Priority Health 2026 drug coverage changes

Drug coverage additions

Drug coverage removals

Tier changes

Prior authorization, step therapy and site of service changes

SaveOn SP Program changes

Drugs added to coverage effective Jan. 1, 2026

Drug name	What's changing
Commercial and individual	
Alyftrek™	• Added to coverage at tier 4 with prior authorization (PA) requirements and quantity limits
Avsola infliximab-axxq	• Added to coverage as preferred specialty, no prior authorization required, site of service applies • *Note: Avsola will also be added to coverage with no prior authorization requirements, site of service requirements apply for Medicaid members beginning Jan. 1, 2026*
Bildyos denosumab-nxxp	• Added to coverage as preferred specialty, no prior authorization required, site of service applies (coverage starts 11-1-2025) • *Note: Bildyos will also be added to coverage with no prior authorization requirements for Medicaid members beginning Nov. 1, 2025*
Bilprevda denosumab-nxxp	• Added to coverage as preferred specialty, no prior authorization required, site of service applies (coverage starts 11-1-2025)
Breztri® inhaler	• Added to coverage at tier 2 with quantity limits • Added to the Chronic Condition Rider
Enascove™	• Added to coverage at tier 5 with prior authorization requirements and quantity limits
Epysqli eculizumab-aagh	• Added to coverage as preferred specialty with prior authorization and site of service requirements
IBTROZI™	• Added to coverage at tier 5 with prior authorization requirements and quantity limits
Insulin glargine-yfgn	• Added to coverage at tier 1
Lamotrigine ODT	• Added to coverage at tier 3 with step therapy requirements and quantity limits
NEMLUVIO®	• Added to coverage at tier 4 with prior authorization requirements
Ontruzant trastuzumab-dttb	• Added to coverage as preferred specialty
Riabni rituximab-arrx	• Added to coverage as preferred specialty, no prior authorization required, site of service applies

These changes go into effect Jan. 1, 2026.

Drug name	What's changing
Sofosbuvir/velpatasvir	• Added to coverage at tier 1 with quantity limits
Tresiba®	• Added to coverage at tier 2 with step therapy requirements. *Tresiba is branded insulin degludec and includes Flextouch, pens and vials*
Medicare	
Accu-Chek® Guide meters, test strips (Part B)	• Added to coverage
dapagliflozin (generic Farxiga)	• Added to coverage at tier 3 with quantity limits
Fiasp® products	• Added to coverage at tier 3
Jubbonti (Prolia biosimilar)®	• Added to coverage at tier 4 with quantity limits
Novolin® products	• Added to coverage at tier 3
Novolog®/ReliOn™ Novolog products	• Added to coverage at tier 3
sacubitril/valsartan tablet (generic Entresto)	• Added to coverage at tier 3 with quantity limits
sodium sulfate, potassium sulfate, magnesium sulfate oral solution (generic Suprep)	• Added to coverage at tier 3
Selarsdi™ 45 mg *(preferred Stelara® biosimilar) **	• Added to coverage at tier 3 with PA requirements and quantity limits
ticagrelor	• Added to coverage at tier 3 with quantity limits
ustekinumab-AEKN 45 mg *(preferred Stelara® biosimilar)*	• Added to coverage at tier 3 with PA requirements and quantity limits
ustekinumab-AEKN 90 mg *(preferred Stelara® biosimilar)*	• Added to coverage at tier 5 with PA requirements and quantity limits
ustekinumab 45 mg vial *(non-preferred Stelara® biosimilar)*	• Added to coverage at tier 5 with PA requirements and quantity limits
Yesintek 45 mg *(preferred Stelara® biosimilar) **	• Added to coverage at tier 3 with PA requirements and quantity limits

**Selarsdi 90 mg and Yesintek 90 mg are already formulary, and are preferred biosimilars in 2026, along with ustekinumab-AEKN, covered at Tier 5 with PA requirements and quantity limits.*

Drugs removed from coverage effective Jan. 1, 2026

Drug name	Covered alternatives
Commercial and individual	
Avycaz ceftazidime-avibactam	• Cefazolin • Ceftriaxone • Cefepime • Vancomycin • imipenem-cilastatin • meropenem • piperacillin-tazobactam
Boruzu bortezomib 505(b)2 product by Amneal	• Velcade and generics (J9041), bortezomib 505(b)2 product by Dr Reddy's (J4046) • bortezomib 505(b)2 product by Fresenius Kabi (J9048) • bortezomib 505(b)2 product by Hospira (J9049) • bortezomib 505(b)2 product by Maia/Fosun (J9051)
FABHALTA®	• EPYSQLI® • ULTOMIRIS®
Frindovyx Cyclophosphamide 505(b) product by Avyxa	• Cytoxan Lyophilized and generics (J9075) • cyclophos-phamide 505(b)2 product by Auromedics/Eugia (J9071) • cyclophos-phamide 505(b)2 product by Dr. Reddy's (J9073) • cyclophos-phamide 505(b)2 product by Sandoz (J9074)

These changes go into effect Jan. 1, 2026.

Drug name	Covered alternatives	
	• cyclophos-phamide 505(b)2 product by Baxter (J9076)	
Humalog® vials	• Insulin lispro vials	• Humalog Kwikpens
Inflectra** infliximab-dyyb	• Avsola (Q5121)	• Renflexis (Q5104)
Insulin degludec	• Lantus • Insulin glargine	• Tresiba (step therapy requirements)
Nyvepria pegfilgrastim-apgf	• Fulphila (Q5108)	• Neulasta (J2506)
OneTouch lancets and test strips	• Accu-Chek lancets and test strips	
Prolia denosumab	• Bildyos (J3590, C9399)	
Soliris eculizumab	• Epysqli (Q5151)	
Spiriva® Handihaler	• Spiriva Respimat	• Incruse
Teflaro ceftaroline fosamil	• cefazolin • ceftriaxone • cefepime • vancomycin	• imipenem-cilastatin • meropenem • piperacillin-tazobactam
Trazimera trastuzumab-qyyp	• Ogivri (Q5114)	• Ontruzant(Q5112)
TREMFYA® 100 mg pens and syringes	• YESINTEK® • Selarsdi™ • Note: TREMFYA authorizations for dermatologic and rheumatologic conditions will be discontinued, however approvals for IBS conditions will remain covered	
Truvada	• Emtricitabine and tenofovir disoproxil fumarate (DF) oral tablet	
Vabomere meropenem/ vaborbactam	• Cefazolin • Ceftriaxone • Cefepime • Vancomycin	• imipenem-cilastatin • meropenem • piperacillin-tazobactam
Vigabatrin 500 mg tablet	• VIGADRONE oral packet® • Vigabatrin oral packet	• Vigapoder oral packet • VIGAFYDE oral solutions
VIGADRONE 500 mg tablet	• VIGADRONE oral packet® • Vigabatrin oral packet	• Vigapoder oral packet • VIGAFYDE oral solutions
Vyvanse	• Lisdexamphetamine	
Xgeva denosumab	• Bilprevda (J3590, C9399)	
Zepatier	• MAVYRET	• Sofosbuvir and velpatasvir
Zerbaxa ceftolozane/ tazobactam	• Cefazolin • Ceftriaxone • Cefepime • Vancomycin	• imipenem-cilastatin • meropenem • piperacillin-tazobactam
Will be removed from coverage for Medicaid members effective Jan. 1, 2026		
Medicare		
BRILINTA®	• ticagrelor	• clopidogrel
cimetidine tablet	• famotidine tablet	
Estring®	• Premarin® vaginal cream • estradiol vaginal cream	• estradiol vaginal tablet • Yuvafem

These changes go into effect Jan. 1, 2026.

Drug name	Covered alternatives	
hydroxyzine pamoate	• hydroxyzine hydrochloride	
insulin aspart products	• Novolog • Fiasp	• Humalog • Lyumjev
naproxen sodium 275 mg, 550 mg	• diclofenac sodium DR (50 mg, 75 mg) • diclofenac potassium 50 mg tablet • meloxicam • naproxen • etodolac	• celecoxib • Flurbiprofen • ibuprofen tablet • nabumetone • piroxicam
OneTouch® test strips, meters (Part B)	• Accu-Chek Guide	• Contour products
Pulmicort Flexhaler™	• Qvar Redihaler	• Arnuity Ellipta
Revlimid®	• lenalidomide	
Spiriva® HandiHaler	• Spiriva Respimat	• Incruse Ellipta
Stelara® syringe	• Yesintek • Selarsdi	• ustekinumab-AEKN
Suprep	sodium sulfate, potassium sulfate, magnesium sulfate oral solution (generic Suprep)	
telmisartan-hydrochlorothiazide (HCTZ) tablet	• irbesartan-HCTZ • valsartan-HCTZ • olmesartan-HCTZ tablet	• losartan-HCTZ tablet • telmisartan tablet • HCTZ tablet
trospium ER capsule	• trospium • oxybutynin ER • tolterodine ER	• solifenacin • fesoterodine ER
verapamil ER (SR) 360 mg cap (delayed release pellet)	• verapamil ER (SR) 180 mg capsule • verapamil ER tablet	• verapamil ER PM capsule

The following drugs will be removed from the Medicare Part D coverage effective Jan. 1, 2026 and have a member impact of fewer than 50 people:

- Ery 2% swab
- azelastine 0.15% nasal spray
- levocetirizine oral solution
- Fragmin
- Nucala
- Uzedy
- telmisartan-amlodipine tablet
- amlodipine-valsartan-HCTZ tablet
- isradipine capsule
- triamterene capsule
- Hemady
- Calquence 100 mg capsule
- abiraterone 500 mg tablet
- Intron A injection
- Emcyt capsule
- Retevmo 40 mg and 80 mg capsules
- Thalomid 150 mg and 200 mg capsules
- Xgeva
- Lupron Depot-Ped
- Leqvio
- amlodipine-atorvastatin tablet
- Necon 0.5 mg-0.35 mg
- norethindrone-ethinyl estradiol-iron 0.4 mg-35 mcg chewable
- Balziva tablets
- Ocella
- Falmina
- Lutera
- Tri-Vylibra
- Tri-Legest Fe
- norethindrone-ethinyl estradiol-iron 1-20/1-30/1-35 mg-mcg
- Aranelle 7-9-5
- Trivora-28
- Vylibra
- Levora-28, Marlissa
- Haloette
- Enilloring
- desogestrel-ethinyl estradiol 0.15-0.03
- Nylia 1 mg-35 mcg
- Turqoz 0.3-0.03 mg
- norethindrone-ethinyl estradiol 1 mg – 20 mcg
- Hailey 24 Fe
- norelgestromin-ethinyl estradiol patch
- Isturisa tablet
- Pancreaze
- Drizalma 40 mg capsule
- Novotwist brand pen needles
- Symlinpen
- saxagliptin
- saxagliptin-metformin ER
- Cyloset tablet
- Synarel
- Aralast NP
- Zemaira
- Wainua
- Yargesa

These changes go into effect Jan. 1, 2026.

The following drugs will be removed from the Medicare Part D coverage effective Jan. 1, 2026 and have a member impact of fewer than 50 people:

- Tri-Lo-Sprintec
- norgestimate-ethinyl estradiol triphasic lo
- Kelnor 1-50
- ethynodiol-ethinyl estradiol 1 mg-35mcg
- Zovia 1-35
- levonorgestrel 0.15 mg-ethinyl estradiol 20-25-30 mcg
- Nora-Be 0.35 mg
- Reclipsen 0.15 mg-0.03 mg
- Microgestin FE 1-20 (21)
- Microgestin FE 1.5-30 (21)
- Filsuvez
- Cholbam
- Evrysdi oral
- Daybue

Tier changes effective Jan. 1, 2026

Drug name	Tier change
Commercial and individual	
ADYNOVATE®	• Moving from tier 5 to tier 4
ALPROLIX®	• Moving from tier 5 to tier 4
ALTUVIIIO®	• Moving from tier 5 to tier 4
Eloctate	• Moving from tier 5 to tier 4
Entresto	• Moving from tier 2 to tier 3
ESPEROCT®	• Moving from tier 5 to tier 4
JIVI®	• Moving from tier 5 to tier 4
Leucovorin tablet	• Moving from tier 1 to tier 2
Tretten®	• Moving from tier 5 to tier 4
Medicare	
acyclovir 5 % ointment	• Moving from tier 2 with quantity limits to tier 4 with quantity limits
ammonium lactate cream and lotion	• Moving from tier 2 to tier 3
azelaic acid 15 % gel	• Moving from tier 3 with quantity limits to tier 4 with quantity limits
azelastine 0.1% nasal spray	• Moving from tier 2 to tier 3
betamethasone dipropionate cream, ointment, lotion	• Moving from tier 2 to tier 3
budesonide-formoterol inhaler; Breyna™	• Moving from tier 3 with quantity limits to tier 2 with quantity limits
candesartan-HCTZ tablet, candesartan tablet	• Moving from tier 1 with quantity limits to tier 2 with quantity limits
captopril tablet	• Moving from tier 1 with quantity limits to tier 2 with quantity limits
ciclopirox 0.77 % gel, ciclopirox 1 % shampoo, ciclopirox 0.77 % topical suspension,	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
clindamycin 1% topical gel	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
clindamycin 1% topical solution	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
clindamycin 1% topical swabs (pledgets)	• Moving from tier 2 to tier 3
clobetasol emollient cream	• Moving from tier 2 with quantity limits to tier 4 with quantity limits
clobetasol gel	• Moving from tier 2 to tier 4
clonazepam ODT, clonazepam tablet	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
clotrimazole 1 % topical solution	• Moving from tier 2 to tier 3

These changes go into effect Jan. 1, 2026.

Drug name	Tier change
clotrimazole-betamethasone lotion	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
clozapine tablet	• Moving from tier 2 to tier 3
dabigatran	• Moving from tier 4 with quantity limits to tier 3 with quantity limits
dapsone	• Moving from tier 2 to tier 3
desloratadine 5 mg tablet	• Moving from tier 2 to tier 3
diclofenac sodium ER 100 mg	• Moving from tier 2 to tier 4
diltiazem ER capsule 12-hour	• Moving from tier 2 to tier 4
disulfiram tablet	• Moving from tier 2 to tier 3
eplerenone tablet	• Moving from tier 2 to tier 3
estradiol-norethindrone acetate 0.5-0.1 mg	• Moving from tier 2 to tier 3
fluphenazine tablet	• Moving from tier 2 to tier 3
fluticasone propionate cream, ointment	• Moving from tier 2 to tier 3
hydrocortisone 1% cream	• Moving from tier 2 to tier 3
lidocaine 5% ointment	• Moving from tier 2 to tier 3
lidocaine-prilocaine cream	• Moving from tier 2 to tier 3
lorazepam intensol oral solution	• Moving from tier 2 with quantity limits to tier 4 with quantity limits
megestrol acetate tablet, megestrol acetate 400mg/10ml oral suspension	• Moving from tier 2 to tier 3
Mimvey 1 mg-0.5 mg, estradiol-norethindrone acetate 1 mg-0.5 mg	• Moving from tier 2 to tier 3
olanzapine ODT	• Moving from tier 3 with quantity limits to tier 4 with quantity limits
olmesartan-amlodipine-HCTZ tablet	• Moving from tier 1 with quantity limits to tier 2 with quantity limits
paroxetine tablet	• Moving from tier 1 to tier 2 with prior authorization requirements
Paxlovid™	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
permethrin 5 % cream	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
ramelteon	• Moving from tier 3 to tier 4
Santyl ointment	• Moving from tier 3 with quantity limits to tier 4 with quantity limits
scopolamine patch	• Moving from tier 3 to tier 4
sodium polystyrene sulfonate powder	• Moving from tier 2 to tier 3
sulfacetamide sodium 10% topical lotion	• Moving from tier 2 to tier 4
terconazole vaginal cream	• Moving from tier 2 to tier 3
trihexyphenidyl tablet	• Moving from tier 2 to tier 3
ursodiol 250 mg tablet, 500 mg tablet, 300 mg capsule	• Moving from tier 2 to tier 3
verapamil ER PM capsule	• Moving from tier 2 to tier 4
zafirlukast	• Moving from tier 2 with quantity limits to tier 3 with quantity limits
ziprasidone capsule	• Moving from tier 2 with quantity limits to tier 3 with quantity limits

These changes go into effect Jan. 1, 2026.

Priority Health

Prior authorization, step therapy and site of service changes effective Jan. 1, 2026

Drug name	What's changing
Commercial and individual	
Aptiom	• Removing prior authorization requirement
Apidra, Fiasp and insulin aspart	• Updating step therapy requirement
Jelmyto Mitomycin pyelocalyceal instillation	• Adding Site of Service requirements
Talvey talquetamab-tgvs	• Adding site of service requirements
Tecvayli teclistamab-cqyv	• Adding site of service requirements
XTANDI®	• Removing step therapy requirement
Medicare	
Abirtega, abiraterone 250 mg	• Removing prior authorization criteria
Acthar®	• Updating prior authorization criteria
adalimumab-adaz, Hadlima™, Humira®	• Updating prior authorization criteria
Adempas®	• Updating prior authorization criteria
Aimovig®	• Updating prior authorization criteria
amitriptyline	• Adding prior authorization criteria (high-risk medication)
Amvuttra®	• Updating prior authorization criteria
Arikayce®	• Updating prior authorization criteria
aripiprazole ODT	• Updating prior authorization criteria
aripiprazole oral solution	• Adding prior authorization criteria
Austedo, Austedo XR®	• Updating prior authorization criteria (moves to preferred)
Avsola (infliximab-axxq) (Part B)	• Removing prior authorization criteria (moves to preferred)
Bildyos (denosumab-nxxp, Prolia biosimilar) (Part B)	• Removing prior authorization (effective Nov. 1, 2025)
Bilprevda (denosumab-nxxp, Xgeva biosimilar) (Part B)	• Removing prior authorization (effective Nov. 1, 2025)
Boruzu (bortezomib 505(b)2 product by Amneal) (Part B)	• Adding prior authorization criteria
Brukinsa®	• Updating prior authorization criteria
clozapine ODT	• Adding prior authorization criteria
Cortrophin®	• Adding prior authorization criteria
dalfampridine ER	• Updating coverage duration to one year
Drizalma	• Updating prior authorization criteria
Dupixent®	• Updating prior authorization criteria
Emgality®	• Updating prior authorization criteria
eltrombopag	• Updating prior authorization criteria
Enbrel®	• Updating prior authorization criteria
Epidiolex®	• Updating prior authorization criteria

These changes go into effect Jan. 1, 2026.

Drug name	What's changing
Epysqli (eculizumab-aagh) (Part B)	• Updating prior authorization criteria
Evrysdi® tablet	• Updating prior authorization criteria
Frindovyx (cyclophosphamide 505(b) product by Avyxa) (Part B)	• Adding prior authorization criteria
Gammagard S-D/Liquid, Gamunex-C	• Updating prior authorization criteria
Gattex®	• Updating prior authorization criteria
icosapent ethyl	• Removing prior authorization criteria
Imovax® Rabies, Rabavert®	• Adding prior authorization requirements (B versus D)
Inflectra (infliximab-dyyb) (Part B)	• Adding prior authorization criteria
Jubbonti (denosumab-bbdz) (Part B)	• Removing prior authorization criteria (effective Nov. 1, 2025)
Jylamvo	• Updating prior authorization criteria
mercaptopurine oral suspension	• Updating prior authorization criteria
Mounjaro®	• Updating prior authorization criteria
Nexletol®/Nexlizet®	• Updating prior authorization criteria
nortriptyline	• Adding prior authorization criteria (high-risk medication)
Nucala (mepolizumab) (Part B)	• Updating prior authorization step therapy (moves to non-preferred)
Nurtec® ODT	• Updating prior authorization criteria
Nyvepria (pegfilgrastim-apgf) (Part B)	• Adding prior authorization with step therapy (moves to non-preferred)
Ofev®	• Updating prior authorization criteria
Opsumit®	• Updating prior authorization criteria
Opsynvi®	• Updating prior authorization criteria
Ontruzant (trastuzumab-dttb) (Part B)	• Removing prior authorization criteria
Orenitram®	• Updating prior authorization criteria
Ozempic®	• Updating prior authorization criteria
paroxetine, paroxetine mesylate	• Adding prior authorization criteria (high-risk medication)
Prolia (denosumab) (Part B)	• Adding prior authorization with step therapy (moves to non-preferred)
Relistor®	• Updating prior authorization criteria
Repatha®	• Updating prior authorization criteria
Rezdiffra™	• Updating prior authorization criteria
Rinvoq	• Updating prior authorization criteria
Rybelsus®	• Updating prior authorization criteria
Selarsdi (Stelara® biosimilar)	• Updating prior authorization criteria
Skyrizi subcutaneous	• Updating prior authorization criteria
Skyrizi vial (Part B)	• Updating prior authorization step therapy (moves to non-preferred)
sodium oxybate	• Updating prior authorization criteria
Soliris (eculizumab) (Part B)	• Updating prior authorization step therapy (moves to non-preferred)

These changes go into effect Jan. 1, 2026.

Drug name	What's changing
Stelara 45 mg vial (Part D)	• Updating prior authorization criteria (moves to non-preferred)
tasimelteon	• Updating prior authorization criteria
Tavneos®	• Updating prior authorization criteria
teriparatide	• Updating prior authorization criteria
tolvaptan	• Updating prior authorization criteria
topical testosterone	• Updating prior authorization criteria
Trazimera (trastuzumab-qyyp) (Part B)	• Adding prior authorization with step therapy (moves to non-preferred)
Trulicity	• Updating prior authorization criteria
Valtoco®	• Updating prior authorization criteria
Voydeya™	• Updating prior authorization criteria
Vyndaqel/Vyndamax	• Updating prior authorization criteria
Wyost (denosumab-bbdz) (Part B)	• Removing prior authorization criteria beginning Nov. 1, 2025
Xdemvy®	• Updating prior authorization criteria
Xeljanz®/XR	• Updating prior authorization criteria
Xermelo®	• Updating prior authorization criteria
Xolair®	• Updating prior authorization criteria
Yesintek (Stelara biosimilar)	• Updating prior authorization criteria
Ztalmy®	• Updating prior authorization criteria

Saveon SP Program changes

The following changes will go into effect on Jan. 1, 2026 for select commercial members participating in our SaveOn SP Program.

Additions to the Saveon SP drug list

- EBGLYSS™
- GOMEKLI®
- LAZCLUZE
- ROMVIMZA™
- VANRAFIA®

Removals from the Saveon SP drug list

- AQNEURSA™
- LUMRYZ™
- NITYR®
- Ocaliva®
- Omnitrope™
- Opfolda®
- Orfadin®
- Panhematin®
- Promacta®
- PYZCHIVA®
- Tasigna
- TAVALISSE®
- TRACLEER®
- Tremfya®
- VOWST™
- WEZLANA™
- Xphozah®

How these changes impact members

Members enrolled in the SaveOn SP program can receive medications included on the SaveOn SP drug list at a $0 cost share. For drugs not included in this list, members can use any available manufacturer copay assistance; however, the $0 cost share doesn't apply.

These changes go into effect Jan. 1, 2026.