



Changes coming to our commercial medical plan drug lists

Starting **October 1, 2026**, we're making changes to our commercial medical plan drug lists. These changes support our commitment to high quality, cost-effective health care. **Please note these changes do not apply to our Medicare and Medicaid plans.**

It's likely some of your patients are taking these drugs.

UPPER CASE = brand-name drug

lower case = generic drug

Drug name	Code	Class	Change(s)
bortezomib	J9046, J9049	Oncology	Remains Preferred, prior authorization (PA) no longer required
EXDENSUR	J2361	Respiratory Injectables	Moving from New To Market to Preferred
levoleucovorin	J0641	Oncology	Remains Preferred, PA no longer required
ORTHOVISC	J7324	Viscosupplements	Remains Preferred, PA no longer required
ZARXIO	Q5101	Hematologic, Neutropenia Colony Stimulating Factor Short Acting	Remains Preferred, PA no longer required

We're here to support you

We're committed to smooth transitions for you and your patients. If your patients currently have a prior authorization (PA) in place for one of these impacted drugs, it will remain in place until the current expiration.

Need more support?

You can call us at the number on the back of your patient's member ID card.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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