2026 Upcoming Changes, National Preferred Formulary - 3624

Medications reclassified as EXCLUDED Effective 1/1/2026	
Actemra	OneTouch Verio test strips
Arnuity Ellipta	opium tincture
Austedo	oxiconazole 1 % topical cream
Austedo XR	Oxtellar XR
azelastine -fluticasone nasal spray	OxyContin
Brilinta	paroxetine mesylate
ciclopirox 8 % treatment kit	penciclovir
crotamiton liquid	Prolensa
Denavir	Promacta
Dyrenium	Rasuvo
Endari	Revlimid
Epsolay	Sprix
fosfomycin	Stelara
Humalog vial	Symbicort
Invega Sustenna	tafluprost
Invega Trinza	Tasigna
naftifine	telmisarta-amlodipine
Naftin	Thiola EC
Nourianz	travoprost
OneTouch Solutions Starter kit	Trexall
OneTouch Ultra Test strips	triamterene capsule
OneTouch Ultra2 Meter	Twyneo
OneTouch Verio Flex Meter	Velphoro
OneTouch Verio Reflect Meter	Vyvanse

Medications reclassified from EXCLUDED to PREFERRED Effective 1/1/2026
Avsola
Hercessi
infliximab
Ogivri

Medications reclassified from PREFERRED to NON- PREFERRED Effective 1/1/2026
Ixchiq
OneTouch Ultra Control solution

Medications reclassified from NON-PREFERRED to PREFERRED Effective 1/1/2026
Ingrezza
Ingrezza Sprinkle