

## 2026 Upcoming changes, Small Group/Individuals and Families 3-Tier Formulary- 2981

### Medications reclassified, with lower costing formulary alternatives available

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026:	
Medication Reclassified	Lower Costing Formulary Alternative
ACUTANE	TRETINOIN CREAM
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM 10 MG TAB
ALMOTRIPTAN MALATE	SUMATRIPTAN TABLET
ALPRAZOLAM ER	ALPRAZOLAM TABLET
ALPRAZOLAM XR	ALPRAZOLAM TABLET
AMIODARONE HCL 100 MG TABLET	AMIODARONE HCL 200 MG TABLET
AMIODARONE HCL 400 MG TABLET	AMIODARONE HCL 200 MG TABLET
AMLODIPINE-OLMESARTAN	AMLODIPINE & OLMESARTAN (SEPARATE DRUGS)
AMLODIPINE-VALSARTAN	AMLODIPINE & VALSARTAN (SEPARATE DRUGS)
AMLODIPINE-VALSARTAN-HCTZ	AMLODIPINE & VALSARTAN & HYDROCHLOROTHIAZIDE (SEPARATE DRUGS)
AMNESTEEM	TRETINOIN CREAM
AMPHETAMINE SULFATE	DEXTROAMPHETAMINE TAB
APOMORPHINE HCL	AMANTADINE 100 MG CAPSULE
APREPITANT	ONDANSETRON
ASENAPINE MALEATE	RISPERIDONE
AZELASTINE-FLUTICASONE	AZELASTINE NASAL SPRAY & FLUTICASONE NASAL SPRAY (SEPARATE DRUGS)
BACLOFEN 25 MG/5 ML SUSPENSION	BACLOFEN 10 MG TABLET
BEPOTASTINE BESILATE	OLOPATADINE HCL 0.1% EYE DROPS
BESER	FLUTICASONE PROP 0.05% CREAM
BRIMONIDINE 0.33% GEL PUMP	ROSADAN 0.75% CREAM
BRIMONIDINE TARTRATE-TIMOLOL	BRIMONIDINE & TIMOLOL (SEPARATE DRUGS)
BUDESONIDE ER 9 MG TABLET	BUDESONIDE EC 3 MG CAPSULE
BUTALB-ACETAMIN-CAFF 50-325-40	BUTALB-ACETAMIN-CAFF 50-300-40
CARBIDOPA/LEVODOPA ODT	CARBIDOPA-LEVODOPA 10-100 TAB
CARVEDILOL ER	CARVEDILOL TABLET (NON-ER)
CIMETIDINE SOLN	FAMOTIDINE 40 MG/5 ML
CLARAVIS	TRETINOIN CREAM
CLINDACIN	CLINDAMYCIN PHOSPHATE GEL (TUBE)
CLINDAMYCIN PHOSP 1% LOTION	CLINDAMYCIN PHOSPHATE GEL (TUBE)
CLINDAMYCIN-BNZ PEROX 1-5% PMP	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% (TUBE)

**Medications Moving from Tier 1 to Tier 3 as of January 1, 2026: (continued)**

<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
CLOMIPRAMINE HCL	AMITRIPTYLINE TAB
CLONAZEPAM ODT	CLONAZEPAM TABLET
CLORAZEPATE DIPOTASSIUM	DIAZEPAM TABLET
DABIGATRAN ETEXILATE	XARELTO, ELIQUIS, WARFARIN
DANTROLENE SODIUM	ALTERNATIVE IS INDICATION SPECIFIC (IF APPLICABLE)
DARIFENACIN ER	SOLIFENACIN 5 MG TABLET
DEFLAZACORT	PREDNISONE
DESIPRAMINE HCL	AMITRIPTYLINE TAB
DESONIDE 0.05% LOTION	DESONIDE 0.05% CREAM
DEXTROAMPHETAMINE 15 MG TAB	DEXTROAMPHETAMINE 5 MG OR 10 MG TAB
DEXTROAMPHETAMINE 20 MG TAB	DEXTROAMPHETAMINE 5 MG OR 10 MG TAB
DEXTROAMPHETAMINE 30 MG TAB	DEXTROAMPHETAMINE 5 MG OR 10 MG TAB
DEXTROAMPHETAMINE 5 MG/5 ML	DEXTROAMPHETAMINE 5 MG OR 10 MG TAB
DICHLORPHENAMIDE	ACETAZOLAMIDE 125 MG TABLET
DICLOFENAC SODIUM 3% GEL	IMIQUIMOD 5% CREAM PACKET
DORZOLAMIDE-TIMOLOL	DORZOLAMIDE-TIMOLOL EYE DROPS
DOXYCYCLINE HYCLATE	DOXYCYCLINE MONO 50 MG CAP
DOXYCYCLINE MONO 75 MG CAPSULE	DOXYCYCLINE MONO 50 MG CAP
DOXYLAMINE SUCC-PYRIDOXINE HCL	OTCS
DROXIDOPA	MIDODRINE TABLET
EC-NAPROXEN DR TABLET	NAPROXEN 250 MG TABLET
ENALAPRIL 1 MG/ML ORAL SOLN	ENALAPRIL TABLET
ERY-TAB	ERYTHROMYCIN 250 MG TABLET
ESLICARBAZEPINE ACETATE	EPITOL TABLET
EZETIMIBE-SIMVASTATIN	EZETIMIBE & SIMVASTATIN (SEPARATE DRUGS)
FENOFIBRATE	FENOFIBRIC ACID DR CAP
FESOTERODINE FUMARATE ER	OXYBUTYNIN 5 MG TABLET
FLAVOXATE HCL	OXYBUTYNIN 5 MG TABLET
FLUOXETINE DR	FLUOXETINE CAPSULE
FLUOXETINE TABLET	FLUOXETINE CAPSULE
FLURAZEPAM HCL	ESTAZOLAM TABLET

**Medications Moving from Tier 1 to Tier 3 as of January 1, 2026: (continued)**

<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
FLURBIPROFEN	IBUPROFEN
FLUTICASONE PROP 0.05% LOTION	FLUTICASONE PROP 0.05% CREAM
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE 25 MG TAB
FROVATRIPTAN SUCCINATE	SUMATRIPTAN TABLET
GABAPENTIN ER	GABAPENTIN CAPSULE
GATIFLOXACIN	CIPROFLOXACIN 0.3% EYE DROP
GLYCOPYRROLATE 1.5 MG TABLET	GLYCOPYRROLATE 1 MG TABLET
GLYCOPYRROLATE SOLN	GLYCOPYRROLATE TABLET
HYDROMORPHONE ER	MORPHINE SULFATE ER
ISOTRETINOIN	TRETINOIN CREAM
ISRADIPINE	FELODIPINE ER 2.5 MG TABLET
ITRACONAZOLE	FLUCONAZOLE, BUT MAY DEPENDENT ON COVERAGE NEEDED
IVERMECTIN 1% CREAM	ROSADAN 0.75% CREAM
LACTULOSE PACKET	LACTULOSE ORAL SOLUTION
LANTHANUM CARBONATE	CALCIUM ACETATE GELCAP
LEVALBUTEROL 0.63 MG/3 ML SOL	LEVALBUTEROL 0.31 MG/3 ML SOL
LEVALBUTEROL 1.25 MG/3 ML SOL	LEVALBUTEROL 0.31 MG/3 ML SOL
LEVALBUTEROL CONC 1.25 MG/0.5	LEVALBUTEROL 0.31 MG/3 ML SOL
LOTEPREDNOL ETABONATE 0.5% DRP	LOTEPREDNOL 0.5% OPHTHALMC GEL
LURBIPR	IBUPROFEN
MALATHION	PERMETHRIN 5% CREAM
MEPROBAMATE	DIAZEPAM TABLET
MESALAMINE 800 MG DR TABLET	MESALAMINE DR 1.2 GM TABLET
METHITEST	TESTOSTERONE 1.62% GEL PUMP
METHSUXIMIDE	ETHOSUXIMIDE 250 MG CAPSULE
METHYLTESTOSTERONE	TESTOSTERONE 1.62% GEL PUMP
MIGLITOL	ACARBOSE TABLET
MIRTAZAPINE ODT	MIRTAZAPINE TABLET
MONDOXYNE NL	DOXYCYCLINE MONO 50 MG CAP
MOXIFLOXACIN 0.5% EYE DRP-VISC	MOXIFLOXACIN 0.5% EYE DROPS
MYORISAN	TRETINOIN CREAM

**Medications Moving from Tier 1 to Tier 3 as of January 1, 2026: (continued)**

<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
NAPROXEN DR TABLET	NAPROXEN 250 MG TABLET
NAPROXEN SODIUM	NAPROXEN 250 MG TABLET
NARATRIPTAN HCL 1 MG TABLET	NARATRIPTAN HCL 2.5 MG TABLET
NEFAZODONE HCL	TRAZODONE 50 MG TABLET
NIACIN ER	ATORVASTATIN
NIMODIPINE 60 MG/20 ML SOLN	NIMODIPINE 30 MG CAPSULE
NIZATIDINE	CIMETIDINE 200 MG TABLET
OLANZAPINE ODT	OLANZAPINE TABLET
OLMESARTAN-AMLODIPINE-HCTZ	AMLODIPINE & OLMESARTAN & HYDROCHLOROTHIAZIDE (SEPARATE DRUGS)
ORMALVI	ACETAZOLAMIDE 125 MG TABLET
OXAPROZIN	IBUPROFEN
OXAZEPAM	LORAZEPAM TABLET
OXICONAZOLE NITRATE	CLOTRIMAZOLE 1% SOLUTION
PACERONE 100 MG TABLET	AMIODARONE HCL 200 MG TABLET
PACERONE 400 MG TABLET	AMIODARONE HCL 200 MG TABLET
PALIPERIDONE ER	RISPERIDONE TABLET
PAROXETINE ER	PAROXETINE TABLET
PHENDIMETRAZINE TARTRATE	PHENTERMINE
PHENDIMETRAZINE TARTRATE ER	PHENTERMINE
PHENTERMINE-TOPIRAMATE ER	PHENTERMINE
PIOGLITAZONE-GLIMEPIRIDE	PIOGLITAZONE-GLIMEPIRIDE 30-4
PIOGLITAZONE-METFORMIN	XIGDUO XR
PROPAFENONE HCL ER	PROPAFENONE TABLET
PROTRIPTYLINE HCL	AMITRIPTYLINE TAB
PYRIMETHAMINE	CHLOROQUINE PH 250 MG TABLET
QUININE SULFATE	CHLOROQUINE PH 250 MG TABLET
RISEDRONATE SODIUM 5 MG TABLET	RISEDRONATE SODIUM 35 MG TAB (GENERIC ACTONEL)
RISEDRONATE SODIUM DR 35MG (GENERIC ATELVIA)	RISEDRONATE SODIUM 35 MG TAB (GENERIC ACTONEL)
RUFINAMIDE	VALPROIC ACID
SAJAZIR	ICATIBANT
SAXAGLIPTIN HCL	TRADJENTA

**Medications Moving from Tier 1 to Tier 3 as of January 1, 2026: (continued)**

<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
SAXAGLIPTIN-METFORMIN ER	JENTADUETO XR
SEVELAMER POWDER PACKET	SEVELAMER CARBONATE 800 MG TAB
SILODOSIN	ALFUZOSIN HCL ER 10 MG TABLET
SUMATRIPTAN INJECTION	SUMATRIPTAN TABLET
TASIMELTEON	RAMELTEON 8 MG TABLET
TAZAROTENE	CALCITRIOL 3 MCG/G OINTMENT
TELMISARTAN-HYDROCHLOROTHIAZIDE	TELMISARTAN & HYDROCHLOROTHIAZIDE (SEPARATE DRUGS)
TEMAZEPAM 22.5 MG CAPSULE	TEMAZEPAM 15 MG CAPSULE
TEMAZEPAM 7.5 MG CAPSULE	TEMAZEPAM 15 MG CAPSULE
TESTOSTERONE 1% (25MG/2.5G) PK	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 1% (50 MG/5 G) PK	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 1.62% (2.5 G) PKT	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 1.62%(1.25 G) PKT	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 10 MG GEL PUMP	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 12.5 MG/1.25 GRAM	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 30 MG/1.5 ML PUMP	TESTOSTERONE 1.62% GEL PUMP
TESTOSTERONE 50 MG/5 GRAM GEL	TESTOSTERONE 1.62% GEL PUMP
TETRACAINE HCL	PROPARACAINE 0.5% EYE DROPS
TETRACYCLINE HCL	DOXYCYCLINE MONO 50 MG CAP
TIMOLOL MALEATE 0.25% EYE DROPS	TIMOLOL MALEATE 0.5% EYE DROPS (GENERIC TIMOPTIC)
TOLTERODINE TARTRATE	OXYBUTYNIN 5 MG TABLET
TOLTERODINE TARTRATE ER	OXYBUTYNIN 5 MG TABLET
TRAMADOL HCL ER	TRAMADOL HCL 50 MG TABLET
TRANDOLAPRIL	LISINOPRIL TABLET
TRANDOLAPRIL-VERAPAMIL	AMLODIPINE-BENAZEPRIL
TRANYLCYPROMINE SULFATE	PHENELZINE SULFATE 15 MG TAB
TRIMETHOBENZAMIDE HCL	ONDANSETRON
TROSPIUM CHLORIDE	OXYBUTYNIN 5 MG TABLET
URSODIOL 200 MG CAPSULE	URSODIOL 300 MG CAPSULE
URSODIOL 400 MG CAPSULE	URSODIOL 300 MG CAPSULE
VERAPAMIL SR 360 MG CAPSULE	VERAPAMIL ER 180 MG TABLET

<b>Medications Moving from Tier 1 to Tier 3 as of January 1, 2026: (continued)</b>	
<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
VIGABATRIN	CARBAMAZEPINE TABLET
VIGADRONE	CARBAMAZEPINE TABLET
VILAZODONE HCL	ESCITALOPRAM
VORICONAZOLE	FLUCONAZOLE, BUT MAY DEPDENT ON COVERAGE NEEDED
ZEBUTAL	BUTALB-ACETAMIN-CAFF 50-300-40
ZENATANE	TRETINOIN CREAM
ZILEUTON	MONTELUKAST
ZOLPIDEM TARTRATE SUBLINGUAL TABLET	ZOLPIDEM TARTRATE 5 MG TABLET

**Medications reclassified, with lower costing formulary alternatives available**

<b>Medications Moving from Tier 1 to Tier 2 as of January 1, 2026:</b>	
<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
BUDESONIDE 2 MG RECTAL FOAM	HYDROCORTISONE 100 MG/60 ML
CLIND PH-BENZOYL PERO 1.2-2.5% PUMP	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% (TUBE)
CLINDAMYCIN-BENZOYL PEROX 1-5%	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% (TUBE)
DAPSONE	CLINDAMYCIN PHOSPHATE GEL (TUBE)
DEFLAZACORT	PREDNISONE
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE 2.5 MG TAB
ELETRIPTAN HBR	SUMATRIPTAN TABLET
ESOMEPRAZOLE MAG DR 40 MG CAP	ESOMEPRAZOLE 20 MG CAP
ICOSAPENT ETHYL	ATORVASTATIN
ITRACONAZOLE	FLUCONAZOLE, BUT MAY DEPDENT ON COVERAGE NEEDED
LISDEXAMFETAMINE DIMESYLATE	DEXTROAMPHETAMINE TAB
METAXALONE	BACLOFEN 10 MG TABLET
METHYLPHENIDATE ER	METHYLPHENIDATE ER(CD) CAP
METHYLPHENIDATE LA	METHYLPHENIDATE ER(CD) CAP
OMEGA-3 ACID ETHYL ESTERS	ATORVASTATIN
ONDANSETRON ODT	ONDANSETRON HCL 4 MG TABLET
SUMATRIPTAN INJECTION	SUMATRIPTAN TABLET
TETRABENAZINE	ALTERNATIVE IS INDICATION SPECIFIC (IF APPLICABLE)
TOPIRAMATE 15 MG SPRINKLE CAP	TOPIRAMATE TABLET

<b>Medications Moving from Tier 1 to Tier 2 as of January 1, 2026: (continued)</b>	
<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
TOPIRAMATE 25 MG SPRINKLE CAP	TOPIRAMATE TABLET
TOPIRAMATE ER	TOPIRAMATE TABLET
TRETINOIN GEL	TRETINOIN CREAM
TRIENTINE HCL	PENICILLAMINE 250 MG CAPSULE
TROSPIUM CHLORIDE	OXYBUTYNIN 5 MG TABLET
VIGABATRIN	CARBAMAZEPINE TABLET
VIGADRONE	CARBAMAZEPINE TABLET
ZOLMITRIPTAN ODT	ZOLMITRIPTAN 2.5 MG TABLET

**Medications reclassified, with lower costing formulary alternatives available**

<b>Medications Moving from Tier 2 to Tier 3 as of January 1, 2026:</b>	
<b>Medication Reclassified</b>	<b>Lower Costing Formulary Alternative</b>
INSULIN DEGLUDEC	INSULIN GLARGINE
INSULIN DEGLUDEC PEN (U-100)	INSULIN GLARGINE
INSULIN DEGLUDEC PEN (U-200)	INSULIN GLARGINE

**Medications reclassified, with NO lower costing formulary alternatives available**

<b>Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative</b>	
<b>Medication Reclassified</b>	
ALCOHOL PREP	ENSURE MAX PROTEIN
BOOST	ENSURE PLANT-BASED PROTEIN
BOOST HIGH PROTEIN	ENSURE PRE-SURGERY
BOOST KID ESSENTIALS	ENSURE SURGERY
BRIGHT BEGINNINGS SOY	ESSENTIAL AMINO ACID MIX
CETRORELIX ACETATE	FYREMADEL
COMPLEAT PEDIATRIC REDUCED CAL	GANIRELIX ACETATE GENERIC
COMPLETE AMINO ACID MIX	GLUCERNA
CYTOLLINE	GLUTOSE
CYTO-Q MAX	GLYTROL
ELTROMBOPAG OLAMINE	HCU EXPRESS POWDER
SILDENAFIL CITRATE (GENERIC VIAGRA)	ENSURE HIGH PROTEIN-MUSCLE

**Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative**

**Medication Reclassified (continued)**

ENFAMIL A.R.	HIGH-PROTEIN NUTRITIONAL SHAKE
ENSURE	IMMULIFE
ENSURE ACTIVE HEART HEALTH	IMPACT TUBE FEEDING
ENSURE ACTIVE LIGHT	ISOPROPYL ALCOHOL
ENSURE ACTIVE PROTEIN-MUSCLE	ISOSOURCE 1.5 CAL TUBE FEED
ENSURE CLEAR	ISOSOURCE HN
ENSURE COMPACT	JAVYGTOR
LANSOPRAZOL-AMOXICIL-CLARITHRO	PROSOURCE
L-CITRULLINE	PROSOURCE NO CARB
L-GLUTAMINE	PRO-STAT AWC
LIPISTART	PROTEIN POWDER
MCT PRO-CAL	RELION
MESNA	REPLETE
METAFORM	REPLETE WITH FIBER
NOVASOURCE RENAL	RESOURCE 2.0
NUTRAFIT	RESOURCE BENEALORIE
NUTRAFIT PLUS	RESOURCE BENEPROTEIN
NUTREN	RESOURCE JUST FOR KIDS W-FIBER
NUTREN JUNIOR	RIBAVIRIN
NUTREN JUNIOR FIBER	SAPROPTERIN DIHYDROCHLORIDE
NUTRITIONAL DRINK	SCOPOLAMINE
NUTRITIONAL DRINK MIX	SIMILAC ADVANCE ORGANIC
NUTRITIONAL DRINK PLUS	SIMILAC ALIMENTUM
NUTRITIONAL SHAKE	SIMILAC NEOSURE
OSMOLITE	SIMILAC SENSITIVE FUSS & GAS
PEDIASURE PEPTIDE 1.0 CAL	STANDARD 1.4
PEDIATRIC DRINK	TADALAFIL (GENERIC CIALIS)
PEDIATRIC PEPTIDE 1.0	TAKE ACTION
PEDIATRIC PEPTIDE FORMULA 1.5	TAVABOROLE
PEDIATRIC STANDARD FORMULA 1.2	TIOPRONIN
PEPTAMEN	

<b>Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative</b>	
<b>Medication Reclassified (continued)</b>	
PEPTAMEN 1.5 CAL WITH PREBIO1	TOLVAPTAN
PEPTAMEN JUNIOR FIBER	VARDENAFIL HCL
PEPTAMEN W-PREBIO1	VENXXIVA
PIVOT 1.5 CAL	VIVONEX RTF
PRE PROTEIN	XMTVI MAXAMAID
PROBALANCE	XMTVI MAXAMUM
PROCEL	

**Medications reclassified, with NO lower costing formulary alternatives available**

<b>Medications Moving from Tier 2 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative</b>	
<b>Medication Reclassified</b>	
DIAFOODS THICK-IT	THICK NOW
INSTANT FOOD THICKENER	THICKEN UP
RESOURCE THICKENUP	THICK-IT
SIMPLYTHICK	ZEJULA

**Medications reclassified, with NO lower costing formulary alternatives available**

<b>Medications Moving from Tier 1 to Tier 2 as of January 1, 2026 - No lower cost formulary alternative</b>	
<b>Medication Reclassified</b>	
LENALIDOMIDE	NITISINONE
MIFEPRISTONE 300 MG TABLET	PIRFENIDONE 267 MG CAPSULE
MIGLUSTAT	YARGESA

**Medications reclassified, Positive change with NO lower costing formulary alternatives available**

<b>Medications Moving from Tier 3 to Tier 1 as of January 1, 2026</b>	
<b>Medication Reclassified</b>	
FLUORIDE TABLET CHEWABLE	TRI-VITE-FLUORIDE 0.25 MG/ML
MULTIVIT-FLUOR 0.5 MG/ML DROP	TRI-VITE-FLUORIDE 0.5 MG/ML
MULTIVIT-FLUORIDE DROP	VIT A,C,D-FLUORIDE 0.25 MG/ML
MULTIVIT-FLUORIDE TABLET CHWABLE	VIT A,C,D-FLUORIDE 0.5 MG/ML
SODIUM FLUORIDE 0.5 MG/ML DROP	

**Medications reclassified, Positive change with NO lower costing formulary alternatives available**

<b>Medications Moving from Tier 3 to Tier 2 as of January 1, 2026</b>	
<b>Medication Reclassified</b>	
MORPHINE SULFATE IR 15 MG TAB	MORPHINE SULFATE IR 30 MG TAB

**Prior Authorization:**

<b>Prior Authorization - Added or Removed</b>	
SELARSDI 45 MG/0.5 ML SYRINGE	YESINTEK 45 MG/0.5 ML VIAL
SELARSDI 90 MG/ML SYRINGE	YESINTEK 90 MG/ML SYRINGE
TYENNE 162 MG/0.9 ML AUTOINJCT	ZILEUTON ER 600 MG TABLET
TYENNE 162 MG/0.9 ML SYRINGE	TAVABOROLE 5% TOPICAL SOLUTION (Prior Authorization Removed)
YESINTEK 45 MG/0.5 ML SYRINGE	

**Step Therapy:**

<b>Step Therapy Added</b>	
INSULIN DEGLUDEC 100 UNIT/ML	INSULIN DEGLUDEC PEN (U-200)
INSULIN DEGLUDEC PEN (U-100)	APIDRA 100 UNIT/ML VIAL

**A quantity limit will apply to the following medications**

<b>Medications adding Quantity limit Effective January 1, 2026</b>	<b>Quantity limit starting January 1, 2026</b>
Chenodal	90 tablets per 30 days
Moxifloxacin 0.05% Viscous	12 milliliters per 21 days
Spiriva HandiHaler	30 capsules per 30 days
Spiriva Respimat	4 grams per 30 days
Veltassa	120 packets per 30 days
Zafirlukast	60 tablets per 30 days

**Formulary Changes:**

**Medications Removed from Formulary Effective January 1, 2026**

ADZENYS XR-ODT 12.5 MG TABLET	NIVESTYM 300 MCG/ML VIAL
ADZENYS XR-ODT 15.7 MG TABLET	NIVESTYM 480 MCG/0.8 ML SYRING
ADZENYS XR-ODT 18.8 MG TABLET	NIVESTYM 480 MCG/1.6 ML VIAL
ADZENYS XR-ODT 3.1 MG TABLET	NORDITROPIN FLEXPPO 10 MG/1.5
ADZENYS XR-ODT 6.3 MG TABLET	NORDITROPIN FLEXPPO 15 MG/1.5
ADZENYS XR-ODT 9.4 MG TABLET	NORDITROPIN FLEXPPO 30 MG/3 ML
ALOSETRON HCL 0.5 MG TABLET	NORDITROPIN FLEXPPO 5 MG/1.5
ALOSETRON HCL 1 MG TABLET	NUTROPIN AQ NUSPIN 10 INJECTOR
AMCINONIDE 0.1% CREAM	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	OBSTETRIX DHA COMBO PAK
APTIOM 800 MG TABLET	OLUMIANT 1 MG TABLET
BACLOFEN 5 MG/5 ML SOLUTION	OLUMIANT 2 MG TABLET
BIMATOPROST 0.03% EYELASH SOLN	OLUMIANT 4 MG TABLET
BRENZAVVY 20 MG TABLET	ONETOUCH ULTRA TEST STRIP
BRILINTA 60 MG TABLET	ONETOUCH ULTRA2 GLUCOSE SYST
BRILINTA 90 MG TABLET	ONETOUCH VERIO FLEX METER
BRINZOLAMIDE 1% EYE DROPS	ONETOUCH VERIO REFLECT METER
CARBIDOPA 25 MG TABLET	ONETOUCH VERIO TEST STRIP
CARISOPRODOL 250 MG TABLET	ONEXTON GEL PUMP
CHORIONIC GONAD 10,000 UNIT VL	OPSUMIT 10 MG TABLET
CLINDA-TRETINOIN 1.2%-0.025%	OPTIUM EZ TEST STRIP
COBENFY 100 MG-20 MG CAPSULE	OPTIUM TEST STRIP
COBENFY 125 MG-30 MG CAPSULE	OPZELURA 1.5% CREAM
COBENFY 50 MG-20 MG CAPSULE	ORFADIN 4 MG/ML SUSPENSION
COBENFY STARTER PACK	OTREXUP 10 MG/0.4 ML AUTO-INJ
COMBIPATCH 0.05-0.14 MG PTCH	OTREXUP 12.5 MG/0.4 ML AUTOINJ
COMBIPATCH 0.05-0.25 MG PTCH	OTREXUP 15 MG/0.4 ML AUTO-INJ
COMPLERA TABLET	OTREXUP 17.5 MG/0.4 ML AUTOINJ

**Medications Removed from Formulary Effective January 1, 2026 (continued)**

COTEMPLA XR-ODT 17.3 MG TABLET	OTREXUP 20 MG/0.4 ML AUTO-INJ
COTEMPLA XR-ODT 25.9 MG TABLET	OTREXUP 22.5 MG/0.4 ML AUTOINJ
COTEMPLA XR-ODT 8.6 MG TABLET	OTREXUP 25 MG/0.4 ML AUTO-INJ
COVARYX H.S. TABLET	OVIDREL 250 MCG/0.5 ML SYRG
COVARYX TABLET	OXYCODONE-ACETAMINOPH 10-300/5
DIACOMIT 250 MG CAPSULE	OXYTROL 3.9 MG/24HR PATCH
DIACOMIT 250 MG POWDER PACKET	PASER GRANULES 4 GM PACKET
DIACOMIT 500 MG CAPSULE	PENICILLAMINE 250 MG TABLET
DIACOMIT 500 MG POWDER PACKET	PIKO 1 FLOW METER
DIAZOXIDE 50 MG/ML ORAL SUSP	PIRFENIDONE 267 MG TABLET
DIFLUPREDNATE 0.05% EYE DROP	PIRFENIDONE 801 MG TABLET
DIHYDROERGOTAMINE 1 MG/ML AMP	POCKET PEAK FLOW METER
DISKETS 40 MG TABLET DISPR	POTASSIUM IODIDE 1 GM/ML SOL
DOXEPIN HCL 3 MG TABLET	PRENA1 CHEW TABLET
DOXEPIN HCL 6 MG TABLET	PREVMIS 120 MG PELLETT PACKET
DUTASTERIDE-TAMSULOSIN 0.5-0.4	PREVMIS 20 MG PELLETT PACKET
DYANAVEL XR 2.5 MG/ML SUSP	PREVMIS 240 MG TABLET
EFFER-K 25 MEQ TABLET EFF	PREVMIS 480 MG TABLET
ENSTILAR 0.005%-0.064% FOAM	PROMACTA 12.5 MG SUSPEN PACKET
ENTRESTO 24 MG-26 MG TABLET	PROMACTA 12.5 MG TABLET
ENTRESTO 49 MG-51 MG TABLET	PROMACTA 25 MG SUSPENSION PCKT
ENTRESTO 97 MG-103 MG TABLET	PROMACTA 25 MG TABLET
ENTRESTO SPRINKLE 15-16 MG PLT	PROMACTA 50 MG TABLET
ENTRESTO SPRINKLE 6-6MG PELLETT	PROMACTA 75 MG TABLET
ESOMEPRAZOLE DR 49.3 MG CAP	PROPECIA 1 MG TABLET
EVEROLIMUS 0.25 MG TABLET	PURIXAN 20 MG/ML ORAL SUSP
EVEROLIMUS 0.5 MG TABLET	QBRELIS 1MG/ML SOLUTION
EVEROLIMUS 0.75 MG TABLET	QSYMIA 11.25 MG-69 MG CAPSULE
EVEROLIMUS 1 MG TABLET	QSYMIA 15 MG-92 MG CAPSULE
FACTIVE 320 MG TABLET	QSYMIA 3.75 MG-23 MG CAPSULE
FANAPT 1 MG TABLET	QSYMIA 7.5 MG-46 MG CAPSULE
FANAPT 10 MG TABLET	QUILLICHEW ER 20 MG CHEW TAB

### Medications Removed from Formulary Effective January 1, 2026 (continued)

FANAPT 12 MG TABLET	QUILLICHEW ER 30 MG CHEW TAB
FANAPT 2 MG TABLET	QUILLICHEW ER 40 MG CHEW TAB
FANAPT 4 MG TABLET	QUILLIVANT XR 25 MG/5 ML SUSP
FANAPT 6 MG TABLET	RASUVO 10 MG/0.2 ML AUTOINJ
FANAPT 8 MG TABLET	RASUVO 12.5 MG/0.25 ML AUTOINJ
FANAPT TITRATION PACK	RASUVO 15 MG/0.3 ML AUTOINJ
FENTANYL 37.5 MCG/HR PATCH	RASUVO 17.5 MG/0.35 ML AUTOINJ
FENTANYL 62.5 MCG/HR PATCH	RASUVO 20 MG/0.4 ML AUTOINJ
FENTANYL 87.5 MCG/HR PATCH	RASUVO 22.5 MG/0.45 ML AUTOINJ
FINASTERIDE 1 MG TABLET	RASUVO 25 MG/0.5 ML AUTOINJ
FOLLISTIM AQ 300 UNIT CARTRIDG	RASUVO 30 MG/0.6 ML AUTOINJ
FOLLISTIM AQ 600 UNIT CARTRIDG	RASUVO 7.5 MG/0.15 ML AUTOINJ
FOLLISTIM AQ 900 UNIT CARTRIDG	RAVICTI 1.1 GRAM/ML LIQUID
FULPHILA 6 MG/0.6 ML SYRINGE	REFISSA 0.05% CREAM
FYLNETRA 6 MG/0.6 ML SYRINGE	RELEUKO 300 MCG/0.5 ML SYRINGE
GATTEX 5 MG 30-VIAL KIT	RELEUKO 480 MCG/0.8 ML SYRINGE
GATTEX 5 MG ONE-VIAL KIT	RELEUKO 480 MCG/1.6 ML VIAL
GATTEX 5 MG VIAL	RELION ULTIMA TEST STRIPS
GENOTROPIN 12 MG CARTRIDGE	RENOVA 0.02% CREAM
GENOTROPIN 5 MG CARTRIDGE	RENOVA PUMP 0.02% CREAM
GENOTROPIN MINIQUICK 0.2 MG	RHOFADE 1% CREAM
GENOTROPIN MINIQUICK 0.4 MG	RISEDRONATE SODIUM 30 MG TAB
GENOTROPIN MINIQUICK 0.6 MG	RUFINAMIDE 200 MG TABLET
GENOTROPIN MINIQUICK 0.8 MG	RUFINAMIDE 400 MG TABLET
GENOTROPIN MINIQUICK 1 MG	RYTARY ER 23.75 MG-95 MG CAP
GENOTROPIN MINIQUICK 1.2 MG	RYTARY ER 36.25 MG-145 MG CAP
GENOTROPIN MINIQUICK 1.4 MG	RYTARY ER 48.75 MG-195 MG CAP
GENOTROPIN MINIQUICK 1.6 MG	RYTARY ER 61.25 MG-245 MG CAP
GENOTROPIN MINIQUICK 1.8 MG	SANCUSO 3.1 MG/24 HR PATCH
GENOTROPIN MINIQUICK 2 MG	SAXENDA 18 MG/3 ML PEN
GRANIX 300 MCG/0.5 ML SAFE SYR	SITAVIG 50 MG BUCCAL TABLET
GRANIX 300 MCG/0.5 ML SYRINGE	SKYTROFA 11 MG CARTRIDGE

**Medications Removed from Formulary Effective January 1, 2026 (continued)**

GRANIX 300 MCG/ML VIAL	SKYTROFA 13.3 MG CARTRIDGE
GRANIX 480 MCG/0.8 ML SAFE SYR	SKYTROFA 3 MG CARTRIDGE
GRANIX 480 MCG/0.8 ML SYRINGE	SKYTROFA 3.6 MG CARTRIDGE
GRANIX 480 MCG/1.6 ML VIAL	SKYTROFA 4.3 MG CARTRIDGE
HORIZANT ER 300 MG TABLET	SKYTROFA 5.2 MG CARTRIDGE
HORIZANT ER 600 MG TABLET	SKYTROFA 6.3 MG CARTRIDGE
HUMATROPE 12 MG CARTRIDGE	SKYTROFA 7.6 MG CARTRIDGE
HUMATROPE 24 MG CARTRIDGE	SKYTROFA 9.1 MG CARTRIDGE
HUMATROPE 6 MG CARTRIDGE	SOGROYA 10 MG/1.5 ML PEN
HYDROCORT BUTY 0.1% LIPID CRM	SOGROYA 15 MG/1.5 ML PEN
HYDROCORT BUTY 0.1% LIPO CREAM	SOGROYA 5 MG/1.5 ML PEN
HYSINGLA ER 100 MG TABLET	SOVALDI 150 MG PELLETT PACKET
HYSINGLA ER 120 MG TABLET	SOVALDI 200 MG PELLETT PACKET
HYSINGLA ER 20 MG TABLET	SOVALDI 200 MG TABLET
HYSINGLA ER 30 MG TABLET	SOVALDI 400 MG TABLET
HYSINGLA ER 40 MG TABLET	STIMUFEND 6 MG/0.6 ML SYRINGE
HYSINGLA ER 60 MG TABLET	SYMAX-SR 0.375 MG TABLET
HYSINGLA ER 80 MG TABLET	SYNJARDY 12.5-1,000 MG TABLET
JARDIANCE 10 MG TABLET	SYNJARDY 12.5-500 MG TABLET
JARDIANCE 25 MG TABLET	SYNJARDY 5-1,000 MG TABLET
JYNARQUE 15 MG TABLET	SYNJARDY 5-500 MG TABLET
JYNARQUE 15 MG-15 MG TABLET	SYNJARDY XR 10-1,000 MG TABLET
JYNARQUE 30 MG TABLET	SYNJARDY XR 12.5-1,000 MG TAB
JYNARQUE 30 MG-15 MG TABLET	SYNJARDY XR 25-1,000 MG TABLET
JYNARQUE 45 MG-15 MG TABLET	SYNJARDY XR 5-1,000 MG TABLET
JYNARQUE 60 MG-30 MG TABLET	TELMISARTAN-AMLODIPINE 40-10
JYNARQUE 90 MG-30 MG TABLET	TELMISARTAN-AMLODIPINE 40-5 MG
KLOR-CON-EF 25 MEQ TAB EFF	TELMISARTAN-AMLODIPINE 80-10
LANSOPRAZOLE DR 15 MG ODT	TELMISARTAN-AMLODIPINE 80-5 MG
LANSOPRAZOLE DR 30 MG ODT	TERIPARATIDE 560MCG/2.24ML PEN
LATISSE 0.03% EYELASH SOLUTION	TOBRAMYCIN 300 MG/4 ML AMPULE
LEVORPHANOL 2 MG TABLET	TOPIRAMATE ER 100 MG CAPSULE

**Medications Removed from Formulary Effective January 1, 2026 (continued)**

LEVORPHANOL 3 MG TABLET	TOPIRAMATE ER 200 MG CAPSULE
LIDOCAINE 5% OINTMENT	TOPIRAMATE ER 25 MG CAPSULE
LIDOCAINE-TETRACAINE 7%-7% CRM	TOPIRAMATE ER 50 MG CAPSULE
LINZESS 145 MCG CAPSULE	TRAMADOL HCL 25 MG TABLET
LINZESS 290 MCG CAPSULE	TRESIBA 100 UNIT/ML VIAL
LINZESS 72 MCG CAPSULE	TRESIBA FLEXTOUCH 100 UNIT/ML
LIRAGLUTIDE 2-PAK 18 MG/3 ML	TRESIBA FLEXTOUCH 200 UNIT/ML
LIRAGLUTIDE 3-PAK 18 MG/3 ML	TRETINOIN 0.05% EMOLLIENT CRM
LITFULO 50 MG CAPSULE	TREXALL 10 MG TABLET
LIVTENCITY 200 MG TABLET	TREXALL 15 MG TABLET
LUMRYZ 4.5-6-7.5 GM STARTER PK	TREXALL 5 MG TABLET
LUMRYZ ER 4.5 GM PACKET	TREXALL 7.5 MG TABLET
LUMRYZ ER 6 GM PACKET	TRIAMTERENE 100 MG CAPSULE
LUMRYZ ER 7.5 GM PACKET	TRIAMTERENE 50 MG CAPSULE
LUMRYZ ER 9 GM PACKET	TRI-CHLOR 80% SOLUTION
LYBALVI 10-10 MG TABLET	TRIENTINE HCL 500 MG CAPSULE
LYBALVI 15-10 MG TABLET	TRUZONE PEAK FLOW METER
LYBALVI 20-10 MG TABLET	URETRON D-S TABLET
LYBALVI 5-10 MG TABLET	UTIRA-C TABLET
LYUMJEV 100 UNIT/ML KWIKPEN	VASCEPA 0.5 GM CAPSULE
LYUMJEV 100 UNIT/ML VIAL	VASCEPA 1 GM CAPSULE
LYUMJEV 200 UNIT/ML KWIKPEN	VICTOZA 2-PAK 18 MG/3 ML PEN
LYUMJEV TEMPO PEN 100 UNIT/ML	VICTOZA 3-PAK 18 MG/3 ML PEN
MAVYRET 100-40 MG TABLET	VITAFOL-OB CAPLET
MAVYRET 50-20 MG PELLETT PACKET	VOSEVI 400-100-100 MG TABLET
MERCAPTOPYRINE 20 MG/ML SUSPEN	WEGOVY 0.25 MG/0.5 ML PEN
METFORMIN HCL 750 MG TABLET	WEGOVY 0.5 MG/0.5 ML PEN
METHADONE 10 MG/ML ORAL CONC	WEGOVY 1 MG/0.5 ML PEN
METHADONE 40 MG TABLET DISPR	WEGOVY 1.7 MG/0.75 ML PEN
METHADONE INTENSOL 10 MG/ML	WEGOVY 2.4 MG/0.75 ML PEN
METRONIDAZOLE 125 MG TABLET	WYNZORA 0.005%-0.064% CREAM
MICONAZOLE 3 200 MG VAG SUPP	ZELAPAR 1.25 MG ODT TABLET

### Medications Removed from Formulary Effective January 1, 2026 (continued)

MICROLIFE PEAK FLOW METER	ZENZEDI 10 MG TABLET
MIRVASO 0.33% GEL PUMP	ZENZEDI 5 MG TABLET
MYRBETRIQ ER 25 MG TABLET	ZEPBOUND 10 MG/0.5 ML PEN
MYRBETRIQ ER 50 MG TABLET	ZEPBOUND 12.5 MG/0.5 ML PEN
MYRBETRIQ ER 8 MG/ML SUSP	ZEPBOUND 15 MG/0.5 ML PEN
NAPROXEN-ESOMEPRAZ DR 375-20MG	ZEPBOUND 2.5 MG/0.5 ML PEN
NAPROXEN-ESOMEPRAZ DR 500-20MG	ZEPBOUND 5 MG/0.5 ML PEN
NATACYN 5% EYE DROPS	ZEPBOUND 7.5 MG/0.5 ML PEN
NEUPOGEN 300 MCG/0.5 ML SYR	ZIEXTENZO 6 MG/0.6 ML SYRINGE
NEUPOGEN 300 MCG/ML VIAL	ZOLPIMIST 5 MG ORAL SPRAY
NEUPOGEN 480 MCG/0.8 ML SYR	ZOMACTON 10 MG VIAL
NEUPOGEN 480 MCG/1.6 ML VIAL	ZOMACTON 5 MG VIAL
NGENLA PEN 24 MG/1.2 ML	ZORYVE 0.15% CREAM
NGENLA PEN 60 MG/1.2 ML	
NIVESTYM 300 MCG/0.5 ML SYRING	

*\*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

APIDRA 100 UNIT/ML VIAL (Step Therapy Required)	PENICILLAMINE 250 MG CAPSULE
CONTOUR METER	PHENYTEK 200 MG CAPSULE
CONTOUR NEXT EZ METER	PHENYTEK 300 MG CAPSULE
CONTOUR NEXT EZ METER SYSTEM	PYLERA CAPSULE
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	SUFLAVE POWDER
CONTOUR NEXT LINK 2.4 METER KT	SUTAB 1.479-0.225-0.188 GM TAB
CONTOUR NEXT LINK METER	TIZANIDINE HCL 2 MG CAPSULE
CONTOUR NEXT METER	TIZANIDINE HCL 4 MG CAPSULE
CONTOUR NEXT ONE METER	TIZANIDINE HCL 6 MG CAPSULE
CONTOUR NEXT TEST STRIP	TYENNE 162 MG/0.9 ML AUTOINJCT (Prior Authorization Required)

**Medications Added to Formulary Effective January 1, 2026 (continued)**

CONTOUR PLUS BLUE METER	TYENNE 162 MG/0.9 ML SYRINGE (Prior Authorization Required)
CONTOUR PLUS TEST STRIP	VENTOLIN HFA 90 MCG INHALER
CONTOUR TEST STRIP	VYVANSE 10 MG CAPSULE
DEXLANSOPRAZOLE DR 30 MG CAP	VYVANSE 10 MG CHEWABLE TABLET
DEXLANSOPRAZOLE DR 60 MG CAP	VYVANSE 20 MG CAPSULE
DILANTIN 100 MG CAPSULE	VYVANSE 20 MG CHEWABLE TABLET
DILANTIN 125 MG/5 ML SUSP	VYVANSE 30 MG CAPSULE
DILANTIN 30 MG CAPSULE	VYVANSE 30 MG CHEWABLE TABLET
DILANTIN 50 MG INFATAB	VYVANSE 40 MG CAPSULE
ESOMEPRAZOLE DR 10 MG PACKET	VYVANSE 40 MG CHEWABLE TABLET
ESOMEPRAZOLE DR 2.5 MG PACKET	VYVANSE 50 MG CAPSULE
ESOMEPRAZOLE DR 20 MG PACKET	VYVANSE 50 MG CHEWABLE TABLET
ESOMEPRAZOLE DR 40 MG PACKET	VYVANSE 60 MG CAPSULE
ESOMEPRAZOLE DR 5 MG PACKET	VYVANSE 60 MG CHEWABLE TABLET
EVAMIST 1.53 MG/SPRAY	VYVANSE 70 MG CAPSULE
LIDOCAN II 5% PATCH	YESINTEK 45 MG/0.5 ML SYRINGE (Prior Authorization Required)
LIDOCAN III 5% PATCH	YESINTEK 45 MG/0.5 ML VIAL (Prior Authorization Required)
LIDOCAN IV 5% PATCH	YESINTEK 90 MG/ML SYRINGE (Prior Authorization Required)
LIDOCAN V 5% PATCH	

**Excluded:**

**Medication(s) Removed from Formulary**

PLEXION SODIUM SULFACETAMIDE/SULFER SULFACETAMIDE SODIUM-SULFER
---

*\*These medication(s) are considered "excluded" and excluded drugs are generally not covered under your drug benefit*