



## Drug Coverage Policy

Effective Date.....5/15/2026

Coverage Policy Number.....1602

# Drugs Requiring Medical Necessity Review for Employer Plans

### **INSTRUCTIONS FOR USE**

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

## Coverage Policy

**Cigna covers products as medically necessary when Product Specific Criteria are met.**

Refer to: [Drugs Requiring Medical Necessity Review for Employer Plans](#)

This is an up-to-date list of products alphabetized by *Therapy Class* and *Brand Name*.

Approval duration is 12 months unless otherwise noted.

### Conditions Not Covered

Any other exception is considered not medically necessary. Criteria will be updated as new published data are available.

**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

## Background

Health benefit plans vary, drugs that are not part of the covered drug list may be approved for coverage when medical necessity criteria are met through the coverage review process. Doctors and health care professionals can log in to CignaForHCP.com to learn more about which medications require prior authorization. Customers can log in to the myCigna App or myCigna.com, or check plan materials, to learn more about how medications are covered.

In general, to be eligible for coverage, a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. In developing medical necessity exception criteria within coverage policies criteria incorporate information from U.S. Food and Drug Administration-approved labeling<sup>1</sup>, the standard medical reference compendia<sup>2-4</sup> and peer-reviewed, evidence-based scientific literature or guidelines.

## References

1. U.S. Food and Drug Administration. Drugs@FDA. U.S. Department of Health & Human Services: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.
2. Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier. c2025- [cited 2025 July 1]. Available from: <http://www.clinicalkey.com>.
3. Individual Drug Name Entries. Drug Facts and Comparisons. eFacts [online] 2025. Available from Wolters Kluwer Health, Inc.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/>

## Revision Details

Summary of Changes	Review Date	Effective Date
<b>Added preferred product step requirement for the following products:</b> Aplenzin, bupropion hydrochloride 450 mg extended release tablets, Forfivo XL, baclofen 15 mg tablets, doxycycline monohydrate IR 40 mg, Lidocan IV, Lidocan V, Tridacaine, and Sovuna. <b>Updated preferred product step requirement for the following products:</b> Auvelity and Absorica LD	6/6/2024	10/15/2024

<p><b>Updated preferred product step requirement for the following products:</b> Qbrelis, Firvanq, Likmez, Solosec, vancomycin 25 mg/mL oral solution, Primidone 125mg tablets, and Sitavig</p>	6/27/2024	10/15/2024
<p><b>Added preferred product step requirement for the following products:</b> Iopidine 1%, sitagliptin/metformin tablets, and ondansetron 16 mg ODT</p> <p><b>Updated preferred product step requirement for the following products:</b> Likmez, Sitavig, Versacloz, Alkindi Sprinkle, dexamethasone 1.5 mg tablets dose pack, Dxevo 11-Day, TaperDex 6-Day, 7-Day, and 12-Day, Cortifoam, Sernivo, Verdeso, Novolin 70/30, Novolin N, Novolin R, Novolog Mix 70/30, Rayos, Absorica LD, Zyflo, Soanz, GoNitro, Vesicare LS, Tudorza Pressair, desvenlafaxine ER, Lexette, and Ultravate, Edecrin, Ethacrynic acid, Tekturna HCT, Halog ointment, Halog solution, Hydrocortisone butyrate 0.1% cream, Kenalog Spray, triamcinolone acetonide 0.147 mg/gm topical aerosol solution, Triamcinolone 0.05% ointment, Kristalose, Lactulose packet, Oxytrol, and Gelnique 10% gel</p> <p><b>Removed the following medications:</b> Accupril, Altace, Lotensin, Prinivil, Vasotec, Zestril, Lotrel, Tarka, EryPed 400, DDAVP, Elixophyllin, Dutoprol, Aldactazide 25mg/25mg, Aldactazide 50mg/50mg, Accuretic, Lotensin HCT, Vaseretic, Zestoretic, Cardizem CD, Clobex 0.05% Lotion, Clobex 0.05% Shampoo, Clobex 0.05% Spray, Cutivate, Halog 0.1% cream, hydrocortisone butyrate 0.1% cream, Trianex, Impeklo, Vanos, Iopidine 0.05%, Detrol, Detrol LA, Toviaz, Vesicare, Ativan, Parnate, Anafranil, Pamelor, Ditropan XL, Seebri Neohaler, Cymbalta, Lexapro, halobetasol 0.05% foam, and Pexeva.</p>	8/29/2024	10/15/2024
<p><b>Added preferred product step requirement for the following product:</b> Furoscix</p> <p><b>Updated preferred product step requirement for the following products:</b> ondansetron ODT and Karbinal ER</p> <p><b>Removed the following medications:</b> hydrocortisone butyrate 0.1% cream</p>	9/12/2024	10/15/2024
<p><b>Added preferred product step requirement for the following products:</b> Carac, Imiquimod 3.75% cream and cream pump, Klisyri, Zyclara 2.5% cream pump, Zyclara 3.75% cream and cream pump, valsartan oral solution (effective 1/1/2025), Edarbi (effective 1/1/2025), Edarbyclor (effective 1/1/2025), Focinvez, Fanapt (effective 1/1/2025), Innopran XL, Katerzia, Norliqva, Tradjenta (effective 1/1/2025), Jentadueto (effective 1/1/2025), Jentadueto XR (effective 1/1/2025), dihydroergotamine mesylate nasal spray (effective 1/1/2025), Migranal (effective 1/1/2025), Trudhesa (effective 1/1/2025), Creon (effective 1/1/2025), Pertzye (effective 1/1/2025), Ermeza, levothyroxine capsules, Thyquidity, Tirosint, Tirosint-SOL, Adthyza (16.25mg, 32.5mg, 65mg, 97.5mg, and 130mg) tablets, and Armour Thyroid</p> <p><b>Updated preferred product step requirement for the following products:</b> Hemangeol, Inderal XL, Kapsargo Sprinkle, and Gemtesa (effective 1/1/2025)</p>	9/19/2024	11/1/2024

<p><b>Added preferred product step requirement for the following products:</b> Posfrea, carbinoxamine maleate ER suspension, Suflave (effective 1/1/2025), Clenpiq (effective 1/1/2025), Sutab (effective 1/1/2025), Estratest F.S., and Myhibbin</p> <p><b>Updated preferred product step requirement for the following product:</b> allopurinol 200 mg tablets</p>	10/3/2024	11/1/2024
<p><b>Added preferred product step requirement for the following products:</b> insulin glargine U-300 SoloStar (effective 12/1/2024) and Ohtuvayre (effective 11/15/2024)</p>	10/24/2024	11/1/2024
<p><b>Added preferred product step requirement for the following products:</b> Moviprep, Plenvu, Suprep, and sitagliptin</p> <p><b>Updated preferred product step requirement for the following product:</b> Suflave, Clenpiq, and Sutab</p>	11/14/2024	1/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Zituvimet (effective 2/1/2025), Zituvimet XR (effective 2/1/2025), Dolobid (effective 2/1/2025), and clobetasol propionate ophthalmic suspension 0.05% (effective 1/15/2025)</p>	12/5/2024	1/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Zoryve 0.3% cream and Zoryve 0.3% topical foam</p>	12/12/2024	1/15/2025
<p><b>Added preferred product step requirement for the following products:</b> Neffy (effective 2/1/2025) and Estratest H.S. (effective 2/1/2025)</p>	12/19/2024	1/15/2025
<p><b>Added preferred product step requirement for the following product:</b> Zoryve 0.15% cream</p> <p><b>Removed preferred product requirements for the following product:</b> Syndros (effective 4/1/2025)</p>	1/23/2025	2/15/2025
<p><b>Added "Documentation:</b> Documentation is required where noted in the criteria. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information."</p> <p><b>Added preferred product step requirement for the following products:</b> Admelog, Apidra, Fiasp, Fiasp PumpCart, insulin aspart 100 units/mL injection (authorized generic for NovoLog), NovoLog, and Vtama</p>	2/20/2025	4/1/2025
<p><b>Added preferred product step requirement for the following product:</b> Cobenfy</p> <p><b>Updated preferred product step requirement for the following product:</b> Gemtesa</p>	2/27/2025	3/15/2025
<p><b>Added preferred product step requirement for the following products:</b> Azelex, Epiduo, Epiduo Forte, adapalene 0.1% swab, Differin cream, Differin gel, Differin lotion, clonidine extended-release tablet (authorized generic for Nexiclon XR), Nexiclon XR, Adlarity, Arakoda, Coartem, Krintafel, Opipza, topiramate 50 mg sprinkle capsules, Aspruzyo Sprinkle, clobetasol propionate 0.025% cream, auranofin 3mg capsules, Omeclamox-Pak, Pylera, Talicia, Voquezna DualPak, Voquezna TriplePak, Finacea foam, Finacea gel, and Emrosi.</p>	3/27/2025	5/1/2025

<p><b>Updated preferred product step requirement for the following products:</b> Basaglar KwikPen, Ridaura, and Zyflo.</p> <p><b>Removed preferred product step requirement for the following products:</b> Zoryve 0.15 cream (effective 5/15/2025).</p>		
<p><b>Added preferred product step requirement for the following products:</b> Halog 0.1% cream and Regranex (effective 6/1/2025)</p> <p><b>Updated preferred product step requirement for the following product:</b> Fanapt</p> <p><b>Removed preferred product step requirement for the following products:</b> Focinvez (effective 5/30/2025), Posfrea (effective 5/30/2025), and Halog 0.1% Solution</p>	4/10/2025	5/1/2025
<p><b>Added preferred product step requirement for the following product:</b> Iluvien</p> <p><b>Updated preferred product step requirement for the following products:</b> Cabtreo, nitrofurantoin 50 mg/5 mL oral suspension, Dhivy, Primidone 125 mg tablets (brand), Serevent Diskus, Furoscix, Nevanac, Atropine sulfate 1% ophthalmic solution (preservative free) [brand], clobetasol propionate 0.05% ophthalmic suspension, FML Forte, Maxidex, Pred Mild, Carospir, Pokonza, and meclizine 50 mg tablets</p>	4/24/2025	6/15/2025
<p><b>Added preferred product step requirement for the following products:</b> Lybalvi, Arimidex, Aromasin, Estring, Glucagon Emergency Kit, GlucaGen HypoKit, Gvoke HypoPen Auto-Injector, Kit, or Prefilled Syringe, Zegalogue, Otrexup, Rasuvo, Alrex, Zerviate, TobraDex ST, Zylet, Acuvail, Flarex, Inveltys, Lotemax, Lotemax SM, Cetraxal, and Cipro HC Otic Suspension</p> <p><b>Updated preferred product step requirement for the following products:</b> Neffy, ArmonAir DigiHaler, Arnuity Ellipta, Flovent Diskus, Flovent HFA, fluticasone propionate Diskus (authorized generic of Flovent Diskus), fluticasone propionate HFA (authorized generic of Flovent HFA), Pulmicort Flexhaler, Ohtuvayre, and Tudorza Pressair</p>	5/1/2025	7/1/2025
<p><b>Added preferred product step requirement for the following products:</b> metronidazole 125 mg tablets, metformin immediate-release 750 mg tablets, Gabarone, Fenopron, and ferric citrate tablets.</p>	5/8/2025	7/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Journavx</p> <p><b>Removed preferred product step requirement for the following products:</b> Arimidex, Aromasin, and Iluvien</p>	5/29/2025	7/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Fulvicin P/G</p> <p><b>Updated preferred product step requirement for the following products:</b> Kristalose, lactulose packet, and Gemtesa</p>	6/18/2025	7/15/2025
<p><b>Added preferred product step requirement for the following products:</b> Zunveyl, halcinonide 0.1% cream, Afrezza, Climara Pro, Elestrin, metaxalone 640 mg tablet,</p>	6/26/2025	8/1/2025

<p>Konvomep, omeprazole/sodium bicarbonate powder for oral suspension, Voquezna, Zegerid capsules, Zegerid powder for oral suspension, Siklos, Xromi, Inzirqo, and Thalitone.  <b>Updated preferred product step requirement for the following products:</b> Halog Cream, Halog Ointment, Furoscix, Veozah, and Yosprala.</p>		
<p><b>Added preferred product step requirement for the following products:</b> omeprazole/sodium bicarbonate capsules</p>	7/2/2025	8/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Retin-A micro gel 0.08% pump, tretinoin gel 0.08% pump, clemastine syrup, RyClora, carbinoxamine maleate 6 mg tablets, RyVent, amcinonide 0.1% ointment, ApexiCon E, Cordran Tape, diflorasone diacetate 0.05% cream, diflorasone diacetate 0.05% ointment, flurandrenolide 0.05% cream, flurandrenolide 0.05% ointment, flurandrenolide 0.05% lotion, hydrocortisone butyrate 0.1% lipid cream, hydrocortisone butyrate 0.1% lotion, Impoyz, Locoid, Locoid Lipocream, Pandel, alogliptin tablets (authorized generic for Nesina), Nesina, Onglyza, alogliptin and metformin tablets (authorized generic for Kazano), alogliptin and pioglitazone tablets (authorized generic for Oseni), Kazano, Kombiglyze XR, Oseni, Glumetza, metformin ER osmotic tablets, metformin ER gastric tablets, metformin immediate release 625 mg tablets, budesonide extended release 9mg tablets, Uceris rectal foam, Uceris tablets, rabeprazole sodium delayed-release capsules (authorized generic of Aciphex Sprinkle), Alvesco, Advair Diskus, Advair HFA, AirDuo RespiClick, Breo Ellipta, fluticasone propionate/salmeterol HFA (authorized generic for Advair HFA), fluticasone propionate/salmeterol inhalation powder (authorized generic for AirDuo Respiclick), fluticasone furoate and vilanterol inhalation powder (authorized generic for Breo Ellipta), Symbicort, doxepin 5% cream, Prudoxin, and Zonalon.  <b>Updated preferred product step requirement for the following products:</b> Edarbi, Kenalog Spray, triamcinolone acetonide 0.147 mg/gm topical aerosol solution (generic Kenalog Spray), triamcinolone acetonide 0.05% ointment, Alkindi Sprinkle, sitagliptin tablets (authorized generic for Zituvio), Tradjenta, Zituvio, Jentadueto, Jentadueto XR, Qtern, Steglujan, Xultophy, Myrbetriq Granules, ArmonAir Digihaler, Arnuity Ellipta, Flovent Diskus, Flovent HFA, fluticasone propionate Diskus (authorized generic of Flovent Diskus), fluticasone propionate HFA (authorized generic of Flovent HFA), and Pulmicort Flexhaler.</p>	7/17/2025	9/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Raldesy and Fanapt titration pack</p>	7/31/2025	9/15/2025
<p><b>Added preferred product step requirement for the following products:</b> adapalene 0.1% cream, adapalene 0.3% gel, adapalene 0.3% gel pump, adapalene 0.1% lotion, adapalene 0.1% solution, Altreno, Atralin, Retin-A Cream (0.025%, 0.05%, and 0.1%), Retin-A Micro Gel (0.04% and 0.1%), Retin-A Micro Gel Pump (0.04%, 0.06%, and 0.1%), tretinoin cream (0.025%, 0.05% and 0.1%), tretinoin 0.05% gel, tretinoin microsphere gel (0.04% and 0.1%), tretinoin</p>	8/21/2025	10/1/2025

<p>microspheres gel pump (0.04%, and 0.1%), Tezruly, Combogesic, bisoprolol fumarate 2.5 mg tablets, Lopressor oral solution, EdurantPED, Crinone 4% Gel, Noritate, and Zilxi</p> <p><b>Updated preferred product step requirement for the following products:</b> Differin 0.1% cream, Qtern, Steglujan, Fosrenol oral powder, Ermeza, levothyroxine capsules (tirosint generic), Thyquidity, Tirosint, Tirosint-SOL, Zoryve 0.3% cream, and Zoryve 0.3% foam</p> <p><b>Updated Differin 0.3% gel to Differin 0.3% gel pump</b></p>		
<p><b>Added preferred product step requirement for the following products:</b> Retin-A Gel (0.025% and 0.01%), Arbli (effective 10/15/2025), and Symbravo</p>	9/4/2025	10/1/2025
<p><b>Added preferred product step requirement for the following product:</b> Pulmicort Flexhaler (Legacy Drug List Plans)</p>	10/2/2025	10/7/2025
<p><b>Added preferred product step requirement for the following products:</b> Dapsone gel 7.5 % (brand), Denavir, Xerese, Bucapsol, sitagliptin and metformin hydrochloride extended-release tablets (authorized generic of Zituvimet XR), fluticasone furoate inhalation powder (authorized generic for Arnuity Ellipta), and Hemiclor (chlorthalidone 12.5 mg tablets).</p> <p><b>Removed preferred product step requirement for the following product:</b> Regranex</p>	10/2/2025	11/1/2025
<p><b>Updated preferred product step requirement for the following products:</b> Basaglar KwikPen, Basaglar Tempo Pen, insulin glargine U-100 vial (Lantus authorized generic), insulin glargine U-100 SoloStar (Lantus SoloStar authorized generic), insulin glargine U-300 SoloStar Pen (Toujeo Solostar authorized generic), insulin glargine U-300 Max SoloStar (Toujeo Max Solostar authorized generic), insulin glargine-yfgn U-100 vial and pen (Semglee-yfgn authorized generic), Lantus, Lantus SoloStar, Levemir FlexTouch and vial, Rezvoglar, Semglee-yfgn vial and pen, Toujeo SoloStar, and Toujeo Max SoloStar</p>	10/16/2025	11/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Seysara, insulin aspart protamine/insulin aspart, Flexpen and vial (authorized generic of Novolog Mix 70/30), Femring, Imvexxy, Gloperba, Yupelri, Belsomra, Edluar, zolpidem 7.5 mg capsules (brand), Quviviq, Osphena, and sertraline capsules (150 mg and 200 mg).</p> <p><b>Updated preferred product step requirement for the following products:</b> Cleocin Vaginal Ovules, Clindesse vaginal cream, Nuversa, Xaciato, Conjupri, levamlodipine tablets, Novolin 70/30 FlexPen and vials, Novolin N FlexPen and vials, Novolin R Flexpen and vials, Novolog 70/30 FlexPen and vials, Estrin, and Armour Thyroid.</p> <p><b>Removed preferred product step requirement for the following product:</b> Adthyza</p>	10/23/2025	12/1/2025
<p><b>Added preferred product step requirement for the following products:</b> Khindivi, Micort HC 2.5 % rectal cream (effective 12/15/2025), Kirsty and Kirsty Pen, Merilog and Merilog SoloStar, Zelsuvmi, and Fetzima (effective 1/1/2026).</p>	10/30/2025	12/1/2025

<p><b>Updated preferred product step requirement for the following products:</b> Cleocin Vaginal Carac, Klisyri, Aplenzin, Auvelity (effective 1/1/2026), Admelog and Admelog SoloStar, Apidra and Apidra SoloStar, Fiasp and Fiasp PumpCart, insulin aspart (authorized generic for NovoLog), and NovoLog</p>		
<p><b>Added preferred product step requirement for the following products:</b> Norgesic, Norgesic Forte, orphenadrine/aspirin/ caffeine 25-385-30 mg tablets (generic for Norgesic), orphenadrine/aspirin/caffeine 50-770-60 mg tablet (generic for Norgesic Forte), Orphengesic Forte, Motegrity, Analpram-HC lotion, gabapentin extended-release tablets (generic for Gralise), Gralise, Horizant, dicyclomine 40 mg tablets, Glycopyrrolate Enfit, Amrix, chlorzoxazone 250 mg, 375 mg, and 750 mg tablet, Lorzone, methocarbamol 1000 mg tablet, baclofen 5 mg/5 mL oral solution (generic for Ozobax), baclofen 10 mg/5 mL oral solution (generic for Ozobax DS), baclofen oral suspension concentrated formulation 25 mg/5mL (generic for Fleqsuvy), Fleqsuvy, Lyvispah, Ozobax, and Ozobax DS.</p>	11/13/2025	12/15/2025
<p><b>Updated preferred product step requirement for the following product:</b> Zoryve 0.3% cream, Zoryve foam, Firvanq, and vancomycin 25 mg/mL oral solution (authorized generic of Firvanq)</p>	12/4/2025	1/15/2026
<p><b>Updated preferred product step requirement for the following product:</b> desloratadine oral solution</p>	12/11/2025	1/15/2026
<p><b>Updated "Documentation:</b> Documentation is required where noted in the criteria. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information."  <b>to "Documentation:</b> Documentation is required where noted in the criteria as [documentation required]. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information."  <b>Added preferred product step requirement for the following products:</b> Orlynvah, Brynovin, and Lasix Onyu</p>	1/8/2026	2/1/2026
<p><b>Added preferred product step requirement for the following products:</b> opium tincture 10 mg/mL, Ertaczo, Exelderm cream and solution, Jublia, Luzu, oxiconazole nitrate 1% cream, Oxistat cream and lotion, sulconazole nitrate 1% cream and solution (authorized generic of Exelderm), Xolegel, Bevespi Aerosphere, Duaklir Pressair, Ryaltris, Omnaris, Qnasl, Qnasl Children's, Xhance, Zetonna, tavorole 5% topical solution, miconazole-zinc oxide-petrolatum ointment, and Vusion.  <b>Updated preferred product step requirement for the following products:</b> Furoscix, dihydroergotamine mesylate nasal spray (generic Migranal), Trudhesa, Lotemax, Vtama, ArmonAir DigiHaler, Arnuity Ellipta, Flovent Diskus, Flovent HFA, fluticasone furoate inhalation powder (authorized generic of Arnuity Ellipta), fluticasone inhalation powder (authorized</p>	1/15/2026	3/1/2026

generic of Flovent Diskus), fluticasone propionate HFA (authorized generic of Flovent HFA), and Pulmicort Flexhaler.		
<b>Added preferred product step requirement for the following products:</b> Blujepa, econazole nitrate topical foam, Brekiya, Exxua, escitalopram 15 mg capsules (brand), and ciprofloxacin/hydrocortisone 0.2%/1% otic suspension (generic for Cipro HC) <b>Updated preferred product step requirement for the following products:</b> desloratadine 0.5 mg/mL oral solution, Lexette, and Cipro HC	1/29/2026	3/15/2026
<b>Added preferred product requirement criteria for the following products:</b> Fycompa oral suspension (effective 4/15/2026), Auvi-Q, epinephrine auto-injector authorized generic, EpiPen, EpiPen Jr, Symjepi, Premarin tablets (effective 4/15/2026), pyridostigmine 30 mg tablets, potassium chloride 40 mEq powder for solution, and Renthroid <b>Updated preferred product step requirement for the following products:</b> Novolog Mix 70/30 FlexPen and vials, Soaanz, Tobradex ST, and Zylet <b>Removed preferred product requirement criteria for the following product:</b> Rayos	2/19/2026	4/1/2026
<b>Added preferred product requirement criteria for the following products:</b> Javadin (effective 5/1/2026), Nuzyra (effective 5/1/2026), Subvenite oral suspension (effective 5/1/2026), Vyscoxa, tobramycin 0.3%/loteprednol etabonate 0.5% ophthalmic suspension (effective 5/1/2026), and Pokonza solution (effective 5/1/2026) <b>Updated preferred product requirement criteria for the following products:</b> Seysara (effective 5/1/2026) and Gemtesa (effective 5/1/2026)	2/26/2026	4/15/2026
<b>Added preferred product requirement criteria for the following product:</b> Lynkuet <b>Updated preferred product requirement criteria for the following product:</b> Veozah	3/12/2026	4/15/2026
<b>Added preferred product requirement criteria for the following products:</b> insulin aspart protamine/insulin aspart Flexpen and vial	3/19/2026	4/15/2026
<b>Added preferred product requirement criteria for the following products (EFFECTIVE 5/15/2026):</b> metoprolol tartrate 12.5 mg tablets (brand), Ontralfy, tizanidine capsules, Zybic, Orudis, and Lopressor (12.5 mg, 50 mg and 100 mg) tablets <b>Added preferred product requirement criteria for the following products (EFFECTIVE 6/1/2026):</b> Corphena, brivaracetam oral solution and tablets, Ibsrela, Zelnorm, Azasan (75 mg and 100 mg), azathioprine (75 mg and 100 mg) tablets, albuterol sulfate inhalation powder (Prasco manufacturer), levalbuterol HFA inhalation aerosol, ProAir Respiclick, Ventolin HFA and Xopenex HFA <b>Updated preferred product requirement criteria for the following products (EFFECTIVE 6/1/2026):</b> Consensi,	3/26/2026	5/15/2026

<p>Vowst, niacin 500 mg tablets, Niacor, Asacol HD, Colazal, Delzicol, Dipentum, Pentasa 250 mg capsule, Zerviate, Ciloxan ointment, Betimol 0.25% and 0.5% ophthalmic solution, Timoptic 0.25% OcuDose, oxybutynin chloride 2.5mg tablet (brand), Drizalma Sprinkle, venlafaxine besylate ER 112.5mg tablets (formerly Venbysi XR), and Condylox 0.5% topical gel</p> <p><b>Removed preferred product requirement criteria for the following products (EFFECTIVE 6/1/2026):</b> Symjepi, Alocril, and Alomide</p>		
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The policy effective date is in force until updated or retired.

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