Midsize/Large Group, Upcoming changes, 2026 Preferred Value State Mandate Formulary- 5578

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**
ACCUTANE	TRETINOIN CREAM
ADAPALENE	ADAPALENE 0.3% GEL
ALENDRONATE SODIUM	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
APREPITANT	ONDANSETRON
BACLOFEN 25 MG/5 ML SUSPENSION	BACLOFEN 10 MG TABLET
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 400 MG TABLET	CIMETIDINE 200 MG TABLET
CIMETIDINE 800 MG TABLET	CIMETIDINE 200 MG TABLET
CIMETIDINE SOLN	CIMETIDINE 200 MG TABLET
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)
CLOMIPRAMINE HCL	AMITRIPTYLINE TAB
CLONAZEPAM ODT	CLONAZEPAM TABLET

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 (Continued)	
Medication Reclassified	**Lower Costing Formulary Alternative**
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	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
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
FLURBIPROFEN	IBUPROFEN
FLUTICASONE PROP 0.05% LOTION	FLUTICASONE PROP 0.05% CREAM
FLUVOXAMINE MALEATE ER	FLUVOXAMINE MALEATE 25 MG TAB

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 (Continued)	
Medication Reclassified	**Lower Costing Formulary Alternative**
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
LACTULOSE PACKET	LACTULOSE ORAL SOLUTION
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
MESALAMINE 800 MG DR TABLET	MESALAMINE DR 1.2 GM TABLET
METHITEST	TESTOSTERONE 1.62% GEL PUMP
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
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

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 (Continued)	
Medication Reclassified	**Lower Costing Formulary Alternative**
OLANZAPINE ODT	OLANZAPINE TABLET
OLMESARTAN-AMLODIPINE-HCTZ	AMLODIPINE & OLMESARTAN & HYDROCHLOROTHIAZIDE (SEPARATE DRUGS)
ORMALVI	ACETAZOLAMIDE 125 MG TABLET
OXAPROZIN	IBUPROFEN
OXAZEPAM	LORAZEPAM TABLET
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
SAXAGLIPTIN-METFORMIN ER	JENTADUETO XR
SILODOSIN	ALFUZOSIN HCL ER 10 MG TABLET
SUMATRIPTAN INJECTION	SUMATRIPTAN TABLET
TASIMELTEON	RAMELTEON 8 MG TABLET
TAZAROTENE	CALCITRIOL 3 MCG/G OINTMENT
TELMISARTAN-HYDROCHLOROTHIAZID	TELMISARTAN & HYDROCHLOROTHIAZIDE (SEPARATE DRUGS)
TEMAZEPAM 22.5 MG CAPSULE	TEMAZEPAM 15 MG CAPSULE
TEMAZEPAM 7.5 MG CAPSULE	TEMAZEPAM 15 MG CAPSULE

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 (Continued)	
Medication Reclassified	**Lower Costing Formulary Alternative**
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
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
ZOLPIDEM TARTRATE SUBLINGUAL TABLET	ZOLPIDEM TARTRATE 5 MG TABLET

Medications reclassified, with lower costing formulary alternatives available

Medications Moving from Tier 1 to Tier 2 as of January 1, 2026:	
Medication Reclassified	**Lower Costing Formulary Alternative**
ICOSAPENT ETHYL	ATORVASTATIN
TRETINOIN GEL	TRETINOIN CREAM
ONDANSETRON ODT	ONDANSETRON HCL 4 MG TABLET
ITRACONAZOLE	FLUCONAZOLE, BUT MAY DEPENDENT ON COVERAGE NEEDED
TOPIRAMATE 15 MG SPRINKLE CAP	TOPIRAMATE TABLET
TOPIRAMATE 25 MG SPRINKLE CAP	TOPIRAMATE TABLET
TRIENTINE HCL	PENICILLAMINE 250 MG CAPSULE
VIGADRONE	CARBAMAZEPINE TABLET
VIGABATRIN	CARBAMAZEPINE TABLET
BUDESONIDE 2 MG RECTAL FOAM	HYDROCORTISONE 100 MG/60 ML
DEFLAZACORT	PREDNISONE
CLINDAMYCIN-BENZOYL PEROX 1-5%	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% (TUBE)
DAPSONE	CLINDAMYCIN PHOSPHATE GEL (TUBE)
METHYLPHENIDATE ER	METHYLPHENIDATE ER(CD) CAP
METHYLPHENIDATE LA	METHYLPHENIDATE ER(CD) CAP
SUMATRIPTAN INJECTION	SUMATRIPTAN TABLET
TOPIRAMATE ER	TOPIRAMATE TABLET
METAXALONE	BACLOFEN 10 MG TABLET
ZOLMITRIPTAN ODT	ZOLMITRIPTAN 2.5 MG TABLET
ELETRIPTAN HBR	SUMATRIPTAN TABLET
TROSPIUM CHLORIDE	OXYBUTYNIN 5 MG TABLET
ESOMEPRAZOLE MAG DR 40 MG CAP	ESOMEPRAZOLE 20 MG CAP
DEXMETHYLPHENIDATE HCL ER	DEXMETHYLPHENIDATE 2.5 MG TAB
OMEGA-3 ACID ETHYL ESTERS	ATORVASTATIN
LISDEXAMFETAMINE DIMESYLATE	DEXTROAMPHETAMINE TAB

Medications reclassified, with lower costing formulary alternatives available

Medications Moving from Tier 2 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative	
Medication Reclassified	**Lower Costing Formulary Alternative**
ALPHAGAN P	BRIMONIDINE TARTRATE 0.1% DROP
ESTRACE	ESTRADIOL CREAM
VICTOZA	OZEMPIC, TRULICITY, MOUNJARO, RYBELSUS

Medications reclassified, with NO lower costing formulary alternatives available

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative	
Medication Reclassified	
ALCOHOL PREP	MESNA
BOOST	METAFORM
BRIGHT BEGINNINGS SOY	NOVASOURCE RENAL
CETRORELIX ACETATE	NUTRAFIT
COMPLEAT PEDIATRIC REDUCED CAL	NUTRAFIT PLUS
COMPLETE AMINO ACID MIX	NUTREN
CYTOLLINE	NUTREN JUNIOR
CYTO-Q MAX	NUTREN JUNIOR FIBER
ELTROMBOPAG OLAMINE	NUTRITIONAL DRINK
ENFAMIL A.R.	NUTRITIONAL DRINK MIX
ENSURE	NUTRITIONAL DRINK PLUS
ESSENTIAL AMINO ACID MIX	NUTRITIONAL SHAKE
FYREMADEL	OSMOLITE
GANIRELIX ACETATE GENERIC	PEDIASURE PEPTIDE 1.0 CAL
GLUCERNA	PEDIATRIC DRINK
GLUTOSE	PEDIATRIC PEPTIDE 1.0
GLYTROL	PEDIATRIC PEPTIDE FORMULA 1.5
HCU EXPRESS POWDER	PEDIATRIC STANDARD FORMULA 1.2
HIGH-PROTEIN NUTRITIONAL SHAKE	PEPTAMEN
IMMULIFE	PEPTAMEN 1.5 CAL WITH PREBIO1
IMPACT TUBE FEEDING	PEPTAMEN JUNIOR FIBER
ISOPROPYL ALCOHOL	PEPTAMEN W-PREBIO1
ISOSOURCE 1.5 CAL TUBE FEED	PIVOT 1.5 CAL

Medications Moving from Tier 1 to Tier 3 as of January 1, 2026 - No lower cost formulary alternative	
Medication Reclassified (continued)	
ISOSOURCE HN	PROBALANCE
JAVYGTOR	PROCEL
LANSOPRAZOL-AMOXICIL-CLARITHRO	PROSOURCE
L-CITRULLINE	PROSOURCE NO CARB
L-GLUTAMINE	PRO-STAT AWC
LIPISTART	PROTEIN POWDER
MCT PRO-CAL	SIMILAC ALIMENTUM
RELION	SIMILAC NEOSURE
REPLETE	SIMILAC SENSITIVE FUSS & GAS
REPLETE WITH FIBER	STANDARD 1.4
RESOURCE 2.0	TADALAFIL (GENERIC CIALIS)
RESOURCE BENECALORIE	TAVABOROLE
RESOURCE BENEPROTEIN	TIOPRONIN
RESOURCE JUST FOR KIDS W-FIBER	TOLVAPTAN
RIBAVIRIN	VARDENAFIL HCL
SAPROPTERIN DIHYDROCHLORIDE	VENXXIVA
SCOPOLAMINE	VIVONEX RTF
SILDENAFIL CITRATE (GENERIC VIAGRA)	XMTVI MAXAMAID
SIMILAC ADVANCE ORGANIC	XMTVI MAXAMUM
PRE PROTEIN	

Medications reclassified, with NO lower costing formulary alternatives available

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

Medications reclassified, with NO lower costing formulary alternatives available

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

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

Medications Moving from Tier 3 to Tier 1 as of January 1, 2026	
Medication Reclassified	
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

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

A quantity limit will apply to the following medications

Medications adding Quantity limit Effective January 1, 2026	Quantity limit starting January 1, 2026
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	MESALAMINE ER 500 MG CAPSULE
ADZENYS XR-ODT 15.7 MG TABLET	METFORMIN HCL 750 MG TABLET
ADZENYS XR-ODT 18.8 MG TABLET	METHADONE 10 MG/ML ORAL CONC
ADZENYS XR-ODT 3.1 MG TABLET	METHADONE 40 MG TABLET DISPR
ADZENYS XR-ODT 6.3 MG TABLET	METHADONE INTENSOL 10 MG/ML
ADZENYS XR-ODT 9.4 MG TABLET	METRONIDAZOLE 125 MG TABLET
ALOCRIL 2 %	METRONIDAZOLE 375 MG
ALPHAGAN P 0.1 %	MIRVASO 0.33% GEL PUMP
AMCINONIDE 0.1 %	MYRBETRIQ ER 25 MG TABLET
APO-VARENICLINE 0.5 MG	MYRBETRIQ ER 50 MG TABLET
APO-VARENICLINE 1 MG	MYRBETRIQ ER 8 MG/ML SUSP
ASTAGRAF XL 0.5 MG CAPSULE	NAFTIFINE HCL 1 %
ASTAGRAF XL 1 MG CAPSULE	NAFTIFINE HCL 2 %
ASTAGRAF XL 5 MG CAPSULE	NEUPOGEN 300 MCG/0.5 ML SYR
BACLOFEN 5 MG/5 ML SOLUTION	NEUPOGEN 300 MCG/ML VIAL
BALCOLTRA 0.1-0.02MG	NEUPOGEN 480 MCG/0.8 ML SYR
BIMATOPROST 0.03% EYELASH SOLN	NEUPOGEN 480 MCG/1.6 ML VIAL
BRENZAVVY 20 MG TABLET	NGENLA PEN 24 MG/1.2 ML
BRILINTA 60 MG TABLET	NGENLA PEN 60 MG/1.2 ML
BRILINTA 90 MG TABLET	NITROFURANTOIN 25 MG/5 ML SUSP
BUTALBITAL-ACETAMINOPHN 50-300	NIVESTYM 300 MCG/0.5 ML SYRING
COBENFY 100 MG-20 MG CAPSULE	NIVESTYM 300 MCG/ML VIAL
COBENFY 125 MG-30 MG CAPSULE	NIVESTYM 480 MCG/0.8 ML SYRING
COBENFY 50 MG-20 MG CAPSULE	NIVESTYM 480 MCG/1.6 ML VIAL
COBENFY STARTER PACK	NORDITROPIN FLEXPRO 10 MG/1.5
COMPLERA TABLET	NORDITROPIN FLEXPRO 15 MG/1.5
COPAXONE 20 MG/ML	NORDITROPIN FLEXPRO 30 MG/3 ML
CORDRAN 4 MCG/CM2	NORDITROPIN FLEXPRO 5 MG/1.5
CORLANOR 5 MG	NULEV 0.125 MG
CORLANOR 7.5 MG	NUTROPIN AQ NUSPIN 10 INJECTOR

Medications Removed from Formulary Effective January 1, 2026 (continued)	
COTEMPLA XR-ODT 17.3 MG TABLET	NUTROPIN AQ NUSPIN 20 INJECTOR
COTEMPLA XR-ODT 25.9 MG TABLET	NUTROPIN AQ NUSPIN 5 INJECTOR
COTEMPLA XR-ODT 8.6 MG TABLET	NYVEPRIA 6 MG/0.6 ML SYRINGE
CYLTEZO 0.2ML/10MG SYRINGE KIT	OLUMIANT 1 MG TABLET
CYLTEZO 0.4ML/20MG SYRINGE KIT	OLUMIANT 2 MG TABLET
CYLTEZO 0.4ML/40MG PEN INJECTOR	OLUMIANT 4 MG TABLET
CYLTEZO 0.4ML/40MG SYRINGE KIT	ONETOUCH ULTRA TEST STRIP
CYLTEZO 0.8ML/40MG PEN INJECTOR	ONETOUCH ULTRA2 GLUCOSE SYST
CYLTEZO 0.8ML/40MG SYRINGE KIT	ONETOUCH VERIO FLEX METER
DEPO-PROVERA 150 MG/ML	ONETOUCH VERIO REFLECT METER
DIACOMIT 250 MG CAPSULE	ONETOUCH VERIO TEST STRIP
DIACOMIT 250 MG POWDER PACKET	OPSUMIT 10 MG TABLET
DIACOMIT 500 MG CAPSULE	OPZELURA 1.5% CREAM
DIACOMIT 500 MG POWDER PACKET	OVIDREL 250 MCG/0.5 ML SYRG
DISKETS 40 MG TABLET DISPR	OXYCODONE-ACETAMINOPH 10-300/5
DYANAVEL XR 2.5 MG/ML SUSP	PENICILLAMINE 250 MG TABLET
ENSTILAR 0.005%-0.064% FOAM	PENTASA 250 MG CAPSULE
ENTRESTO 24 MG-26 MG TABLET	PENTASA 500 MG CAPSULE
ENTRESTO 49 MG-51 MG TABLET	PIRFENIDONE 267 MG TABLET
ENTRESTO 97 MG-103 MG TABLET	PIRFENIDONE 801 MG TABLET
ENTRESTO SPRINKLE 15-16 MG PLT	PLIAGLIS 7%-7% CREAM
ENTRESTO SPRINKLE 6-6MG PELLET	PR BENZOYL PEROXIDE 7% WASH
ESTRACE 0.01% CREAM	PREVYMIS 120 MG PELLET PACKET
FENTANYL 37.5 MCG/HR PATCH	PREVYMIS 20 MG PELLET PACKET
FENTANYL 62.5 MCG/HR PATCH	PREVYMIS 240 MG TABLET
FENTANYL 87.5 MCG/HR PATCH	PREVYMIS 480 MG TABLET
FINASTERIDE 1 MG TABLET	PROAIR RESPICLICK 90 MCG INHLR
FIRVANQ 25 mg/mL	PROGLYCEM 50 MG/ML ORAL SUSP
FIRVANQ 50 MG/ML	PROMACTA 12.5 MG SUSPEN PACKET
FLEQSUVY 25 MG/5 ML	PROMACTA 12.5 MG TABLET
FLUVASTATIN SODIUM 20 MG	PROMACTA 25 MG SUSPENSION PCKT
FLUVASTATIN SODIUM 40 MG	PROMACTA 25 MG TABLET

Medications Removed from Formulary Effective January 1, 2026 (continued)	
FLUVASTATIN SODIUM 80 MG	PROMACTA 50 MG TABLET
FOLLISTIM AQ 300 UNIT CARTRIDG	PROMACTA 75 MG TABLET
FOLLISTIM AQ 600 UNIT CARTRIDG	PROPECIA 1 MG TABLET
FOLLISTIM AQ 900 UNIT CARTRIDG	PULMOZYME 1 MG/ML AMPUL
FULPHILA 6 MG/0.6 ML SYRINGE	QBRELIS 1MG/ML SOLUTION
FYLNETRA 6 MG/0.6 ML SYRINGE	QSYMIA 11.25 MG-69 MG CAPSULE
GATTEX 5 MG 30-VIAL KIT	QSYMIA 15 MG-92 MG CAPSULE
GATTEX 5 MG ONE-VIAL KIT	QSYMIA 3.75 MG-23 MG CAPSULE
GATTEX 5 MG VIAL	QSYMIA 7.5 MG-46 MG CAPSULE
GENOTROPIN 12 MG CARTRIDGE	QUILLICHEW ER 20 MG CHEW TAB
GENOTROPIN 5 MG CARTRIDGE	QUILLICHEW ER 30 MG CHEW TAB
GENOTROPIN MINIQUICK 0.2 MG	QUILLICHEW ER 40 MG CHEW TAB
GENOTROPIN MINIQUICK 0.4 MG	QUILLIVANT XR 25 MG/5 ML SUSP
GENOTROPIN MINIQUICK 0.6 MG	RAVICTI 1.1 GRAM/ML LIQUID
GENOTROPIN MINIQUICK 0.8 MG	REFISSA 0.05% CREAM
GENOTROPIN MINIQUICK 1 MG	RELEUKO 300 MCG/0.5 ML SYRINGE
GENOTROPIN MINIQUICK 1.2 MG	RELEUKO 480 MCG/0.8 ML SYRINGE
GENOTROPIN MINIQUICK 1.4 MG	RELEUKO 480 MCG/1.6 ML VIAL
GENOTROPIN MINIQUICK 1.6 MG	RENOVA 0.02% CREAM
GENOTROPIN MINIQUICK 1.8 MG	RENOVA PUMP 0.02% CREAM
GENOTROPIN MINIQUICK 2 MG	RHOFADE 1% CREAM
GRANIX 300 MCG/0.5 ML SAFE SYR	RISEDRONATE SODIUM 30 MG TAB
GRANIX 300 MCG/0.5 ML SYRINGE	RISPERDAL CONSTA 12.5MG/2ML
GRANIX 300 MCG/ML VIAL	RISPERDAL CONSTA 25 MG/2 ML
GRANIX 480 MCG/0.8 ML SAFE SYR	RISPERDAL CONSTA 37.5MG/2ML
GRANIX 480 MCG/0.8 ML SYRINGE	RISPERDAL CONSTA 50 MG/2 ML
GRANIX 480 MCG/1.6 ML VIAL	SAXENDA 18 MG/3 ML PEN
HETLIOZ 20 MG	SKYTROFA 11 MG CARTRIDGE
HORIZANT ER 300 MG TABLET	SKYTROFA 13.3 MG CARTRIDGE
HORIZANT ER 600 MG TABLET	SKYTROFA 3 MG CARTRIDGE
HUMATROPE 12 MG CARTRIDGE	SKYTROFA 3.6 MG CARTRIDGE
HUMATROPE 24 MG CARTRIDGE	SKYTROFA 4.3 MG CARTRIDGE

Medications Removed from Formulary Effective January 1, 2026 (continued)	
HUMATROPE 6 MG CARTRIDGE	SKYTROFA 5.2 MG CARTRIDGE
HYDROCORTISONE BUTYRATE 0.1 % lipo-based external cream	SKYTROFA 6.3 MG CARTRIDGE
HYSINGLA ER 100 MG TABLET	SKYTROFA 7.6 MG CARTRIDGE
HYSINGLA ER 120 MG TABLET	SKYTROFA 9.1 MG CARTRIDGE
HYSINGLA ER 20 MG TABLET	SOGROYA 10 MG/1.5 ML PEN
HYSINGLA ER 30 MG TABLET	SOGROYA 15 MG/1.5 ML PEN
HYSINGLA ER 40 MG TABLET	SOGROYA 5 MG/1.5 ML PEN
HYSINGLA ER 60 MG TABLET	SOMATULINE DEPOT 120 MG/0.5 ML
HYSINGLA ER 80 MG TABLET	SOMATULINE DEPOT 60 MG/0.2 ML
INSULIN DEGLUDEC 100 UNIT/ML	SOMATULINE DEPOT 90 MG/0.3 ML
INSULIN DEGLUDEC PEN (U-100)	SOVALDI 150 MG PELLET PACKET
INSULIN DEGLUDEC PEN (U-200)	SOVALDI 200 MG PELLET PACKET
JANUMET 50-1,000 MG	SOVALDI 200 MG TABLET
JANUMET 50-500 MG	SOVALDI 400 MG TABLET
JANUMET XR 100-1,000 MG	STEGLUJAN 15-100 MG TABLET
JANUMET XR 50-1,000 MG	STEGLUJAN 5-100 MG
JANUMET XR 50-500 MG	STIMUFEND 6 MG/0.6 ML SYRINGE
JANUVIA 100 MG	SYNJARDY 12.5-1,000 MG TABLET
JANUVIA 25MG	SYNJARDY 12.5-500 MG TABLET
JANUVIA 50 MG	SYNJARDY 5-1,000 MG TABLET
JARDIANCE 10 MG TABLET	SYNJARDY 5-500 MG TABLET
JARDIANCE 25 MG TABLET	SYNJARDY XR 10-1,000 MG TABLET
JYNARQUE 15 MG TABLET	SYNJARDY XR 12.5-1,000 MG TAB
JYNARQUE 15 MG-15 MG TABLET	SYNJARDY XR 25-1,000 MG TABLET
JYNARQUE 30 MG TABLET	SYNJARDY XR 5-1,000 MG TABLET
JYNARQUE 30 MG-15 MG TABLET	TERIPARATIDE 560MCG/2.24ML PEN
JYNARQUE 45 MG-15 MG TABLET	TIMOLOL MALEATE GEL SOLUTION 0.25 %
JYNARQUE 60 MG-30 MG TABLET	TIMOLOL MALEATE GEL SOLUTION 0.5 %
JYNARQUE 90 MG-30 MG TABLET	TOLMETIN 200 MG
KETOPROFEN ER CAPSULES 200 MG	TOLMETIN 400 MG
LAMICTAL 25(42)-100	TOLMETIN 600 MG

Medications Removed from Formulary Effective January 1, 2026 (continued)	
LAMICTAL 25(84)-100	TOVET EMOLLIENT 0.05 %
LAMICTAL 25MG (35)	TRAMADOL HCL 25 MG TABLET
LATISSE 0.03% EYELASH SOLUTION	TRESIBA 100 UNIT/ML VIAL
LEVORPHANOL 2 MG TABLET	TRESIBA FLEXTOUCH 100 UNIT/ML
LEVORPHANOL 3 MG TABLET	TRESIBA FLEXTOUCH 200 UNIT/ML
LIDOCAINE-TETRACAINE 7%-7% CRM	TRETINOIN 0.05% EMOLLIENT CRM
LINZESS 145 MCG CAPSULE	TRIAMCINOLONE ACETONIDE 0.147MG/G
LINZESS 290 MCG CAPSULE	TRIENTINE HCL 500 MG CAPSULE
LINZESS 72 MCG CAPSULE	VASCEPA 0.5 GM CAPSULE
LIRAGLUTIDE 2-PAK 18 MG/3 ML	VASCEPA 1 GM CAPSULE
LIRAGLUTIDE 3-PAK 18 MG/3 ML	VEREGEN 15% OINTMENT
LITFULO 50 MG CAPSULE	VICTOZA 2-PAK 18 MG/3 ML PEN
LIVTENCITY 200 MG TABLET	VICTOZA 3-PAK 18 MG/3 ML PEN
LUMRYZ 4.5-6-7.5 GM STARTER PK	VOSEVI 400-100-100 MG TABLET
LUMRYZ ER 4.5 GM PACKET	WEGOVY 0.25 MG/0.5 ML PEN
LUMRYZ ER 6 GM PACKET	WEGOVY 0.5 MG/0.5 ML PEN
LUMRYZ ER 7.5 GM PACKET	WEGOVY 1 MG/0.5 ML PEN
LUMRYZ ER 9 GM PACKET	WEGOVY 1.7 MG/0.75 ML PEN
LYBALVI 10-10 MG TABLET	WEGOVY 2.4 MG/0.75 ML PEN
LYBALVI 15-10 MG TABLET	WYNZORA 0.005%-0.064% CREAM
LYBALVI 20-10 MG TABLET	ZEPBOUND 10 MG/0.5 ML PEN
LYBALVI 5-10 MG TABLET	ZEPBOUND 12.5 MG/0.5 ML PEN
LYUMJEV 100 UNIT/ML KWIKPEN	ZEPBOUND 15 MG/0.5 ML PEN
LYUMJEV 100 UNIT/ML VIAL	ZEPBOUND 2.5 MG/0.5 ML PEN
LYUMJEV 200 UNIT/ML KWIKPEN	ZEPBOUND 5 MG/0.5 ML PEN
LYUMJEV TEMPO PEN 100 UNIT/ML	ZEPBOUND 7.5 MG/0.5 ML PEN
MAVYRET 100-40 MG TABLET	ZIEXTENZO 6 MG/0.6 ML SYRINGE
MAVYRET 50-20 MG PELLET PACKET	ZILEUTON ER 600 MG TABLET
MECLOFENAMATE SODIUM 100 MG	ZOMACTON 10 MG VIAL
MECLOFENAMATE SODIUM 50 MG	ZOMACTON 5 MG VIAL
MEFENAMIC ACID 250 MG	ZORYVE 0.15% CREAM

**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 METER	PENICILLAMINE 250 MG CAPSULE
CONTOUR NEXT EZ METER	PHENYTEK 200 MG CAPSULE
CONTOUR NEXT EZ METER SYSTEM	PHENYTEK 300 MG CAPSULE
CONTOUR NEXT GEN METER	PYLERA CAPSULE
CONTOUR NEXT GEN METER KIT	SELARSDI 45 MG/0.5 ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT GLUCOSE METER KIT	SELARSDI 90 MG/ML SYRINGE (Prior Authorization Required)
CONTOUR NEXT LINK 2.4 METER KT	SUFLAVE POWDER
CONTOUR NEXT LINK METER	SUTAB 1.479-0.225-0.188 GM TAB
CONTOUR NEXT METER	TIZANIDINE HCL 2 MG CAPSULE
CONTOUR NEXT ONE METER	TIZANIDINE HCL 4 MG CAPSULE
CONTOUR NEXT TEST STRIP	TIZANIDINE HCL 6 MG CAPSULE
CONTOUR PLUS BLUE METER	TYENNE 162 MG/0.9 ML AUTOINJCT (Prior Authorization Required)
CONTOUR PLUS TEST STRIP	TYENNE 162 MG/0.9 ML SYRINGE (Prior Authorization Required)
CONTOUR TEST STRIP	VENTOLIN HFA 90 MCG INHALER
DEXLANSOPRAZOLE DR 30 MG CAP	VYVANSE 10 MG CAPSULE
DEXLANSOPRAZOLE DR 60 MG CAP	VYVANSE 10 MG CHEWABLE TABLET
DILANTIN 100 MG CAPSULE	VYVANSE 20 MG CAPSULE
DILANTIN 125 MG/5 ML SUSP	VYVANSE 20 MG CHEWABLE TABLET
DILANTIN 30 MG CAPSULE	VYVANSE 30 MG CAPSULE
DILANTIN 50 MG INFATAB	VYVANSE 30 MG CHEWABLE TABLET
ESOMEPRAZOLE DR 10 MG PACKET	VYVANSE 40 MG CAPSULE
ESOMEPRAZOLE DR 2.5 MG PACKET	VYVANSE 40 MG CHEWABLE TABLET
ESOMEPRAZOLE DR 20 MG PACKET	VYVANSE 50 MG CAPSULE
ESOMEPRAZOLE DR 40 MG PACKET	VYVANSE 50 MG CHEWABLE TABLET
ESOMEPRAZOLE DR 5 MG PACKET	VYVANSE 60 MG CAPSULE
EVAMIST 1.53 MG/SPRAY	VYVANSE 60 MG CHEWABLE TABLET
LIDOCAN II 5% PATCH	VYVANSE 70 MG CAPSULE
LIDOCAN III 5% PATCH	YESINTEK 45 MG/0.5 ML SYRINGE (Prior Authorization Required)
LIDOCAN IV 5% PATCH	YESINTEK 45 MG/0.5 ML VIAL (Prior Authorization Required)
LIDOCAN V 5% PATCH	YESINTEK 90 MG/ML SYRINGE (Prior Authorization Required)

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*