curative

Updates to your prescription benefits

The Curative Pharmacy & Therapeutics Committee regularly reviews and updates our formulary to help ensure members have access to affordable medications that support their overall health. The list below outlines updates to the formulary effective for the 2026 plan year. Members on fully insured Texas plans will see these changes take effect upon their plan renewal date, beginning January 1, 2026. Members on fully insured plans in Georgia and Florida, as well as all level-funded plans, will see changes effective January 1, 2026.

Members are encouraged to review these updates and discuss any potential medication changes or alternatives with their prescribing provider. For more information, please contact **Curative Member Services** at 855-428-7284 or health@curative.com.

**Prior authorization and quantity limits may apply.*

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Abacavir solution	1	Exclude	Abacavir tablet
Abiraterone 500 mg	3	Exclude	Abiraterone 250 mg
Acetaminophen-codeine solution	1	Exclude	Hydrocodone-acetaminophen solution
Acthar	3	Exclude	Betaseron, Prednisolone
Adapalene 0.1% cream	1	Exclude	Adapalene 0.1 % gel
Adefovir	1	Exclude	Entecavir
Adempas	1	Exclude	Ambrisentan, Sildenafil
Advair HFA	1	Exclude	Fluticasone-salmeterol diskus, Budesonide-formoterol, Wixela
Advate	3	Exclude	Koate
Adynovate	1	Exclude	Koate
Afstyla	1	Exclude	Koate
Alclometasone	1	Exclude	Hydrocortisone, Triamcinolone
Alendronate solution	1	Exclude	Alendronate tablet
Aliskiren	1	Exclude	Lisinopril, Losartan
AlphaNine SD	1	Exclude	Benefix, Profilnine

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Alprolix	1	Exclude	Benefix, Profilnine
Alunbrig	3	Exclude	Alecensa
Amoxicillin chewable tablet	1	Exclude	Amoxicillin tablet, capsule, and suspension
Apraclonidine 0.5%	1	Exclude	Brimonidine tartrate 0.2%
Armour Thyroid	1	Exclude	Levothyroxine, Levo-T, Euthyrox
Atazanavir 150 mg	1	Exclude	Atazanavir 200 mg and 300 mg
Avonex	1	Exclude	Betaseron
Azathioprine 75 mg tablet	2	Exclude	Azathioprine 50 mg tablet
Azathioprine 100 mg tablet	1	Exclude	Azathioprine 50 mg tablet
Belsomra	2	Exclude	Melatonin, Zolpidem, Temazepam
Bepotastine 1.5%	2	Exclude	Olopatadine 0.1% and 0.2%, Azelastine 0.05%
Betaxolol 0.5%	1	Exclude	Timolol maleate 0.5% solution - (twice daily)
Binaxnow Covid-19 Test Kit	1	Exclude	Carestart, QuickVue, Genabio
Blood Pressure Monitors: Advocate, Clever Choice, Comfort Touch, CVS Series 600W and 800, Fora P20, and Test N'Go, Gojii, IHealth Neo, Health Sense, H-E-B InControl Premium, Microlife BPM6 Premium and Deluxe, Omron 5 series, Pro Health Track and Mini, Procare, ReliOn Premium, SM Wrist Cuff and Series 800, Talking Sense, True Health Sense	1	Exclude	Blood Pressure Monitors: CVS Series 100, H-E-B InControl, Omron 3, many other brands
Bosentan	1	Exclude	Ambrisentan, Sildenafil
Boudreaux's Baby Butt Smooth ointment	1	Exclude	Desitin cream and paste

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Braftovi	3	Exclude	Tafinlar, Mekinist
Bromfenac 0.075%	1	Exclude	Ketorolac 0.5%, Diclofenac 0.1%
Buprenorphine-naloxone sublingual 2-0.5 mg and 4-1 mg film	2	Exclude	Buprenorphine-naloxone sublingual tablet 2-0.5 mg and 8-2 mg
Capsaicin cream	1	Exclude	Diclofenac 1% gel
Cequr Simplicity	1	Exclude	Standard Insulin Pen Needles & Syringes
Cerdelga	1	Exclude	Miglustat, Yargesa
Chloroquine	2	Exclude	Hydroxychloroquine
Chlorpromazine	1	Exclude	Haloperidol, Loxapine
Chlorzoxazone	1	Exclude	Cyclobenzaprine, Methocarbamol
Cholestyramine packet	1	2	Cholestyramine powder
Cimetidine solution	1	Exclude	Cimetidine tablet
Clobetasol emulsion 0.05% cream	1	Exclude	Clobetasol 0.05% cream, Halobetasol 0.05% cream
Clomid	1	Exclude	Clomiphene
Clopidogrel 300 mg	1	Exclude	Clopidogrel 75 mg
Colesevelam packet	2	Exclude	Cholestyramine powder
Colesevelam tablet	1	Exclude	Cholestyramine powder
Colestipol	1	Exclude	Cholestyramine powder
Contrave	1	Exclude	Phentermine-topiramate ER
Cromolyn nebulization solution	1	Exclude	Albuterol, Budesonide, Arformoterol
Cyclosporine capsule	1	Exclude	Cyclosporine modified capsule

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Dantrolene	1	Exclude	Baclofen, Tizanidine
Depo-Testosterone	1	Exclude	Testosterone cypionate
Descovy	1	3	Emtricitabine-TDF
Dextroamphetamine 5 mg and 10 mg tablet	1	2	Amphetamine, Amphetamine-dextroamphetamine ER/IR, Methylphenidate IR/ER
Dextroamphetamine solution	1	Exclude	Amphetamine-dextroamphetamine ER capsule, Methylphenidate ER capsule
Diclofenac-misoprostol	2	Exclude	Diclofenac, Famotidine, Pantoprazole
Edurant	1	Exclude	Nevirapine 200 mg tablet, Efavirenz
Eloctate	1	Exclude	Koate
Emcyt	3	Exclude	Abiraterone 250 mg
Epinastine 0.05%	2	Exclude	Olopatadine 0.1% and 0.2%, Azelastine 0.05%
Erleada	3	Exclude	Abiraterone 250 mg
Esperoct	1	Exclude	Koate
Estazolam	1	Exclude	Melatonin, Zolpidem, Temazepam
Ethacrynic acid	2	Exclude	Furosemide
Etodolac ER	1	Exclude	Etodolac IR, Meloxicam
Ezetimibe-simvastatin	1	Exclude	Ezetimibe, Simvastatin
Farxiga	1	Exclude	Dapagliflozin, Dapagliflozin-metformin ER
Feiba	3	Exclude	Alhemo
Fiasp (FlexTouch, Penfill, Pumpcart)	1	Exclude	Novolog
First lansoprazole and First omeprazole	1	Exclude	Lansoprazole capsule, Omeprazole capsule
Flebogamma	1	Exclude	Gamunex-C

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Fluocinolone 0.01% cream	1	Exclude	Fluocinolone 0.01% solution, Hydrocortisone, Triamcinolone
Fluocinolone 0.025%	1	Exclude	Betamethasone valerate, Mometasone furoate
Fluphenazine concentrate and elixir	2	Exclude	Haloperidol concentrate
Flurazepam	1	Exclude	Melatonin, Zolpidem, Temazepam
Fluticasone propionate HFA	1	2	Asmanex, Arnuity Ellipta
Fotivda	3	Exclude	Pazopanib, Cabometyx
Gammagard	1	Exclude	Gamunex-C
Gammaplex	2	Exclude	Gamunex-C
Genvoya	1	Exclude	Biktarvy, Delstrigo, Dovato
Glyxambi	1	Exclude	Dapagliflozin, Dapagliflozin-metformin ER
Hemofil M	1	Exclude	Koate
Heparin intravenous syringe and vial	1	Exclude	Heparin subcutaneous injection
Humate-P	3	Exclude	Desmopressin
Hycamtin	3	Exclude	Etoposide, Topotecan intravenous
Ibrance	3	Exclude	Verzenio, Kisqali
Idelvion	1	Exclude	Benefix, Profilnine
Imbruvica	3	Exclude	Brukinsa, Calquence tablet
Inpen 100-Blue-Lilly-Humalog	1	Exclude	Standard Insulin Syringes
Inpen 100-Blue-Novolog-Fiasp	1	Exclude	Standard Insulin Syringes
Inpen 100-Grey-Lilly-Humalog	1	Exclude	Standard Insulin Syringes
Inpen 100-Grey-Novolog-Fiasp	1	Exclude	Standard Insulin Syringes
Inpen 100-Pink-Lilly-Humalog	1	Exclude	Standard Insulin Syringes
Inpen 100-Pink-Novolog-Fiasp	1	Exclude	Standard Insulin Syringes

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Inrebic	3	Exclude	Jakafi
Insulin Needle & Syringe combo: Vanish Point	1	Exclude	Insulin needle & syringe combo: Advocate, BD, CareOne, many other brands
Insulin Pen Needles: AUM Insulin Safety, AUM ReadyGard Duo, Clever Choice Comfort EZ, Comfort Touch, Embecta AutoShield Duo, Pure Comfort Safety, Quick Touch, True Comfort Safety, Unifine PROtect	1	Exclude	Insulin Pen Needles: BD, H-E-B InControl, EasyTouch, many other brands
Isradipine	1	Exclude	Amlodipine, Felodipine ER
Jardiance	1	Exclude	Dapagliflozin
Javygtor	2	Exclude	Phlexy-10, PKU Trio, Phenylade
Jivi	1	Exclude	Koate
Kesimpta	1	Exclude	Rituximab (medical benefit)
Kogenate FS	1	Exclude	Koate
Kovaltry	1	Exclude	Koate
Lamivudine solution	1	Exclude	Lamivudine tablet
Lancet Device: Advocate, Autolet II Clinisafe, Autolet Lite, Chosen, Droplet Genteel, Easy Mini, Easy Mini Eject, Easy Touch, Embrace, Genteel, Genteel Plus, Global, Hypolance AST, In Touch, Liberty Mini, Microlet Next, MM, OneTouch Delica Plus, PX Lancet Auto Injector, Simple Diagnostics, Smart Diabetes Vantage	1	Exclude	Lancet Device: CareTouch, H-E-B InControl, GoodSense, and many other brands

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Lancets: Advocate Safety, AquaLance, Assure Comfort, CareTouch Safety, Clever Choice, Clever Choice Comfort EZ, Comfort Touch, Comfort Touch Plus, Comfort Touch Twist, Easy Comfort, Easy Comfort Twist Top, Mobile, Monolettor Safety, Perfect Point Safety, Pro Comfort, Pro Comfort Safety, Pure Comfort, SAPS health Twist Top, SAPS Twist Top, SAPScare Twist Top, Travel Advanced, True Comfort Safety, Ultra-Thin II Auto, Unistik 3 Neonatal, Verifine Safe Mini, Verifine Universal	1	Exclude	Lancets: Accu-Check, BD Ultrafine, H-E-B InControl, and many other brands
Levoxyl	1	2	Levothyroxine, Levo-T, Euthyrox
Liothyronine	1	2	Levothyroxine, Levo-T, Euthyrox
Lisdexamfetamine	1	2	Amphetamine-dextroamphetamine ER/IR, Methylphenidate IR/ER
Lotemax 0.5% ointment	2	Exclude	Loteprednol 0.5% gel and suspension
Loteprednol 0.2% suspension	1	2	Loteprednol 0.5% gel and suspension
Lupron Depot	2	Exclude	Eligard
Lurbipr (flurbiprofen)	1	Exclude	Ibuprofen, Naproxen, Celecoxib
Mayzent	1	Exclude	Fingolimod
Medical Foods: PKU Lophlex, PKU Cooler 15 and 20, PKU Air20, PKU Periflex Junior Plus, PKU 2, and PKU 3	2	Exclude	Phlexy-10, PKU Trio, Phenylade
Mektovi	3	Exclude	Tafinlar, Mekinist
Melphalan	1	Exclude	Cyclophosphamide capsule
Methadone concentrate, solution, and soluble tablet	1	Exclude	Methadone tablet

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Methyldopa	1	Exclude	Labetalol, Nifedipine ER
Methylphenidate chewable tablet	2	Exclude	Amphetamine-dextroamphetamine ER capsule, Methylphenidate ER capsule
Methylphenidate ER (CD)	1	2	Amphetamine-dextroamphetamine ER/IR, Methylphenidate IR/ER
Methylphenidate solution	1	2	Amphetamine-dextroamphetamine ER capsule, Methylphenidate ER capsule
Metronidazole 0.75% lotion	1	Exclude	Metronidazole 0.75% cream and gel
Metronidazole capsule	1	Exclude	Metronidazole tablet
Minocycline 50 mg tablet	1	Exclude	Minocycline 50 mg capsule
MODD1 insulin pump	1	Exclude	Omnipod 5 and DASH
Montelukast packet	1	Exclude	Montelukast chewable tablet
Naftifine 2% cream	2	Exclude	Clotrimazole cream, Ketoconazole cream
Nerlynx	3	Exclude	Lapatinib
Nevirapine suspension and ER tablet	1	Exclude	Nevirapine 200 mg tablet
Nicardipine	1	Exclude	Amlodipine, Felodipine ER
Nilutamide	2	Exclude	Bicalutamide
Nisoldipine ER	1	Exclude	Amlodipine, Felodipine ER
Novarel	1	Exclude	Pregnyl, Ovidrel
Novoeight	3	Exclude	Koate
Novolin R Flexpen ReliOn	2	Exclude	Novolin R Flexpen
NP Thyroid	1	2	Levothyroxine, Levo-T, Euthyrox
Ofloxacin tablet	2	Exclude	Ciprofloxacin, Levofloxacin
Olopatadine nasal spray	1	Exclude	Azelastine nasal spray
Omeprazole DR tablet	1	Exclude	Omeprazole DR capsule

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Omnipod GO and Classic	1	Exclude	Omnipod 5 and DASH
Onetouch Ultra and Verio meter and test strip	1	Exclude	True Metrix meter and test strip
Orgovyx	3	Exclude	Firmagon
Orkambi	1	Exclude	Kalydeco, Symdeko, Trikafta
Oxaprozin	2	Exclude	Diclofenac, Ibuprofen, Naproxen
Oxycodone capsule	1	Exclude	Oxycodone tablet
Oxymorphone	2	Exclude	Hydromorphone
Palynziq	3	Exclude	Phlexy-10, PKU Trio, Phenylade
Pataday 0.1% and 0.2%	1	Exclude	Olopatadine 0.1% and 0.2%
Piqray	3	Exclude	Truqap
Plegridy	1	Exclude	Betaseron
Prednisolone PF 1%	1	Exclude	Prednisolone 1%
Probenecid	1	Exclude	Colchicine-probenecid
Promethazine-phenylephrine syrup	1	Exclude	Dextromethorphan-guaifenesin
Promethazine-phenylephrine-codeine syrup	1	Exclude	Dextromethorphan-guaifenesin
Qsymia	1	Exclude	Phentermine-topiramate ER
Qvar Redihaler	1	Exclude	Asmanex, Arnuity Ellipta
Radicava ORS	3	Exclude	Tiglutik, Teglutik
Rebif and Rebif Rebidose	1	Exclude	Betaseron
Retevmo capsule	3	Exclude	Gavreto
RiaSTAP	1	Exclude	Fibryga
Risedronate 5 mg, 30 mg, and 35 mg DR	1	Exclude	Risedronate 35 mg
Rubraca	3	Exclude	Lynparza

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Sajazir	1	Exclude	Icatibant
Sapropterin	2	3	Phlexy-10, PKU Trio, Phenylade
Semglee (insulin glargine-yfgn)	1	Exclude	Insulin glargine-yfgn, Lantus
Soltamox	2	Exclude	Tamoxifen tablet
Somatuline Depot	3	Exclude	Lanreotide
Sumatriptan refill cartridge	1	Exclude	Sumatriptan auto-injector
Synjardy and Synjardy XR	1	Exclude	Dapagliflozin, Dapagliflozin-metformin ER
Tasigna	3	Exclude	Imatinib
Tepmetko	3	Exclude	Tabrecta
Terbutaline	1	Exclude	Albuterol, Budesonide-formoterol
Testosterone 12.5 mg/Act (1%) gel pump	1	2	Testosterone cypionate, Testosterone 1.62% gel pump
Testosterone 20.25/1.25 gm (1.62%) gel packet	2	Exclude	Testosterone cypionate, Testosterone 1.62% gel pump
Testosterone 40.5 mg/2.5 gm (1.62%) gel packet	2	Exclude	Testosterone cypionate, Testosterone 1.62% gel pump
Testosterone enanthate	1	2	Testosterone cypionate
Testosterone Pen Needles: EasyPoint	1	Exclude	Testosterone Pen Needles: Monoject, BD, EasyTouch, and many other brands
Theophylline elixir and solution	1	Exclude	Theophylline ER 400 mg and 600 mg tablet
Thiothixene	1	Exclude	Haloperidol, Loxapine
Timolol maleate (once-daily) 0.5% solution	2	Exclude	Timolol maleate 0.5% solution - (twice daily)
Timolol maleate 0.25% and 0.5% gel forming solution	2	Exclude	Timolol maleate 0.5% solution - (twice daily)
Timolol tablet	1	Exclude	Labetalol, Propranolol

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Tiopronin	2	Exclude	Sodium bicarbonate
Tolvaptan 30 mg	2	3	Lisinopril, Losartan
Topiramate IR capsule sprinkle	1	Exclude	Topiramate tablet, Topiramate ER capsule sprinkle
Toremifene	2	Exclude	Tamoxifen
Toujeo (SoloStar, Max SoloStar)	1	Exclude	Insulin glargine (SoloStar, Max SoloStar)
Trandolapril-verapamil ER	2	Exclude	Trandolapril, Verapamil ER
Travoprost 0.004%	1	Exclude	Latanoprost
Trecator	2	Exclude	Levofloxacin, Isoniazid, Rifampin
Tretinoin gel	1	Exclude	Tretinoin cream
Tretten	3	Exclude	Corifact
Trifluoperazine	1	Exclude	Haloperidol, Loxapine
Trijardy XR	1	Exclude	Dapagliflozin, Dapagliflozin-metformin ER, Januvia
Triumeq	1	Exclude	Biktarvy, Delstrigo, Dovato
Turalio	3	Exclude	Imatinib
Twiist insulin pump	1	Exclude	Omnipod 5 and DASH
Unithroid	1	Exclude	Levothyroxine, Levo-T, Euthyrox
V-Go	1	Exclude	Omnipod 5 and DASH
Vigadrone	3	Exclude	Lacosamide, Oxcarbazepine
Vigpoder	3	Exclude	Lacosamide, Oxcarbazepine
Viread 300 mg	1	Exclude	Tenofovir disoproxil fumarate 300 mg
Vizimpro	3	Exclude	Tagrisso
Vtama	1	Exclude	Tazarotene, Eucrisa, Zoryve
Vyndamax	1	Exclude	Attruby
Vyndaqel	1	Exclude	Attruby

↗ Drugs with coverage change

Medication Name	2025 Coverage Tier	2026 Coverage Tier	Tier 1 ($0 Copay) Alternative Options*
Xalkori	3	Exclude	Alecensa, Lorbrena
Xigduo XR	1	Exclude	Dapagliflozin, Dapagliflozin-metformin ER
Xolair	1	Exclude	Fasenra, Nucala, Dupixent
Xpovio	3	Exclude	Pomalyst
Xyntha and Xyntha Solofuse	1	Exclude	Koate
Yonsa	3	Exclude	Abiraterone 250 mg
Zafirlukast	1	Exclude	Montelukast
Zejula	3	Exclude	Lynparza
Zelvysia	2	Exclude	Phlexy-10, PKU Trio, Phenylade
Zykadia	3	Exclude	Alecensa

↗ Drugs with new prior authorization (PA)

Medication Name	PA Name
Blood Pressure Monitors	Blood Pressure Monitors
Descovy	Descovy
Hydrocodone-acetaminophen solution	Opioids
Liothyronine	Liothyronine
Vigabatrin	Vigabatrin

↗ Drugs with new step therapy

Medication Name	Step 1 Drug and Requirement
Levalbuterol nebulization solution	Must try albuterol nebulization solution or inhaler
Liothyronine	Must use in combination with levothyroxine

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Adalimumab-Adbm (Cd/Uc/Hs) Starter Kit 40 mg/0.4 mL	6 mL per 180 days
Adalimumab-Adbm (Ps/Uv) Starter Kit 40 mg/0.4 mL	4 mL per 180 days
Aimovig	1 mL (1 pen) per 30 days
Albendazole 200 mg	60 tablets per 30 days
Alprazolam ER	30 tablets per 30 days
Aprepitant 40 mg	1 capsule per Rx
Azelastine 0.05%	10 mL per Rx
Bacitracin-polymyxin B	3.5 grams per Rx
Balversa 3 mg	84 tablets per 28 days
Balversa 4 mg	56 tablets per 28 days
Balversa 5 mg	28 tablets per 28 days
Benzoyl peroxide wash 5%	296 grams or mL per 30 days

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Blood Pressure Monitor: 3 Series BP Monitor/Wrist, Advanced One Step, CareTouch, CareTouch Slim and Versa, CVS, CVS Advanced, and CVS Series 100, 400, 400W, and 600, EQ Wrist, Essential, FT Series 200, 600 and 600w, GNP, HealthSmart, H-E-B InControl, H-E-B InControl Deluxe Auto, HM, Kroger, Microlife, Omron 3, 7 and 10 Series, Procare Wrist, QC, RA Cuff Monitor, ReliOn, SM, SM Series 200, 200w and 600w, SureLife BP Monitor/Arm and Wrist, TGT	1 device per 365 days
Brimonidine 0.2%	10 mL per 30 days
Bromfenac 0.09%	5 mL per Rx
Buprenorphine-Naloxone 12-3 mg film	60 films per 30 days
Calcitonin salmon nasal solution	22.2 mL (6 nasal sprays) per 180 days
Ciprofloxacin 0.3%	10 mL per Rx
Covid-19 Tests	4 tests per 90 days
Dexamethasone 0.1%	10 mL per Rx
Dextroamphetamine ER 5 mg	30 capsules per 30 days
Diazepam 10 mg	120 tablets per 30 days
Diazepam 2 mg	600 tablets per 30 days
Diazepam 5 mg	240 tablets per 30 days
Diclofenac 0.1%	5 mL per Rx
Dicyclomine 10 mg/5 mL solution	540 mL per 14 days
Dimethyl Fumarate 120 mg	56 capsules per 180 days
Duavee	30 tablets per 30 days

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Dutasteride 0.5 mg	30 capsules per 30 days
Erivedge	28 capsules per 28 days
Erythromycin 5 mg/gram	7 grams per Rx
Estradiol 0.1 mg/gm cream	85 grams per 30 days
Estradiol gel	30 grams per 30 days
Eye Allergy Itch/Redness 0.1%	10 mL per Rx
Eye Itch Relief 0.035%	10 mL per Rx
Fenofibrate	30 tablets per 30 days
Finasteride 5 mg	30 tablets per 30 days
Flunisolide 0.025% nasal spray	75 mL per 30 days
Gatifloxacin 0.5%	2.5 mL per Rx
Hydrocortisone 1% perianal cream (OTC)	78 grams per 30 days
Hydrocortisone 1% perianal cream (Rx)	85.2 grams per 30 days
Ibandronate 150 mg	1 tablet per 28 days
Iclusig 15 mg	30 tablets per 30 days
Icosapent Ethyl 0.5 gm	90 capsules per 30 days
Ketorolac 0.4%	10 mL per Rx
Ketorolac 0.5%	10 mL per Rx
Lastacaft 0.25%	10 mL per Rx
Latanoprost 0.005% solution	5 mL per 30 days
Levalbuterol nebulization solution	540 mL per 30 days
Lidocaine 4% solution	150 mL per 30 days
Lidocaine Viscous 2% solution	3600 mL per 30 days

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Loteprednol 0.2% and 0.5% suspension	10 mL per Rx
Loteprednol 0.5% gel	10 grams per Rx
Memantine 10 mg/5 mL solution	300 mL per 30 days
Mesalamine 1000 mg suppository	30 suppositories per 30 days
Mesalamine 4 gm enema	1680 mL per 28 days
Mesalamine DR 1.2 gm	120 tablets per 30 days
Mesalamine DR 400 mg	180 capsules per 30 days
Mesalamine DR 800 mg	180 tablets per 30 days
Mesalamine ER 0.375 gm	360 capsules per 30 days
Methylergonovine 0.2 mg	28 tablets per 180 days
Methylphenidate ER 10 mg	30 tablets per 30 days
Methylphenidate ER 20 mg	30 tablets per 30 days
Metronidazole 0.75% gel	90 grams per 30 days
Metronidazole 1% gel	120 grams per 30 days
Moxifloxacin 0.5%	6 mL per Rx
Natacyn 5%	15 mL per Rx
Neo-polycin	3.5 grams per Rx
Neomycin-bacitracin Zn-polymyxin	3.5 grams per Rx
Nicoderm CQ 24hr patch	30 patches per 30 days
Nicorette 4 mg gum	720 pieces per 30 days
Novopen Echo	2 devices per 365 days
Nurtec 75 mg	8 disintegrating tablets per 30 days

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Ofloxacin 0.3% ophthalmic solution	10 mL per Rx
Ofloxacin 0.3% otic solution	10 mL per Rx
Olopatadine 0.1% and 0.2%	10 mL per Rx
Omnipod 5 and Dash pods	15 pods per 30 days
Pataday 0.7%	10 mL per Rx
Pemazyre	28 tablets per 28 days
Polycin	3.5 grams per Rx
Polymyxin B-trimethoprim	10 mL per Rx
Prednisolone 1%	10 mL per Rx
Proparacaine 0.5%	15 mL per Rx
Risedronate 150 mg	1 tablet per 28 days
Risedronate 35 mg	4 tablets per 28 days
Risperidone 1 mg/mL solution	240 mL per 30 days
Simbrinza 1-0.2% suspension	8 mL per 28 days
Sucralfate suspension	1200 mL per 30 days
Sulfacetamide 10%	15 mL per Rx
Talzenna 0.25 mg	30 capsules per 30 days
Tetracaine 0.5%	5 mL per Rx
Tetracycline 250 mg	60 capsules per 30 days
Timolol maleate 0.25%	10 mL per 30 days
Tivicay 5 mg	180 soluble tablets per 30 days
Tobramycin 0.3%	10 mL per Rx
Trifluridine 1%	7.5 mL per Rx

↗ Drugs with updated quantity limit

Medication Name	Updated Coverage Limit
Trulance 3 mg	30 tablets per 30 days
Tymlos 3120 mcg/1.56 mL	1.56 mL (1 pen) per 30 days
Varenicline Starter Pack	53 tablets (1 starter pack) per 180 days
Xarelto Starter Pack	51 tablets per 180 days
Xifaxan 550 mg	42 tablets per 60 days
Zepbound 2.5 mg/0.5 mL	2 mL (4 pens) per 180 days

↗ Drugs with updated age limit

Medication Name	Updated Age Limit
Aimovig	Minimum age 18 years old
Fluphenazine tablet	Minimum age 18 years old
Guaifenesin-codeine	Minimum age 18 years old
Oxycodone-acetaminophen	Minimum age 18 years old
Promethazine-codeine	Minimum age 18 years old
Risperidone	Minimum age 5 years old
Teriparatide	Minimum age 18 years old
Trulance	Minimum age 6 years old
Xifaxan	Minimum age 12 years old

↗ Drugs covered under medical necessity

Medication Name	2025 Coverage Tier	2026 Coverage Change
Voxzogo	3	Exclude
Zokinvy	1	Exclude

↗ Acronym glossary

Abbreviation	Definition
CD	controlled delivery
DR	delayed release
ER	extended release
HFA	hydrofluoroalkane
IR	immediate release
OTC	over-the-counter
PF	preservative free
Rx	prescription
TDF	tenofovir disoproxil fumarate
XR	extended release