Essential Health Benefits (EHB) Prescription Drug List Updates Effective January 1, 2026

Please Note: These changes ONLY apply to members on the EHB Formulary. Group-specific benefit exceptions may apply.

Tier Changes Affecting Member Copayment

*only applicable to Kansas members

Medications Moving to a Lower Tier			
azelaic acid gel 15%	Clomid tab*	desloratadine tab 5 mg	nalbuphine inj 10mg/mL
nilutamide tab	repaglinide tab 0.5 mg, 1 mg, 2 mg	Tranexamic acid tab 650 mg	
Medications Moving to a Higher Tier			
Leukeran tablet			

Specialty Drug Classification Changes

New pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs
Leukeran tablet

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Analgesics	Nucynta ER	hydrocodone bitartrate tab ER, morphine sulfate tab ER, oxycodone hcl tab ER, Xtampza ER
Biologic Agents	Stelara	Yesintek or Ustekinumab-aauz
Dental Agents	Fluoridex Daily Renewal	Prevident, sodium fluoride rinse, sodium fluoride cream, sodium fluoride gel
	Easygel gel 0.4%	

New Excluded Drugs with Covered Generic Equivalents

Proctosol HC	Promethegan suppository	Sajazir injectable