvesco  
Asmanex HFA

### Insulins:

Preferred to Non-Preferred  
Humalog  
Novolog  
OTC Novolin N and R  
insulin glargine vial

Non-Preferred to Preferred  
insulin lispro  
insulin aspart cartridge  
OTC Humulin N and R

### SGLT2s:

Preferred to Non-Preferred  
Invokana  
Invokamet

Non-Preferred to Preferred

**Phosphate Binders:**

**Preferred to Non-Preferred**

Renvela 800mg tab

**Non-Preferred to Preferred**

Sevelamer carbonate 800mg tab  
(generic Renvela)

**Potassium Binders:**

**Preferred to Non-Preferred**

Lokelma

**Non-Preferred to Preferred**

**Proton Pump Inhibitors:**

**Preferred to Non-Preferred**

OTC lansoprazole caps

Nexium packets

Prevacid solutab

**Non-Preferred to Preferred**

OTC lansoprazole 15mg solutab

**Ulcerative Colitis:**

**Preferred to Non-Preferred**

Lialda

**Non-Preferred to Preferred**

meselamine (generic Lialda)

**Vaginal Estrogens:**

**Preferred to Non-Preferred**

**Non-Preferred to Preferred**

Femring