

2026 Medicare pharmacy updates

Several important prescription coverage changes will affect Medicare Plus Blue and BCN Advantage individual and some group plan members, effective Jan. 1, 2026.

Innovation in procedures and prescriptions are increasing health care costs, while decreased funding from the federal government is requiring health plans across the country to adjust their benefits for Medicare Advantage plans. Patients may ask you questions about changes to the formulary, so we want to help prepare you to field inquiries about how patients can lower their prescription costs.

See below for an overview of key formulary changes that will affect Medicare Plus Blue and BCN Advantage individual plan members, effective Jan. 1, 2026.

GLP-1 drugs

We've updated our criteria for brand-name GLP-1 drugs — Ozempic®, Mounjaro®, Trulicity®, Rybelsus® — on the formulary to require use of liraglutide for all individual members.

Brand-name GLP-1 drugs will remain on tier 3. Liraglutide is covered on tier 2, which has a lower cost share.

- Current and new members who are prescribed a brand-name GLP-1 drug will need a prescription for liraglutide before Jan. 1, 2026.
- Authorizations for liraglutide have been approved through Dec. 31, 2026, for current members using a brand-name GLP-1 drug.

SGLT-2 drugs

Dapagliflozin, authorized generic of Farxiga®, will be the preferred SGLT-2 inhibitor for all members.

Current and new members using Jardiance® will be required to use dapagliflozin and will need new prescriptions before Jan. 1, 2026.

Concurrent use of opioids and benzodiazepines – COB edit

In October 2025, we implemented a concurrent use of opioid and benzodiazepine point-of-sale edit for some members, in response to concerns brought forth by the Centers for Medicare & Medicaid Services. On Jan. 1, 2026, the edit will apply to all members.

The drug safety edit will reject opioid and benzodiazepine claims for members who are 18 years of age or older who are concurrently using an opioid and benzodiazepine with

an overlap of 14 days or greater. Only members who are in hospice, receiving palliative care or being treated for cancer or sickle cell anemia are exempt from this edit.

Key removals and alternatives

Drug and device removals	Covered alternatives*
Repatha [®]	Praluent ^{®**}
Creon [®]	Zenpep [®]
Trospium	Myrbetriq [®] , Gemtesa [®]
CeQur, InPen [™] , NovoPen Echo [®] , Omnipod [®] , V-Go [®]	No similar alternative devices are covered under Medicare Part D. CMS doesn't cover these devices under Part B. We cover many self-administered rapid acting insulin options on our drug list.
Brimonidine 0.1% ophthalmic solution	Brimonidine 0.2% ophthalmic solution

*Alternatives are covered in 2025 and 2026.

**For members taking Repatha currently, we've already loaded prior authorizations for Praluent in the system. No additional prior authorization will be required.

For a complete list of drugs and associated requirements, go to [2026 Drug Lists](#) for Medicare Members.

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