PRO/ACT PHARMACY BENEFIT MANAGEMENT

# JANUARY 2026 Advantage Formulary Changes

The excluded medications shown below are not covered. In most cases, if you fill a prescription for one of these drugs you will pay the full retail price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the preferred alternatives. Additional covered alternatives may be available so please consult with your doctor. As prescription plans vary, not all drugs listed as alternatives may be covered by your plan. Grandfathering will not be provided for any excluded medications.

For the most current listing of covered medications or if you have questions, please visit **www.proactrx.com** or call the ProAct Help Desk at **1-877-635-9545**.

## Single-Source Brand and Generic Exclusions

| DRUG CLASS | EXCLUDED MEDICATIONS | PREFERRED ALTERNATIVES |
|---|---|---|
| **ANTIINFECTIVES** | | |
| Antibiotic Agents for Urinary Tract Infections | fosfomycin | nitrofurantoin macro, nitrofurantoin mono/macro, sulfamethoxazole/ trimethoprim, trimethoprim |
| Antivirals | penciclovir cream, DENAVIR, XERESE | acyclovir oral or cream, famciclovir, valacyclovir |
| **AUTONOMIC & CENTRAL NERVOUS SYSTEM** | | |
| Antiparkinsonism Agents | NOURIANZ | cabergoline, entacapone, pramipexole, rasagiline, ropinirole |
| Antipsychotics (Injectable) | INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA | risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ARISTADA INITIO, ERZOFRI, RYKINDO ER, UZEDY ER |
| Movement Disorders Therapy | AUSTEDO, AUSTEDO XR | INGREZZA, INGREZZA SPRINKLE |
| Narcotic Analgesics & Combinations | NUCYNTA ER, OXYCODONE ER, OXYCONTIN, XTAMPZA ER | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER |
| **CARDIOVASCULAR** | | |
| Angiotensin Receptor Blockers (ARBs) and Combinations | telmisartan/amlodipine | amlodipine/olmesartan, amlodipine/ valsartan |
| Diuretics | triamterene, DYRENIUM | amiloride hcl, eplerenone, spironolactone |
| **DERMATOLOGICAL** | | |
| Rosacea Agents (Topical) | EPSOLAY, ZILXI | azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur, FINACEA FOAM |

| DRUG CLASS | EXCLUDED MEDICATIONS | PREFERRED ALTERNATIVES |
|---|---|---|
| Topical Agents for Acne | CABTREO, TWYNEO | adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/ benzoyl peroxide, tretinoin, tretinoin micro |
| Topical Antifungals | naftifine, oxiconazole, ECOZA, ERTACZO, LULICONAZOLE, LUZU, NAFTIN, OXISTAT LOTION, SULCONAZOLE, XOLEGEL | ciclopirox, clotrimazole, econazole, ketoconazole |
| | ciclopirox 8% treatment kit | ciclopirox 8% topical solution, tavaborole topical solution |
| Miscellaneous Topical Dermatological Agents | crotamiton | permethrin |
| **DIABETES** | | |
| Blood Glucose Meters & Test Strips | ASCENSIA (CONTOUR) ELI LILLY (TEMPO)<br>LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX)4<br>ROCHE (ACCU-CHEK)<br>ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED | ABBOTT FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE) ABBOTT FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE PRECISION NEO) ABBOTT PRECISION XTRA METERS, TEST STRIPS TRIVIDIA METERS (TRUE METRIX AIR, TRUE METRIX, TRUE METRIX GO) TRIVIDIA TEST STRIPS (TRUE METRIX, TRUETRACK) |
| Insulins | U-100: ADMELOG, APIDRA, FIASP, HUMALOG VIAL, INSULIN ASPART, NOVOLOG, RELION NOVOLOG<br>Inhalation: AFREZZA | U-100: HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), HUMALOG TEMPO, INSULIN LISPRO, LYUMJEV KWIKPEN & VIAL, LYUMJEV TEMPO<br>U-200: HUMALOG KWIKPEN, LYUMJEV KWIKPEN |
| **EAR/NOSE** | | |
| Nasal Antihistamines and Combination Products | azelastine/fluticasone, DYMISTA | azelastine nasal plus fluticasone nasal |
| **GASTROINTESTINAL** | | |
| Antidiarrheal Agents | opium tincture, MYTESI | diphenoxylate/atropine, loperamide |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | COXANTO, DICLOFENAC 35MG CAPSULES, DOLOBID, FENOPROFEN 200MG CAPSULES, FENOPRON, KETOROLAC NASAL SPRAY, OXAPROZIN 300 MG CAPSULES, RELAFEN DS, SPRIX, TIVORBEX, ZORVOLEX | generic oral nonsteroidal anti-inflammatory drugs |
| **OBSTETRICAL & GYNECOLOGICAL** | | |
| Miscellaneous Gynecological Agents | paroxetine mesylate | paroxetine hcl, paroxetine hcl ext-release |

| DRUG CLASS | EXCLUDED MEDICATIONS | PREFERRED ALTERNATIVES |
|---|---|---|
| **ONCOLOGY** | | |
| Trastuzumab-Containing Agents | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, KANJINTI, ONTRUZANT, TRAZIMERA | HERCESSI, OGIVRI |
| **OPHTHALMIC** | | |
| Antiglaucoma Agents (Ophthalmic Prostaglandins) | tafluprost drops, travoprost drops, DURYSTA, IDOSE TR, IYUZEH, LUMIGAN,TRAVATAN Z, VYZULTA, XELPROS, ZIOPTAN | bimatoprost drops, latanoprost drops |
| **RENAL** | | |
| Phosphate Binders | FERRIC CITRATE, FOSRENOL POWDER PACKETS, VELPHORO, XPHOZAH | calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl |
| **RESPIRATORY** | | |
| Pulmonary Anti-Inflammatory Inhalers | ALVESCO, ARMONAIR DIGIHALER, ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER | ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER |
| **MISCELLANEOUS AGENTS** | | |
| Complement Inhibitors | BKEMV, PIASKY, SOLIRIS, ULTOMIRIS | ENSPRYNG, EPYSQLI |
| Immune Globulins | CUTAQUIG, HYQVIA | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| Immunosuppressant Agents | JYLAMVO, TREXALL, XATMEP | methotrexate tablets |
| | OTREXUP, RASUVO | methotrexate injection |
| Infused TNF Antagonists | INFLECTRA, REMICADE, RENFLEXIS | AVSOLA, INFLIXIMAB |
| Infused Non-TNF Biologics - Tocilizumab Agents | ACTEMRA IV, TOFIDENCE IV | TYENNE IV |
| Infused Non-TNF Biologics - Ustekinumab Agents | OTULFI IV, PYZCHIVA IV, STELARA IV, STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV | SELARSDI IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA |
| Weight Loss | SAXENDA, ZEPBOUND VIALS | WEGOVY, ZEPBOUND PENS |

## *Indication Based Management*

| DRUG CLASS | EXCLUDED MEDICATIONS | PREFERRED ALTERNATIVES |
|---|---|---|
| Adalimumab Products for Inflammatory Conditions‡ | ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-FKJP, HULIO ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HUMIRA, HYRIMOZ, YUSIMRY | ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent) ADALIMUMAB-RYVK (by Quallent), SIMLANDI |
| Tocilizumab Products for Inflammatory Conditions‡ | ACTEMRA SC | TYENNE SC |

| DRUG CLASS | EXCLUDED MEDICATIONS | PREFERRED ALTERNATIVES |
|---|---|---|
| Ustekinumab Products for Inflammatory Conditions‡ | OTULFI SC, PYZCHIVA SC, STELARA SC2, STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AEKN SC, WEZLANA SC | SELARSDI SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC |
| Referenced excluded medications for Inflammatory Conditions‡ as indicated | KINERET, SILIQ | See below for Preferred Alternatives |
| Inflammatory Conditions‡ | All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process | ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), ADALIMUMAB-RYVK (by Quallent), ENBREL, OMVOH SC, OTEZLA, RINVOQ, RINVOQ LQ, SELARSDI SC, SIMLANDI, SKYRIZI, SOTYKTU, TALTZ, TREMFYA SC, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, YESINTEK SC, ZYMFENTRA<br><br>Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ<br><br>Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, TYENNE SC |

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

## Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the Advantage Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

| | | | | |
|---|---|---|---|---|
| BRILINTA | ENDARI | OXTELLAR XR | PROLENSA | PROMACTA |
| REVLIMID[1] | SYMBICORT | TASIGNA | THIOLA EC | VYVANSE[3] |

[1] Exclusion impacts new starts January 1, 2026 and existing utilizers effective July 1, 2026.
[3] Pending generic availability.

## Excluded to Preferred

| | | | |
|---|---|---|---|
| AVSOLA | HERCESSI | INFLIXIMAB | OGIVRI |

## Non-Preferred to Preferred

| | |
|---|---|
| INGREZZA | INGREZZA SPRINKLE |

## Preferred to Non-Preferred

| | |
|---|---|
| IXCHIQ | ONE TOUCH CONTROL SOLUTION |