

Effective October 1st, 2025, the following Preferred Drug List (PDL) changes will take place:

1. Adderall® XR Capsule

🌱 You will now get amphetamine salt combo XR capsule (generic)

2. Focalin® XR Capsule

🌱 You will now get dexmethylphenidate ER capsule (generic)

3. Concerta® Tablet

🌱 You will now get methylphenidate ER tablet (generic)

4. Vyvanse® Chewable Tablet

🌱 You will now get lisdexamfetamine chewable tablet (generic)

5. Novolog® U-100 Penfill

🌱 You will now get: insulin aspart U-100 Penfill (generic)

6. Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial

🌱 You will now get: insulin lispro U-100 Junior KwikPen®, insulin lispro U-100 KwikPen® / vial (generic)

7. Insulin glargine vial / SoloStar® (authorized biologic for Lantus)

🌱 You will now get Lantus® SoloStar® / Vial (Brand)

8. Novolog® Mix 70/30 FlexPen®

🌱 You will now get insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic)

9. Amitiza® Capsule from preferred to non-preferred

🌱 You will now get lubiprostone capsule (generic)

10. Dermotic® Oil

🌱 You will now get fluocinolone 0.01% oil (generic for Dermotic®) (generic)

11. Adapalene cream (generic for Differin®)

🌱 You will now get Differin® cream (Brand)

12. MetroCream®

🌿 You will now get metronidazole cream (generic)

13. MetroGel®

🌿 You will now get metronidazole gel / pump (generic)

14. Clobex® Shampoo

🌿 You will now get clobetasol shampoo (generic)

What This Means for You:

Your medicine may look different, but it will work the **same**. These changes should **not stop** you from getting your medicine.

Effective October 1st, 2025, your prescriber will need to send in a prior authorization to obtain these medications:

1. Tramadol ER tablet (generic for Ultram ER® or Ryzolt®)

🌿 Moving to non-preferred status

2. Hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)

🌿 Moving to non-preferred status

3. Tramadol tablet (generic for Ultram®)

🌿 Moving to non-preferred status

4. Diclofenac sodium tablet (generic for Voltaren®)

🌿 Moving to non-preferred status

5. Lacosamide solution (generic for Vimpat®)

🌿 Moving to non-preferred status (seizure disorder exempt from change)

6. Lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)

🌿 Moving to non-preferred status (seizure disorder exempt from change)


7. Nardil® Tablet

🌿 Moving to non-preferred status


8. Phenelzine tablet (generic for Nardil®)

🌿 Moving to non-preferred status


9. Tranylcypromine tablet (generic for Parnate®)

 Moving to non-preferred status


10. Aptensio® XR Capsule

 Moving to non-preferred status


11. Methylphenidate ER capsule (generic for Aptensio® XR)

 Moving to non-preferred status


12. Emgality® Syringe 100 MG from preferred to non-preferred

 Moving to non-preferred status

13. Nuvigil® Tablet from preferred to non-preferred

 Moving to non-preferred status


14. Levemir® / FlexPen® / FlexTouch® / Vial

 Moving to non-preferred status


15. Humalog® 50/50 Mix KwikPen®

 Moving to non-preferred status


16. Humalog® 75/25 Vial

 Moving to non-preferred status

17. Dexilant® Capsule Tablet

 Moving to non-preferred status


18. Mesalamine DR tablet (generic for Lialda®)

 Moving to non-preferred status


19. Mesalamine enema (generic for SF Rowasa®)

 Moving to non-preferred status


20. Fragmin® Syringe

 Moving to non-preferred status

21. Udenyca® Autoinjector / Syringe

 Moving to non-preferred status

22. Ketorolac solution (generic for Acular® / LS)

 Moving to non-preferred status

23. Restasis® Multidose™ Drops

🌱 Moving to non-preferred status

24. dimenhydrinate vial (generic for Dramamine®)

🌱 Moving to non-preferred status

25. clindamycin phosphate gel (generic for Clindagel®)

🌱 Moving to non-preferred status

26. Zovirax® Cream

🌱 Moving to non-preferred status

27. Adalimumab-fkjp Pen / Syringe from preferred to non-preferred

🌱 Moving to non-preferred status

28. Aprepitant pack (generic for Emend®)

🌱 Moving to non-preferred status

Aprepitant pack (generic for Emend®) already needs **special approval** (called a prior authorization) before it can be filled.

What This Means for You:

If you are already taking aprepitant pack (generic for Emend®), this change will not affect you. You can still get your medicine like usual.