

2026 Upcoming Changes, Child Health Plus - 2977

Formulary Changes:

Medications Reclassified to Non-Formulary Effective January 1, 2026	
ADZENYS XR-ODT 12.5 MG TABLET	NORDITROPIN FLEXPRO 10 MG/1.5
ADZENYS XR-ODT 15.7 MG TABLET	NORDITROPIN FLEXPRO 15 MG/1.5
ADZENYS XR-ODT 18.8 MG TABLET	NORDITROPIN FLEXPRO 30 MG/3 ML
ADZENYS XR-ODT 3.1 MG TABLET	NORDITROPIN FLEXPRO 5 MG/1.5
ADZENYS XR-ODT 6.3 MG TABLET	NUTROPIN AQ NUSPIN 10 INJECTOR
ADZENYS XR-ODT 9.4 MG TABLET	NUTROPIN AQ NUSPIN 20 INJECTOR
APTIOM 200 MG TABLET	NUTROPIN AQ NUSPIN 5 INJECTOR
APTIOM 400 MG TABLET	NYVEPRIA 6 MG/0.6 ML SYRINGE
APTIOM 600 MG TABLET	OLUMIANT 1 MG TABLET
APTIOM 800 MG TABLET	OLUMIANT 2 MG TABLET
ASTAGRAF XL 0.5 MG CAPSULE	OLUMIANT 4 MG TABLET
ASTAGRAF XL 1 MG CAPSULE	ONETOUCH ULTRA TEST STRIP
ASTAGRAF XL 5 MG CAPSULE	ONETOUCH ULTRA2 GLUCOSE SYST
BRENZAVVY 20 MG TABLET	ONETOUCH VERIO FLEX METER
COMPLERA TABLET	ONETOUCH VERIO REFLECT METER
COTEMPLA XR-ODT 17.3 MG TABLET	ONETOUCH VERIO TEST STRIP
COTEMPLA XR-ODT 25.9 MG TABLET	ONEXTON GEL PUMP
COTEMPLA XR-ODT 8.6 MG TABLET	OPSUMIT 10 MG TABLET
DIACOMIT 250 MG CAPSULE	OPZELURA 1.5% CREAM
DIACOMIT 250 MG POWDER PACKET	OTREXUP 10 MG/0.4 ML AUTO-INJ
DIACOMIT 500 MG CAPSULE	OTREXUP 12.5 MG/0.4 ML AUTOINJ
DIACOMIT 500 MG POWDER PACKET	OTREXUP 15 MG/0.4 ML AUTO-INJ
DYANAVEL XR 2.5 MG/ML SUSP	OTREXUP 17.5 MG/0.4 ML AUTOINJ
ENSTILAR 0.005%-0.064% FOAM	OTREXUP 20 MG/0.4 ML AUTO-INJ
ESOMEPRAZOLE DR 49.3 MG CAP	OTREXUP 22.5 MG/0.4 ML AUTOINJ
FANAPT 1 MG TABLET	OTREXUP 25 MG/0.4 ML AUTO-INJ
FANAPT 10 MG TABLET	OXYTROL 3.9 MG/24HR PATCH
FANAPT 12 MG TABLET	PENICILLAMINE 250 MG TABLET
FANAPT 2 MG TABLET	PIKO 1 FLOW METER

Medications Reclassified to Non-Formulary Effective January 1, 2026 (continued)

FANAPT 4 MG TABLET	POCKET PEAK FLOW METER
FANAPT 6 MG TABLET	PREVMIS 120 MG PELLETT PACKET
FANAPT 8 MG TABLET	PREVMIS 20 MG PELLETT PACKET
FULPHILA 6 MG/0.6 ML SYRINGE	PREVMIS 240 MG TABLET
FYLNETRA 6 MG/0.6 ML SYRINGE	PREVMIS 480 MG TABLET
GATTEX 5 MG 30-VIAL KIT	PROMACTA 12.5 MG SUSPEN PACKET
GATTEX 5 MG ONE-VIAL KIT	PROMACTA 12.5 MG TABLET
GATTEX 5 MG VIAL	PROMACTA 25 MG SUSPENSION PCKT
GENOTROPIN 12 MG CARTRIDGE	PROMACTA 25 MG TABLET
GENOTROPIN 5 MG CARTRIDGE	PROMACTA 50 MG TABLET
GENOTROPIN MINIQUICK 0.2 MG	PROMACTA 75 MG TABLET
GENOTROPIN MINIQUICK 0.4 MG	PROPECIA 1 MG TABLET
GENOTROPIN MINIQUICK 0.6 MG	PURIXAN 20 MG/ML ORAL SUSP
GENOTROPIN MINIQUICK 0.8 MG	QBRELIS 1MG/ML SOLUTION
GENOTROPIN MINIQUICK 1 MG	QUILLICHEW ER 20 MG CHEW TAB
GENOTROPIN MINIQUICK 1.2 MG	QUILLICHEW ER 30 MG CHEW TAB
GENOTROPIN MINIQUICK 1.4 MG	QUILLICHEW ER 40 MG CHEW TAB
GENOTROPIN MINIQUICK 1.6 MG	QUILLIVANT XR 25 MG/5 ML SUSP
GENOTROPIN MINIQUICK 1.8 MG	RASUVO 10 MG/0.2 ML AUTOINJ
GENOTROPIN MINIQUICK 2 MG	RASUVO 12.5 MG/0.25 ML AUTOINJ
GRANIX 300 MCG/0.5 ML SAFE SYR	RASUVO 15 MG/0.3 ML AUTOINJ
GRANIX 300 MCG/0.5 ML SYRINGE	RASUVO 17.5 MG/0.35 ML AUTOINJ
GRANIX 300 MCG/ML VIAL	RASUVO 20 MG/0.4 ML AUTOINJ
GRANIX 480 MCG/0.8 ML SAFE SYR	RASUVO 22.5 MG/0.45 ML AUTOINJ
GRANIX 480 MCG/0.8 ML SYRINGE	RASUVO 25 MG/0.5 ML AUTOINJ
GRANIX 480 MCG/1.6 ML VIAL	RASUVO 30 MG/0.6 ML AUTOINJ
HORIZANT ER 300 MG TABLET	RASUVO 7.5 MG/0.15 ML AUTOINJ
HORIZANT ER 600 MG TABLET	RAVICTI 1.1 GRAM/ML LIQUID
HUMATROPE 12 MG CARTRIDGE	REFISSA 0.05% CREAM
HUMATROPE 24 MG CARTRIDGE	RELEUKO 300 MCG/0.5 ML SYRINGE
HUMATROPE 6 MG CARTRIDGE	RELEUKO 480 MCG/0.8 ML SYRINGE
HYSINGLA ER 100 MG TABLET	RELEUKO 480 MCG/1.6 ML VIAL

Medications Reclassified to Non-Formulary Effective January 1, 2026 (continued)

HYSINGLA ER 120 MG TABLET	RENOVA 0.02% CREAM
HYSINGLA ER 20 MG TABLET	RENOVA PUMP 0.02% CREAM
HYSINGLA ER 30 MG TABLET	RHOFADE 1% CREAM
HYSINGLA ER 40 MG TABLET	RISEDRONATE SODIUM 30 MG TAB
HYSINGLA ER 60 MG TABLET	SITAVIG 50 MG BUCCAL TABLET
HYSINGLA ER 80 MG TABLET	SKYTROFA 11 MG CARTRIDGE
INSULIN DEGLUDEC 100 UNIT/ML	SKYTROFA 13.3 MG CARTRIDGE
INSULIN DEGLUDEC PEN (U-100)	SKYTROFA 3 MG CARTRIDGE
INSULIN DEGLUDEC PEN (U-200)	SKYTROFA 3.6 MG CARTRIDGE
JARDIANCE 10 MG TABLET	SKYTROFA 4.3 MG CARTRIDGE
JARDIANCE 25 MG TABLET	SKYTROFA 5.2 MG CARTRIDGE
JYNARQUE 15 MG TABLET	SKYTROFA 6.3 MG CARTRIDGE
JYNARQUE 15 MG-15 MG TABLET	SKYTROFA 7.6 MG CARTRIDGE
JYNARQUE 30 MG TABLET	SKYTROFA 9.1 MG CARTRIDGE
JYNARQUE 30 MG-15 MG TABLET	SOGROYA 10 MG/1.5 ML PEN
JYNARQUE 45 MG-15 MG TABLET	SOGROYA 15 MG/1.5 ML PEN
JYNARQUE 60 MG-30 MG TABLET	SOGROYA 5 MG/1.5 ML PEN
JYNARQUE 90 MG-30 MG TABLET	SOVALDI 150 MG PELLETT PACKET
LATISSE 0.03% EYELASH SOLUTION	SOVALDI 200 MG PELLETT PACKET
LIDOCAINE-TETRACAINE 7%-7% CRM	SOVALDI 200 MG TABLET
LINZESS 145 MCG CAPSULE	SOVALDI 400 MG TABLET
LINZESS 290 MCG CAPSULE	STIMUFEND 6 MG/0.6 ML SYRINGE
LINZESS 72 MCG CAPSULE	SYNJARDY 12.5-1,000 MG TABLET
LIRAGLUTIDE 2-PAK 18 MG/3 ML	SYNJARDY 12.5-500 MG TABLET
LIRAGLUTIDE 3-PAK 18 MG/3 ML	SYNJARDY 5-1,000 MG TABLET
LITFULO 50 MG CAPSULE	SYNJARDY 5-500 MG TABLET
LIVTENCITY 200 MG TABLET	SYNJARDY XR 10-1,000 MG TABLET
LYUMJEV 100 UNIT/ML KWIKPEN	SYNJARDY XR 12.5-1,000 MG TAB
LYUMJEV 100 UNIT/ML VIAL	SYNJARDY XR 25-1,000 MG TABLET
LYUMJEV 200 UNIT/ML KWIKPEN	SYNJARDY XR 5-1,000 MG TABLET
LYUMJEV TEMPO PEN 100 UNIT/ML	TERIPARATIDE 560MCG/2.24ML PEN
MIRVASO 0.33% GEL PUMP	TRAMADOL HCL 25 MG TABLET

Medications Reclassified to Non-Formulary Effective January 1, 2026 (continued)

MYRBETRIQ ER 25 MG TABLET	TRESIBA 100 UNIT/ML VIAL
MYRBETRIQ ER 50 MG TABLET	TRESIBA FLEXTOUCH 100 UNIT/ML
MYRBETRIQ ER 8 MG/ML SUSP	TRESIBA FLEXTOUCH 200 UNIT/ML
NEUPOGEN 300 MCG/0.5 ML SYR	TRUZONE PEAK FLOW METER
NEUPOGEN 300 MCG/ML VIAL	VICTOZA 2-PAK 18 MG/3 ML PEN
NEUPOGEN 480 MCG/0.8 ML SYR	VICTOZA 3-PAK 18 MG/3 ML PEN
NEUPOGEN 480 MCG/1.6 ML VIAL	VOSEVI 400-100-100 MG TABLET
NGENLA PEN 24 MG/1.2 ML	WYNZORA 0.005%-0.064% CREAM
NGENLA PEN 60 MG/1.2 ML	ZELAPAR 1.25 MG ODT TABLET
NIVESTYM 300 MCG/0.5 ML SYRING	ZIEXTENZO 6 MG/0.6 ML SYRINGE
NIVESTYM 300 MCG/ML VIAL	ZOMACTON 10 MG VIAL
NIVESTYM 480 MCG/0.8 ML SYRING	ZOMACTON 5 MG VIAL
NIVESTYM 480 MCG/1.6 ML VIAL	

**These medication(s) are considered “non-formulary” and non-formulary drugs are generally not covered under your drug benefit*

Formulary Changes:

Medications Added to Formulary Effective January 1, 2026

CONTOUR NEXT EZ METER	CONTOUR PLUS TEST STRIP
CONTOUR NEXT EZ METER SYSTEM	CONTOUR TEST STRIP
CONTOUR NEXT GEN METER	SELARSDI 45 MG/0.5 ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT GEN METER KIT	SELARSDI 90 MG/ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT GLUCOSE METER KIT	TYENNE 162 MG/0.9 ML AUTOINJCT (Prior Authorization Required)
CONTOUR NEXT LINK 2.4 METER KT	TYENNE 162 MG/0.9 ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT LINK METER	VENTOLIN HFA 90 MCG INHALER
CONTOUR NEXT METER	YESINTEK 45 MG/0.5 ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT ONE METER	YESINTEK 45 MG/0.5 ML VIAL (Prior Authorization Required)
CONTOUR NEXT TEST STRIP	YESINTEK 90 MG/ML SYRINGE (Prior Authorization Required)