

Starting Jan. 1, 2026, we'll change how we cover some drugs on our drug lists

Starting Jan. 1, 2026, we're making some changes to how we cover some medications on the drug lists associated with our prescription drug plans.

Drugs that won't be covered

We'll no longer cover the drugs listed in the chart below. Unless noted, both the brand name and available generic equivalents won't be. If your patients fill a prescription for one of these drugs on or after Jan. 1, 2026, they'll be responsible for the full cost.

The drugs that won't be covered are listed along with suggested covered alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with covered alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for covered alternatives, such as prior authorization.

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Adderall XR®, Concerta®, Vyvanse®	Custom Select	ADHD	Amphetamine/dextroamphetamine, dexamethylphenidate, lisdexamphetamine, methylphenidate
Ala-scalp® lotion	Custom Select	Topical anti-inflammatory	Betamethasone dipropionate lotion 0.05%, desonide lotion 0.05%, hydrocortisone lotion 2.5%
Alkindi® sprinkle	All	Corticosteroid	Dexamethasone oral solution, hydrocortisone tablet, prednisone oral solution
Almotriptan	Custom Select	Migraine	Rizatriptan, sumatriptan, zolmitriptan tablets
Alosetron 1mg	All	Irritable bowel syndrome	Alosetron 0.5mg tablet, lubiprostone
Analpram HC cream 2.5-1%, Analpram-HC lotion 2.5%, Lidocort™	All	Topical anti-inflammatory	Hydrocortisone-pramoxine cream, hydrocortisone suppository, lidocaine-hydrocortisone cream
Anzemet®	All	Antinausea	Granisetron, ondansetron

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Arunity® Ellipta®	Clinical, Custom, Custom Select	Asthma	Asmanex®, Asmanex® HFA, Pulmicort Flexhaler™
Aspruzo® sprinkle	All	Heart conditions	Amlodipine, atenolol, metoprolol, ranolazine ER
Bimzelx®	Clinical, Custom	Inflammatory conditions Discuss treatment options with your provider based on your indication.	Preferred products: Enbrel®, Otezla®, Rinvoq®/Rinvoq® LQ, Simlandi®, Simponi®, Skyrizi®, Tremfya®, Xeljanz®/XR, Yesintek™ Nonpreferred products: Cimzia®, Cosentyx®, Orencia®, Sotyktu®, Taltz®
Bimzelx®	Custom Select	Inflammatory conditions Discuss treatment options with your provider based on your indication.	Preferred products: Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Xeljanz®/XR, Yesintek™ Nonpreferred products: Cimzia®, Cosentyx®, Orencia®, Sotyktu®, Taltz®
Bimzelx®	Preferred	Inflammatory conditions Discuss treatment options with your provider based on your indication.	Preferred products: Enbrel®, Humira®, Otezla®, Rinvoq®/Rinvoq® LQ, Simponi®, Skyrizi®, Stelara®, Tremfya®, Xeljanz®/XR Nonpreferred products: Cimzia®, Cosentyx®, Orencia®, Sotyktu®, Taltz®

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Brexafemme®	Custom Select	Antifungal	Fluconazole tablet, miconazole suppository, terconazole cream
Bronchitol®	Custom Select	Cystic fibrosis	Pulmozyme®, hypertonic sodium chloride nebulization
Bydureon® BCise®, Byetta®	Preferred	Diabetes	Liraglutide, Mounjaro®, Ozempic®, Rybelsus®, Trulicity®
Capex® shampoo 0.01%	All	Topical anti-inflammatory	Betamethasone valerate lotion, flurandrenolide lotion, triamcinolone acetonide lotion
Cimduo®, Emtriva® solution, Intelence® tablet 25mg, Reyataz® packet, Stribild®, Tybost®	Custom Select	HIV	Discuss treatment options with your doctor
Cosopt® - PF	Preferred	Glaucoma	Dorzolamide/timolol, brimonidine/timolol ophthalmic solutions
Cycloset®	Custom Select	Diabetes	Glipizide, glyburide, metformin
Cystadrops®	Custom Select	Ocular anti-cystine agent	Cystaran®
Diclofenac sodium/misoprostol	Custom Select	Anti-inflammatory and GI protectant	Diclofenac sodium plus misoprostol
Duobrii®	Custom Select	Plaque psoriasis	Clobetasol 0.05%, fluocinonide 0.1%, halobetasol propionate plus generic tazarotene lotion
Duopa®, Onapgo™, Vyalev™	Custom Select	Parkinson's disease	Carbidopa/levodopa, carbidopa/levodopa/entacapone

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Femring®, Menest®	Custom Select	Vasomotor symptoms	Estradiol gel, oral, or transdermal; Estratest® F.S.
Fluvastatin, fluvastatin ER	All	Dyslipidemic	Atorvastatin, pravastatin, rosuvastatin, simvastatin
Fragmin®	Custom Select	Anticoagulant	Enoxaparin, fondaparinux, heparin
Hetlioz® LQ	Custom Select	Sleep agent for Smith-Magenis Syndrome, or SMS	Acebutolol in combination with over-the-counter melatonin, tasimelteon
HyperSal®, NebuSal™, PulmoSal™	Custom Select	Respiratory agent	Sodium chloride nebulization
Intrarosa®	Clinical, Custom, Custom Select	Menopause symptoms	Estradiol oral, estradiol ring, Imvexxy®, Premarin® vaginal cream
Iopidine®	Custom Select	Glaucoma	Apraclonidine 0.5% ophthalmic solution
Jylamvo®	Custom Select	Immunosuppressant	Methotrexate, Trexall®
Levorphanol	All	Pain	Hydrocodone, morphine/ER, oxycodone, tramadol/ER
Levothyroxine (equivalent to Tirosint®)	Clinical, Custom, Custom Select	Hypothyroidism	Levothyroxine, Tirosint®, Tirosint-SOL®
Locoid Lipocream® 0.1%	All	Topical anti-inflammatory	Betamethasone valerate, hydrocortisone butyrate, hydrocortisone valerate creams
Lupkynis®	Custom Select	Lupus nephritis	Benlysta®, cyclophosphamide plus glucocorticoids (such as dexamethasone), mycophenolate mofetil plus glucocorticoids (such as dexamethasone)

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Marplan®	Custom Select	Antidepressant	Citalopram, duloxetine, phenelzine, sertraline, tranylcypromine
Menostar®	Custom Select	Postmenopausal osteoporosis prevention	Alendronate, estradiol, risedronate
Moviprep®	Preferred	Laxative	Polyethylene glycol-electrolyte solution
Mytesi®	Custom Select	Antidiarrheal	Diphenoxylate-atropine, loperamide
Natesto®	Clinical, Custom, Preferred	Androgen	Testosterone
Nitro-Time	Custom Select	Heart conditions	Nitro-BID®, nitroglycerin patch or sublingual
Nityr®	All	Hereditary tyrosinemia type-1	Nitisinone capsule, Orfadin® oral suspension
Noxafil® Pak	All	Antifungal	Posaconazole
Nymalize®	All	Subarachnoid hemorrhage	Nimodipine capsule
Ocaliva®	All	Primary biliary cholangitis	Iqirvo®, Livdelzi®, ursodiol
Oriahnn®	Custom Select	Menstrual bleeding	Generic contraceptives (such as Camila, Gemmily), drospirenone/ethinyl estradiol, Myfembree®
Pitavastatin	Custom Select	Dyslipidemic	Atorvastatin, pravastatin, rosuvastatin, simvastatin

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Rinvoq®/Rinvoq® LQ	Custom Select	<p>Inflammatory conditions</p> <p>Discuss treatment options with your provider based on your indication.</p>	<p>Preferred products: Adbry®, Cibirgo®, Dupixent®, Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Tyenne®, Xeljanz®/XR, Yesintek™</p> <p>Nonpreferred products: Cimzia®, Cosentyx®, Entyvio®, Kevzara®, Kineret®, Olumiant®, Orencia®, Taltz®, Zeposia®</p>
Sancuso®	Custom Select	Antinausea	Granisetron, ondansetron
Saxenda®	Clinical, Custom, Preferred	Weight loss*	Phentermine, phentermine/topiramate ER, Wegovy®, Zepbound®
Secuado®	Custom Select	Antipsychotic	Aripiprazole, clozapine, olanzapine, risperidone, quetiapine
Siklos®, Xromi®	Custom Select	Sickle cell anemia	Droxia®, hydroxyurea
Skyrizi®	Custom Select	<p>Inflammatory conditions</p> <p>Discuss treatment options with your provider based on your indication.</p>	<p>Preferred products: Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Xeljanz®/XR, Yesintek™</p> <p>Nonpreferred products: Cimzia®, Cosentyx®, Entyvio®, Orencia®, Sotyktu®, Taltz®, Zeposia®</p>
Synarel®	Custom Select	Endometriosis	Discuss treatment options with your doctor

Drugs that won't be covered	Affected drug lists	Common use or drug class	Covered alternatives*
Tekturna HCT®	All	Heart conditions	Aliskiren plus hydrochlorothiazide, candesartan/hydrochlorothiazide, losartan/hydrochlorothiazide
Theo-24®	Custom Select	Lung conditions	Theophylline ER tablet, theophylline solution
Tolak® cream 4%	All	Actinic keratosis	Diclofenac sodium gel 3%, fluorouracil cream 5%, imiquimod cream 5%
Tracleer® 32mg oral suspension	Custom Select	Pulmonary antihypertensive	Ambrisentan, bosentan tablet, sildenafil, tadalafil
Trecator®	Custom Select	Tuberculosis	Discuss treatment options with your doctor
Xalkori®, Zykadia®	Custom Select	Antineoplastic	Alecensa®, Alunbrig®, Lorbrena®
Xatmep®	All	Immunosuppressant	Methotrexate, Trexall®
Zolmitriptan NS, Zomig® NS	Custom Select	Migraine	Sumatriptan nasal spray, rizatriptan, zolmitriptan tablet

*Weight loss coverage is dependent on the member's benefit plan and may not be covered.

Drugs that will have a higher copayment

The brand-name drugs that will have a higher copayment are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives.

Drugs that will have a higher copayment**	Affected drug lists	Common use or drug class	Preferred alternatives
Entresto® sprinkle	All	Heart conditions	Sacubitril/valsartan tablets, enalapril, ivabradine, lisinopril, losartan, valsartan

Drugs that will have a higher copayment**	Affected drug lists	Common use or drug class	Preferred alternatives
Erleada®, Nubeqa®	All	Antiandrogen	Abirtega™, Xtandi®
Ery 2% pads	All	Acne	Erythromycin gel 2%
Inbrija®, Nourianz®	All	Parkinson's disease	Carbidopa/levodopa, carbidopa/levodopa/entacapone, pramipexole/ER, ropinirole/ER
Narcan® nasal spray	All	Opioid reversal	Naloxone nasal spray, Kloxxado®, Rextovy™
Rhopressa®, Rocklatan®	Clinical, Custom, Custom Select	Glaucoma	Bimatoprost, latanoprost, timolol ophthalmic solutions
Theo-24®	Clinical, Custom	Lung conditions	Theophylline ER tablet, theophylline solution

**Nonpreferred brand drugs may not be covered for members with a closed benefit.

Drugs that will have coverage requirement changes

These drugs will have changes to the coverage requirements, such as the need for additional information to be provided, or to meet additional clinical criteria, before coverage is approved.

Drugs that will have coverage requirement changes	Affected drug lists	Common use or drug class	Coverage requirements change
Dayvigo®, Quviviq®	Clinical, Custom, Preferred	Sleep agent	Coverage requires failure of three of the following: immediate-release zolpidem (Ambien), eszopiclone (Lunesta), zaleplon (Sonata), trazodone (Desyrel), or doxepin (Silenor) and Belsomra®

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