PROACT PHARMACY BENEFIT MANAGEMENT

Advantage Formulary Changes

January 2027

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.

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	Excluded	bosutinib	Generic Tier
DARAPRIM	Excluded	pyrimethamine	Generic Tier
FARXIGA	Excluded	dapagliflozin	Generic Tier
OPSUMIT	Excluded	macitentan	Generic Tier
SAVELLA	Excluded	milnacipran	Generic Tier
XELJANZ, XELJANZ XR	Excluded	tofacitinib, tofacitinib ER	Generic Tier
XIGDUO, XIGDUO XR	Excluded	dapagliflozin/metformin	Generic Tier

Brand and Generic Exclusion Changes

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
CARDIOVASCULAR		
Calcium Channel Blockers	CARDIZEM LA	diltiazem ER tablets/capsules
	nisoldipine, SULAR	amlodipine, felodipine ER
	verapamil ER pm (100mg, 200mg, 300mg)	verapamil ER (120mg, 190mg, 240mg, 360mg)
Cardiomyopathy Agents	MYQORZO	CAMZYOS

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
CARDIOVASCULAR *continued*		
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
SGLT2 Inhibitors	BRENZAVVY, FARXIGA, INVOKANA, STEGLATRO	bexagliflozin, dapagliflozin, JARDIANCE
MUSCULOSKELETAL		
Gout Therapy	GLOPERBA	colchicine, MITIGARE
OPHTHALMIC		
Anti-Inflammatory	BYQLOVI, CLOBETASOL DROPS, FLAREX, FMLFORTE, LOTEMAX OINTMENT, LOTEMAX SM, MAXIDEX, PRED MILD	dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops
Non-Steroidal Anti-Inflammatory Drugs	ACUVAIL, ILEVRO, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
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
Hypoactive Sexual Desire Disorder Agents	ADDYI	VYLESSI
Pancreatic Enzymes	CREON	PANCREAZE, ZENPEP
Vasomotor Symptom Agents	LYNKUET	VEOZAH

Biosimilar Exclusion 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

Excluded to Preferred Changes

LEQEMBI IQLIK

Specialty Drug List Changes

RHAPSIDO will now be considered specialty

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