

First Quarter 2026 Drug List Changes

This update applies to Health Net Health Plan of Oregon, Inc. "Health Net" Commercial Plans

Changes to Preferred Blood Glucose Testing Supplies

As of January 1st Health Net of Oregon Commercial Plans will co-prefer Accu-Chek and FreeStyle blood glucose monitoring supplies and no longer prefer OneTouch products. Health Net members who currently utilize FreeStyle products will continue to be able to fill until April 1st at which time continued utilization will require prior authorization for coverage. Members and their prescribers will start receiving notices informing them of the need to transition to the preferred supplies starting in January. Please prescribe a new Accu-Check or FreeStyle blood glucose meter and test strips for all your patients that test their blood glucose to help ensure that your patients covered by Health Net have minimal impact to their care.

Health Net Preferred Drug List Changes

Health Net's Drug Lists are updated quarterly and available online.

- For the most current preferred drug lists, visit the [Pharmacy section of our website](#).

Medication	Effective Date
Additions	
ACCU-CHECK AVIVA PLUS, GUIDE & SMARTVIEW Blood Glucose Test Strips Added to PDL on Tier 2; QL up to 6.67 per day	01.01.2026
AMICAR (aminocaproic acid) 250 MG/ML Inj Added to PDL on Tier SP; PA required	01.01.2026
Aminocaproic Acid 0.25 GM/ML Oral Soln Added to PDL on Tier 1; PA required	01.01.2026
APRETUDE (cabotegravir) 600 MG/3 ML IM ER Susp Added to PDL on Tier PV	01.01.2026
BEIZRAY (docetaxel) 20 MG/ML Inj Soln Added to PDL on Tier AC; PA required	01.01.2026
BIKTARVY (bictegravir-emtricitabine-tenofovir) 30-120-15 MG Tab Added to PDL on Tier PV	01.01.2026
BLENREP (belantamab mafodotin-blmf) 70 MG Soln for IV Added to PDL on Tier AC; PA required	01.01.2026
BRUKINSA (zanubrutinib) 160 MG Cap Added to PDL on Tier AC; PA required	01.01.2026
CABENUVA (cabotegravir & rilpivirine) 400-40 MG/2ML & 600-900 MG/3ML IM Susp Added to PDL on Tier PV	01.01.2026
DESCOVY (emtricitabine-tenofovir alafenamide fumarate) 120-15 MG Tab Added to PDL on Tier PV	01.01.2026
EDURANT (rilpivirine) 2.5MG Tab for Oral Susp Added to PDL on Tier PV	01.01.2026

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Exenatide 5 MCG/0.02ML & 10 MCG/0.04ML Soln Pen-injector Added to PDL on Tier 1; PA required	11.01.2025
HERNEXEOS (zongertinib) 60 MG Tab Added to PDL on Tier AC; PA required	01.01.2026
INLEXZO (gemcitabine) 225 MG Intravesical Device Added to PDL on Tier AC; PA required	01.01.2026
INLURIYO (imlunestrant tosylate) 200 MG Tab Added to PDL on Tier AC; PA required	01.01.2026
JOBEVNE (bevacizumab-nwgd) 100 MG/4ML & 400 MG/16ML for IV Soln Added to PDL on Tier AC; PA required	01.01.2026
KEYTRUDA QLEX (pembrolizumab-berahyaluron-pmph) 395-4800 MG & 790-9600 MG Inj Added to PDL on Tier AC; PA required	01.01.2026
KOSELUGO (selumetinib sulfate) 5 MG & 7.5 MG Sprinkle Cap Added to PDL on Tier AC; PA required	01.01.2026
KYXATA (carboplatin) 500 MG/50ML & 80 MG/8ML for IV Soln Added to PDL on Tier AC; PA required	01.01.2026
METHOTREXATE 125 MG/5ML IM Soln Added to PDL on Tier AC; PA required	01.01.2026
MOUNJARO (tirzepatine) 2.5 MG, 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG Soln Auto-Injector Added to PDL on Tier SP; PA required	01.01.2026
MODEYSO (dordaviprone) 125 MG Cap Added to PDL on Tier AC; PA required	01.01.2026
NORVIR (ritonavir) 100 MG Powder Packet Added to PDL on Tier PV	01.01.2026
OTEZLA (apremilast) 75 MG ER tab; 10 MG, 20 MG, 30 MG, 75 MG Starter Pack Added to PDL on Tier 2; PA required	01.01.2026
PREZCOBIX (darunavir-cobicistat) 675-150 MG Tab Added to PDL on Tier PV	01.01.2026
PROCYSBI (cysteamine bitartrate) 75 MG & 300 MG DR Granules Packet; Added to Tier 3; PA required	01.01.2026
REVLIMID (lenalidomide) 20 MG Cap Added to PDL on Tier AC; PA required	01.01.2026
Sacubitril-Valsartan 24-26 MG, 49-51 MG, 97-103 MG Tab Added to PDL on Tier 1	01.01.2026
SKYRIZI (risankizumab-rzaa) 600 MG/10ML IV Soln Added to PDL on Tier 2; PA required	
STEQEYMA (ustekinumab-stba) 130 MG/26 ML IV Soln, 45 MG/0.5 ML & 90 MG/ML Soln Prefilled Syringe Added to PDL on Tier 1; PA required	01.01.2026
SUNLENCA (lenacapavir sodium) 300 MG Tab & 463.5 MG/1.5ML Soln Added to PDL on Tier PV	01.01.2026
SYM TUZA (darunair-cobic-emtricitab-tenofov) 800-150-200-10 MG Tab Added to PDL on Tier PV	01.01.2026

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Tadalafil 20 MG tab Added to PDL on Tier 1; PA required	01.01.2026
TIVICAY (dolutegravir sodium) 10 MG & 25 MG Tab; 5 MG Oral Susp Added to PDL on Tier PV	01.01.2026
TRIUMEQ (abacavir-dolutegravir-lamivudine) 60-5-30 MG Oral Susp Added to PDL on Tier PV	01.01.2026
TROGARZO (ibalizumab-uiyk) 200 MG/1.33ML IV Soln Added to PDL on Tier PV	01.01.2026
UNLOXCYT (cosibelimab-ipdl) 300 MG/5ML for IV Soln Added to PDL on Tier AC; PA required	01.01.2026
VEOZAH (fezolinetant) 45 MG Tab Added to PDL on Tier 3; PA required	01.01.2026
YESINTEK (ustekinumab-kfce) 130 MG/26 ML IV Soln; 45 MG/0.5 ML SQ Soln; 45 MG/0.5ML & 90 MG/ML Soln Prefilled Syringe Added to PDL on Tier 1; PA required	01.01.2026
YEZTUGO (lenacapavir sodium) 300 MG tab & 463.5 MG Soln Added to PDL on Tier PV	01.01.2026
Removals	
CORLANOR (ivabradine) 5MG/5ML HCl Oral Soln	01.01.2026
BETIMOL (timolol ophth) 0.25% Soln	01.01.2026
DOPTELET (avatrombopag maleate) 20 MG Tab	01.01.2026
MULPLETA (LUSUTROMBOPAG) 3 MG Tab	01.01.2026
ONETOUCH ULTRA & VERIO Blood Glucose Test Strips	01.01.2026
TAVALISSE (fostamatinib disodium) 100 MG & 150 MG Tab	01.01.2026
VARUBI (rolapitant) 90 MG Tab	01.01.2026
Changes	
ANORO ELLIPTA (umeclidinium-vilanterol) 62.5-25 MCG/ACT Aero Powd New generic added to PDL on to Tier 1; Branded product removed from PDL (generic preferred)	01.01.2026
APTIVUS (tipranavir) 250 MG Cap Moved to Tier PV	01.01.2026
ATAZANAVIR SULFATE (atazanavir sulfate) 150 MG Cap Moved to Tier PV	01.01.2026
BETIMOL (timolol) 0.5% Ophth Soln New generic added to PDL on to Tier 1; Branded product removed from PDL (generic preferred)	01.01.2026
BIKTARVY (bictegravir-emtricitabine-tenofovir) 50-200-25 MG Tab Moved to Tier PV	01.01.2026
CIMDUO (lamivudine-tenofovir disoproxil fumarate) 300-300 MG Tab Moved to Tier PV	01.01.2026
COMBIVIR (lamivudine-zidovudine) 150-300 MG Tab Moved to Tier PV	01.01.2026
COMPLERA (EMTRICITABINE-RILPIVIRINE-TENOFOVIR) 200-25-300 MG Tab Moved to Tier PV	01.01.2026

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DELSTRIGO (doravirine-lamivudine-tenofovir) 100-300-300 MG Tab Moved to Tier PV	01.01.2026
DOVATO (dolutegravir sodium-lamivudine) 50-300 MG Tab Moved to Tier PV	01.01.2026
EDURANT (rilpivirine) 25 MG Tab Moved to Tier PV	01.01.2026
EFAVIRENZ (efavirenz) 50 MG, 200 MG and 600 MG Tab Moved to Tier PV	01.01.2026
Efavirenz-Emtricitabine-Tenofovir 600-200-300 MG Tab Moved to Tier PV	01.01.2026
EMTRIVA (emtricitabine) 200 MG cap and 10 MG/ML Soln; Moved to Tier PV	01.01.2026
EPIVIR (lamivudine) 150 MG & 300 MG Tab and 10 MG/ML oral Soln Moved to Tier PV	01.01.2026
EPZICOM (abacavir sulfate-lamivudine) 600-300 MG Tab Moved to Tier PV	01.01.2026
EVOTAZ (atazanavir sulfate-cobicistat) 300-150 MG Tab Moved to Tier PV	01.01.2026
FUZEON (enfuvirtide) 90 MG Inj Moved to Tier PV; Removed PA requirement	01.01.2026
GENVOYA (elvitegravir-cobic-emtricitab-tenofov) 150-150-200-10 MG Tab Moved to Tier PV	01.01.2026
INTELENCE (etravirine) 25 MG, 100 MG & 200 MG Tab Moved to Tier PV	01.01.2026
ISENTRESS (reltegravir) 25 MG & 100 MG Chew Tab and 100 MG Packet for Susp Moved to Tier PV	01.01.2026
ISENTRESS HD (reltegravir) 600 MG Tab Moved to Tier PV	01.01.2026
JULUCA (dolutegravir sodium-rilpivirine) 50-25 MG Tab Moved to Tier PV	01.01.2026
KALETRA (lopinavir-ritonavir) 100-25 MG, 200-50 MG tab & 400-100 MG/5ML Soln Moved to Tier PV	01.01.2026
LEXIVA (fosamprenavir calcium) 700 mg tab & 50 MG/ML Susp Moved to Tier PV	01.01.2026
Liraglutide 18 MG/3 ML Soln Pen-Injector Added PA requirement	01.01.2026
NEVIRAPINE (nevirapine) 200 mg Tab and 50 MG/ML Susp Moved to Tier PV	01.01.2026
NEVIRAPINE ER (nevirapine) 400 MG ER Tab Moved to Tier PV	01.01.2026
NORVIR (ritonavir) 100 MG Cap Moved to Tier PV	01.01.2026
ODEFSEY (emtricitabine-rilpivirine-tenofovir) 200-25-25 MG Tab Moved to Tier PV	01.01.2026

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PIFELTRO (doravirine) 100 MG Tab Moved to Tier PV	01.01.2026
PREZISTA (darunavir) 75 MG, 150 MG, 600 MG and 100 MG Oral Susp Moved to Tier PV	01.01.2026
PREZCOBIX (darunavir-cobivistat) 800-150 MG Tab Moved to Tier PV	01.01.2026
PROMACTA (eltrombopag olamine) 12.5 MG, 25 MG, 50 MG & 75 MG Tab; 25 MG & 12.5 MG Powder Pack New generic added to PDL on to Tier 1; Branded product removed from PDL (generic preferred); PA required	01.01.2026
QUDEXY XR (topiramate) 25 MG, 50 MG, 100 MG, 150 MG & 200 MG ER Cap New generic added to PDL on to Tier 1; Branded product removed from PDL (generic preferred)	01.01.2026
RETROVIR (zidovudine) 100 MG cap and 10 MG/ML Syrup Moved to Tier PV	01.01.2026
REYATAZ (atazanavir sulfate) 200 MG & 300 MG cap; 50 MG Powder Packet Moved to Tier PV	01.01.2026
RUKOBIA (fostemsavir tromethamine) 600 MG 12 HR ER Tab Moved to Tier PV; Removed PA requirement	01.01.2026
SELZENTRY (maraviroc) 25 MG, 75 MG, 150 MG & 300 MG Sab; 20 MG Oral Soln Moved to Tier PV	01.01.2026
STRIBILD (elvitegrav-cobicis-emtricitab-tenofof) 150-150-200-300 MG Tab Moved to Tier PV	01.01.2026
SYMFI (efavirenz-lamivudine-tenofovir) 600-300-300 MG Tab Moved to Tier PV	01.01.2026
SYMFI LO (efavirenz-lamivudine-tenofovir) 400-300-300 MG Tab Moved to Tier PV	01.01.2026
TRIUMEQ (abacavir-dolutegravir-lamivudine) 600-50-300 MG Tab Moved to Tier PV	01.01.2026
TRIZIVIR (abacavir sulfate-lamivudine-zidovudine) 300-150-300 MG Tab Moved to Tier PV	01.01.2026
TRUVADA (emtricitabine-tenofovir disoproxil fumarate) 100-150 MG, 133-200 MG, & 167-250 MG Tab Moved to Tier PV	01.01.2026
TYBOST (cobicistat) 150 MG Tab Moved to Tier PV	01.01.2026
VASCEPA (icosepent ethyl) 0.5 GM & 1 GM Cap Generic moved to Tier 1; Branded product removed from PDL (generic preferred)	01.01.2026
VIRACEPT (nelfinavir mesylate) 250 MG & 625 MG Tab Moved to Tier PV	01.01.2026
VIREAD (tenofovir disoproxil fumarate) 150 MG, 200 MG, 250 MG & 300 MG Tab Moved to Tier PV	01.01.2026
ZIAGEN (abacavir sulfate) 300 MG Tab; 20 MG/ML Soln Moved to Tier PV	01.01.2026

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ZIDOVUDINE (zidovudine) 300 MG Tab Moved to Tier PV	01.01.2026
KEY: AC = Anticancer; EST = Electronic Step Therapy; F = Formulary; HDHP = High Deductible Health Plan; PA = Prior Authorization; PV = Preventative; QL = Quantity Limit; SP = Specialty	

Additional Information

For questions regarding the information contained in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001.