



2027 formulary changes

Updates to your prescription benefits

The changes below to our formulary (covered drug list) apply to the 2027 plan year. For members on fully insured Texas plans, the changes will take effect on the plan renewal date on or after January 1, 2027. For all other members, the changes will take effect January 1, 2027.

How to read this list. Each medication is listed with its 2026 tier and what changes in 2027. Cost reflective of Baseline completion.*

Tier 1	\$0 copay
Tier 2	\$50 copay
Tier 3	\$250 copay
Not Covered	A \$0 alternative is listed.
Medical	the medication is still covered, but through your medical plan rather than the pharmacy benefit. These are typically given in a clinical setting.
OTC	the product is no longer covered by your prescription benefit, but is still available to buy without a prescription at local pharmacies and drugstores.

All changes come with a \$0 alternative. When a medication changes tiers or is no longer covered, a similar option — such as a generic or a different strength or form — may be available at Tier 1 and is expected to provide similar treatment benefits. Some of these alternatives are new to the formulary as of January 1, 2027, so they may not appear in the current drug list yet.

If one of your medications is listed, talk with your prescribing provider about the alternative shown — in many cases, a new prescription is all that’s needed.

Questions? Call Member Services at 855-428-7284 or email health@curative.com. Or contact Care Navigation by texting the number listed in your Member Portal, or by emailing carenavigator@curative.com.

Drugs with coverage change

Medication name	2026 tier	2027 coverage	\$0 copay alternative options*
Besremi	Tier 3	Not Covered	Hydroxyurea, Pegasys
Bromocriptine	Tier 1	Tier 2	Amantadine, Pramipexole, Ropinirole, Cabergoline
Coagadex	Tier 1	Medical	Covered under medical benefit*
Cobenfy	Tier 3	Not Covered	Aripiprazole, Risperidone, Ziprasidone
Coenzyme Q10	Tier 1	Not Covered	Atorvastatin, Rosuvastatin
Corifact	Tier 1	Medical	Covered under medical benefit*
Danziten	Tier 3	Not Covered	Nilotinib
Deferasirox 180 mg	Tier 2	Not Covered	Deferasirox 90 mg, Deferasirox 360 mg
Deferasirox soluble tablet	Tier 2	Not Covered	Deferasirox 90 mg, Deferasirox 360 mg
Deferiprone	Tier 2	Not Covered	Deferasirox 90 mg, Deferasirox 360 mg
Desmopressin 0.01% nasal spray	Tier 1	Tier 2	Desmopressin tablet
Dexcom G6	Tier 1	Not Covered	Dexcom G7
Dimethyl fumarate starter pack	Tier 1	Not Covered	Dimethyl fumarate 120 mg, Dimethyl fumarate 240 mg
Doptelet	Tier 1	Not Covered	Eltrombopag olamine
Doxercalciferol	Tier 2	Not Covered	Calcitriol, Cinacalcet, Paricalcitol
Elmiron	Tier 2	Not Covered	Amitriptyline, Cimetidine
Emtriva	Tier 1	Not Covered	Lamivudine
Epinephrine ampule	Tier 1	Medical	Covered under medical benefit. Pharmacy alternatives include: Epinephrine auto-injector

Drugs with coverage change (continued)

Medication name	2026 tier	2027 coverage	\$0 copay alternative options*
Estradiol 0.06% gel	Tier 1	Not Covered	Estradiol gel 0.1%
Euthyrox	Tier 1	Not Covered	Levothyroxine, Levoxyl
Everolimus tablet for oral suspension	Tier 1	Not Covered	Everolimus tablet, Sirolimus
Ferriprox	Tier 3	Not Covered	Deferasirox 90 mg, Deferasirox 360 mg
Fibryga	Tier 1	Medical	Covered under medical benefit*
Fosamprenavir	Tier 1	Not Covered	Darunavir
Galafold	Tier 1	Not Covered	Elfabrio IV, Fabrazyme IV (covered under medical benefit*)
Galantamine solution	Tier 2	Not Covered	Galantamine tablet, Galantamine capsule
Koate	Tier 1	Medical	Covered under medical benefit*
Krill Oil	Tier 1	Not Covered	Icosapent ethyl
Lopinavir-ritonavir solution	Tier 1	Not Covered	Kaletra solution
Mavyret	Tier 1	Not Covered	Sofosbuvir-velpatasvir
Methylphenidate ER (Diffuse cap)	Tier 1	Not Covered	Amphetamine-dextroamphetamine ER/IR, Methylphenidate IR/ER
Miglitol	Tier 1	Not Covered	Acarbose
Myrbetriq ER solution	Tier 2	Not Covered	Oxybutynin, Solifenacin, Tolterodine
Nurtec	Tier 1	Tier 2	Migraine Prevention: Ajovy, Aimovig, Emgality Migraine Treatment: Rizatriptan, Sumatriptan, Ubrelvy
Obizur	Tier 3	Medical	Covered under medical benefit*

Drugs with coverage change (continued)

Medication name	2026 tier	2027 coverage	\$0 copay alternative options*
OneTouch Ultra calibration liquid	Tier 1	Not Covered	Freestyle calibration liquid, True Metrix calibration liquid
OneTouch Verio calibration liquid	Tier 1	Not Covered	Freestyle calibration liquid, True Metrix calibration liquid
Oriahnn	Tier 2	Not Covered	Levonorgestrel, Norethindrone, Tranexamic Acid
Pacerone	Tier 1	Not Covered	Amiodarone
Paricalcitol 4 mcg	Tier 1	Not Covered	Paricalcitol 2 mcg
Pazopanib 200 mg	Tier 1	Not Covered	Pazopanib 400 mg
Pentamidine	Tier 1	Not Covered	Sulfamethoxazole-Trimethoprim
RabAvert	Tier 2	Medical	Covered under medical benefit*
Recothrom	Tier 3	Medical	Covered under medical benefit*
Reyvow	Tier 1	Not Covered	Rizatriptan, Sumatriptan, Ubrelvy
Ropinirole ER 12 mg	Tier 2	Not Covered	Ropinirole IR tablet
Rybelsus	Tier 1	Not Covered	Ozempic tablet
Tazverik	Tier 3	Not Covered	Doxorubicin IV (covered under medical benefit*)
Tolcapone	Tier 2	Not Covered	Entacapone, Rasagiline, Selegiline
Trimipramine	Tier 2	Not Covered	Clomipramine, Desipramine, Nortriptyline
Trospium ER	Tier 1	Tier 2	Trospium IR
Tyvaso	Tier 1	Not Covered	Treprostinil injection
Vigabatrin tablet	Tier 3	Not Covered	Vigabatrin powder packet
Wilate	Tier 3	Medical	Covered under medical benefit*

Drugs with coverage change (continued)

Medication name	2026 tier	2027 coverage	\$0 copay alternative options*
Zidovudine	Tier 1	Not Covered	Tenofovir disoproxil fumarate, Lamivudine

Over-the-counter (OTC) products no longer covered

Some over-the-counter (OTC) products are no longer covered by your prescription drug benefit. These products (such as OTC bar soaps, cleansers, miscellaneous creams, lotions, and ointments — more examples below) will still be available for purchase without a prescription at local pharmacies and drugstores.

Medication name	2026 tier	2027 coverage	\$0 copay alternative options*
OTC products for dandruff relief (pyrithione zinc shampoo, coal tar shampoo, Nizoral (ketoconazole) shampoo)	Tier 1	OTC	Ketoconazole 2% shampoo
OTC products for minor skin irritation and fungal symptoms (tolnaftate 1%, hydrocortisone 1% lotion, witch hazel pads, calamine-zinc oxide)	Tier 1	OTC	Clotrimazole, Hydrocortisone cream & ointment, Terbinafine, Zinc oxide
OTC products for minor skin, cold sore, and hemorrhoid symptoms (bacitracin products, phenylephrine-containing suppositories, docosanol)	Tier 1	OTC	Hydrocortisone suppositories, Valacyclovir

Drugs with new prior authorization (PA)

Medication name	PA name
Cabometyx, Tabloid	SA Oncology
Glatiramer/Glatopa	Multiple Sclerosis

Drugs with updated quantity limit

Medication name	Updated coverage limit
Azelastine 0.05% eye solution	6 mL per 30 days
Deferasirox 90 mg	90 tablets per 30 days
Duavee	30 tablets per 30 days
Lamotrigine Starter Kit (Blue)	35 tablets per 180 days
Lamotrigine Starter Kit (Green)	98 tablets per 180 days
Lamotrigine Starter Kit (Orange)	49 tablets per 180 days
Lidocaine 2% urethral/mucosal gel	150 mL per 30 days
Lidocaine 4% cream	150 grams per 30 days
Lidocaine 5% cream	150 grams per 30 days
Lidocaine 5% ointment	150 grams per 30 days
Methocarbamol 500 mg tablet	270 tablets per 30 days
Nayzilam	10 nasal spray units per 30 days
Sunlenca solution	3 mL per 180 days
Valtoco	10 nasal spray units per 30 days

Acronym glossary

Acronym	Definition
ER	Extended Release
IR	Immediate Release
OTC	Over-the-Counter

*Members maintain \$0 out-of-pocket costs for covered care and preferred prescriptions by completing an annual Baseline Visit within 120 days of their plan start date. Prior authorization and quantity limits may apply.