PROACT PHARMACY BENEFIT MANAGEMENT

Core Formulary Changes

January 2027

Our annual formulary review allows us to achieve optimum trend management for plan sponsors, while preserving individual choice and access to clinically effective drugs. Our clinical approach is designed to deliver the greatest value to plan sponsors and members, while encouraging the use of lowest net-cost products.

Generic Medications are listed in lower case letters.
Example: ibuprofen

Brand Medications are listed in upper case letters.
Example: AJOVY

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all drugs listed may be covered by your prescription plan, please review your summary plan description for a list of exclusions.

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**.

Generic Launch Brand Coverage Changes

BRAND PRODUCT	BRAND COVERAGE	GENERIC PRODUCT	GENERIC COVERAGE
BOSULIF	Non-Preferred	bosutinib	Generic Tier
FARXIGA	Non-Preferred	dapagliflozin	Generic Tier
OPSUMIT	Non-Preferred	macitentan	Generic Tier
XELJANZ, XELJANZ XR	Non-Preferred	tofacitinib, tofacitinib ER	Generic Tier
XIGDUO, XIGDUO XR	Non-Preferred	dapagliflozin/metformin	Generic Tier

Brand and Generic Non-Preferred Changes

DRUG CLASS	NON-PREFERRED MEDICATIONS	PREFERRED ALTERNATIVES
CARDIOVASCULAR		
Calcium Channel Blockers	nisoldipine, SULAR	amlodipine, felodipine ER
	verapamil ER pm (100mg, 200mg, 300mg)	verapamil ER (120mg, 190mg, 240mg, 360mg)
Cardiomyopathy Agents	MYQORZO	CAMZYOS
Fenofibrates	fenofibrate tablets (40mg, 120mg), fenofibrate capsules (50mg, 130mg 150mg), LIPOFEN	fenofibrate capsules (43mg, 67mg, 134mg, 200mg), fenofibrate tablets (48mg, 54mg, 145mg, 160mg), fenofibric acid dr
CENTRAL NERVOUS SYSTEM		
Antimigraine Agents	zolmitriptan 5mg nasal, ONZETRA XSAIL, ZOLMITRIPTAN 2.5MG NASAL, ZOMIG NASAL	sumatriptan nasal
DIABETES		
Insulins	U-100: ADMELOG, APIDRA, FIASP, HUMALOG VIAL, INSULIN ASPART, KIRSTY, LYUMJEV, NOVOLOG	U-100: HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), INSULIN LISPRO

DRUG CLASS	NON-PREFERRED MEDICATIONS	PREFERRED ALTERNATIVES
DIABETES *continued*		
SGLT2 Inhibitors	BRENZAVVY, FARXIGA, INVOKANA, STEGLATRO	bexagliflozin, dapagliflozin, JARDIANCE
OPHTHALMIC		
Vascular Endothelial Growth Inhibitors	BEOVU, BYOOVIZ, CIMERLI, EYLEA, LUCENTIS, PAVBLU, SUSVIMO, VABSYMO, ZALTRAP	** Discuss alternative treatment options with your provider **
MISCELLANEOUS AGENTS		
Dermatological Agents	ZTLIDO	lidocaine 5% patch
Pancreatic Enzymes	CREON	PANCREAZE, ZENPEP

Biosimilar Non-Preferred Changes

DRUG CLASS	NON-PREFERRED MEDICATIONS	PREFERRED ALTERNATIVES
Adalimumab Products	ABRILADA, ADALIMUMAB-AACF, ADALIMUMAB-AATY, ADALIMUMAB-BWWD, ADALIMUMAB-FKJP, ADALIMUMAB-RYVK, AMJEVITA, CYLTEZO, HADLIMA, HULIO, HUMIRA, HYRIMOZ, YUFLYMA, YUSIMRY	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM, SIMLANDI
Denosumab Products	AUKELSO, BOMYNTRA, BOSAYA, CONEXXENCE, JUBBONTI, JUBEREQ, OSENVELT, OSPOMYV, OSVYRTI, PROLIA, STOBOCLO, WYOST, XGEVA	AUKELSO, BILDYOS, BILPREVDA, ENOBY, XTRENBO
Omalizumab Products	XOLAIR	OMLYCLO
Ustekinumab Products	IMULDOSA, OTULFI, PYZCHIVA, STELARA, SYEQEYMA, USTEKINUMAB-AAUZ, USTEKINUMAB-AEKN, USTEKINUMAB-TTWE, WEZLANA	SELARSDI, STARJEMZA, YESINTEK

Non-Preferred to Preferred Changes

LEQEMBI IQLIK

Specialty Drug List Changes

RHAPSIDO will now be considered specialty

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