Premium Prescription Drug List Updates Effective January 1, 2026

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

New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Opioid Analgesics	methadone solution

Tier Changes Affecting Member Copayment

Medications Moving to a Lower Tier
Emgality
Medications Moving from Tier 2 to Tier 3
Depen Titratabs

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Antidementia Agents	Namzaric ER Pack	donepezil tablet, memantine tablet, memantine-donepezil capsule
	Namzaric ER 7/10 mg	donepezil tablet and memantine tablet
Biologic Agents	Stelara	Yesintek or Ustekinumab-aauz
Headache Agents	Ajovy	Aimovig, Emgality 120 mg/ml
	butalbital-apap-caffeine-codeine 50-300-40-30 mg cap	butalbital-apap-caffeine-codeine 50-325-40-30 mg cap
Phosphate Binders	Auryxia tab	calcium carbonate tablet, calcium acetate capsule/tablet, sevelamer oral powder/tablet
Sleep Disorder Agents	Dayvigo tab	eszopiclone tablet, ramelteon tablet, zaleplon capsule, zolpidem tablet, Belsomra

New Excluded Drugs with Covered Generic Equivalents

Activella	Acular	Adderall XR	Aldactone tab
Analpram-HC cream	Aptiom tab	Azulfidine tab	Brilinta tab
Carbaglu tab	Cipro tab	Daraprim tab	Detrol LA
Dymista	Edecrin	Emend BiPack, Tripack	Entresto tab
Estrogel pump	Hydrea cap	Invega tab	Kaletra tab
Lomotil tab	Macrobid cap	Maxitrol	Namzaric ER 14/10 mg, 21/10 mg, 28/10 mg
Nardil tab	Ocuflox soln	Reglan tab	Remeron tab
Reyataz cap	Salagen tab	Sinemet tab	Tenoretic tab
Tiazac cap	Zyprexa Zydi tab		