AmeriHealth

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Value Formulary

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Airsupra® Aerosol 90-80 mcg/Act Inhalation	NPD + PA	NPD + PA + QL (2 inhalers per 30 days)		No Change	QL Addition	01/01/27
alendronate tab 10mg	LCG	G		Generic Uptier	No Change	01/01/27
alendronate tab 35mg, 70mg **(Brand: Fosamax®)**	LCG + QL (4 per 28 days)	G + QL (4 per 28 days)		Generic Uptier	No Change	01/01/27
allopurinol tab 100mg, 300mg	G	LCG		Generic Downtier	No Change	01/01/27
allopurinol tab 200mg	NF	LCG + PA		Generic Downtier	No Change	01/01/27
almotriptan malate tablet 6.25mg, 12.5mg oral **(Brand: Axert®)**	G + QL (12 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
alprazolam tab 0.25mg, 0.5mg, 1mg, 2mg **(Brand: Xanax®)**	LCG	G		Generic Uptier	No Change	01/01/27
amantadine cap 100mg	G	LCG		Generic Downtier	No Change	01/01/27
amoxicillin cap 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
amoxicillin tab 500mg, 875mg	LCG	G		Generic Uptier	No Change	01/01/27
apap/codeine tab 300-15mg, 300-30mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27

(continued)

***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
apap/codeine tab 300-60mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
Astagraf XL® Capsule 24 Hour 0.5mg, 1mg, 5mg Oral	NPD	NF		Brand Deletion	No Change	05/11/26
Atmeksi® Sus 750/5ml	NF	NF		No Change (New Drug)	No Change	04/06/26
Atoncy™ Sol 4mg/ml	NF	NF		No Change (New Drug)	No Change	01/01/27
Atrovent HFA® Aerosol Solution 17mcg/Act Inhalation	PB	NF		Brand Deletion	No Change	01/01/27
Auryxia™ Tablet 1gm 210mg (Fe) Oral	NPD	NF		Brand Deletion	No Change	01/01/27
Auvelity® Tab Titration	NF	NPD + PA	Minimum 30-day supply of at least two of the following: bupropion; citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER; OR the requested drugs is being used for the treatment of agitation associated with dementia due to Alzheimer's Disease	Brand Addition	No Change	01/01/27

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***= for Specialty plans**

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Auvelity® Tablet 45-105mg Oral	NF	NPD + PA	Minimum 30-day supply of at least two of the following: bupropion; citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER; OR the requested drugs is being used for the treatment of agitation associated with dementia due to Alzheimer's Disease	Brand Addition	No Change	01/01/27
azilsartan tab 40mg, 80mg **(Brand: Edarbi®)**	G + PA	G + PA	3 generic angiotensin receptor blockers or combinations (e.g., losartan, olmesartan, valsartan tablet, etc.)	No Change (New True Generic)	No Change	01/01/27
azithromycin tab 250mg, 500mg, 600mg	LCG	G		Generic Uptier	No Change	01/01/27
Baxfendy™ Tab 1mg, 2mg	NF + QL (Max Daily Dose 1)	NF + QL (Max Daily Dose 1)		No Change (New Drug)	No Change	05/18/26
benzonatate cap 100mg, 200mg	LCG	G		Generic Uptier	No Change	01/01/27
bepotastine besilate solution 1.5% ophthalmic **(Brand: Bepreve®)**	G	G + PA	Two of the following generics: azelastine, cromolyn sodium, epinastine, or olopatadine	No Change	PA Addition	01/01/27
bimatoprost sol 0.01% **(Brand: Lumigan®)**	G	G		No Change (New Generic)	No Change	04/06/26
Bimzelx® Solution Auto-Injector 160mg/ml, 320mg/2ml Subcutaneous	NPD/SP* + PA	NF		Brand Deletion	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Bimzelx® Solution Prefilled Syringe 160mg/ml, 320mg/2ml Subcutaneous	NPD/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Bosulif® Tablet 100mg, 400mg, 500mg Oral	NPD/SP* + PA	NF		Brand Deletion	No Change	06/22/26
bosutinib tab 100mg, 400mg, 500mg **(Brand: Bosulif®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/15/26
Breztri Aerosphere®	PB	PB		No Change (New Drug)	No Change	01/01/27
Brilinta® Tablet 60mg, 90mg Oral	NPD	NF		Brand Deletion	No Change	01/01/27
Briviact® Soln/Tab Oral	NPD + PA	NF		Brand Deletion	No Change	01/01/27
bromfenac sodium solution 0.07% ophthalmic **(Brand: Prolensa®)**	G	NPD		Generic Uptier	No Change	01/01/27
buspirone tab 2.5mg, 12.5mg **(Brand: BuSpar®)**	G	NF		Generic Deletion	No Change	01/01/27
Bysanti™ Tab	NF + QL (Max Daily Dose 2)	NF + QL (Max Daily Dose 2)		No Change (New Drug)	No Change	01/01/27
Bysanti™ Tab Pack	NF	NF		No Change (New Drug)	No Change	05/18/26
Calcitrene® Ointment 0.005% External	G	NPD		Generic Deletion	No Change	01/01/27
carbamazepine suspension 100mg/5ml, 200mg/10ml oral **(Brand: Tegretol®)**	G + PA	G		No Change	PA Removal	01/01/27

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***= for Specialty plans**

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Carbzah™ Solution 4mg/5ml Oral	NPD	NF		Brand Deletion	No Change	01/01/27
carvedilol tab 3.125mg, 6.25mg, 12.5mg, 25mg **(Brand: Coreg®)**	G	LCG				01/01/27
cephalexin cap 250mg, 500mg, 750mg	LCG	G				01/01/27
cephalexin tablet 500mg oral **(Brand: Keflex®)**	G	G + PA	cephalexin capsule	No Change	PA Addition	01/01/27
Charlotte® 24 Fe Tablet Chewable 1-20mg-mcg (24) Oral	G	NPD		Generic Uptier	No Change	01/01/27
chlordiazep cap 5mg, 10mg, 25mg	LCG	G		Generic Uptier	No Change	01/01/27
chlorhex glu sol 0.12%	LCG	G		Generic Uptier	No Change	01/01/27
Cimzia® (Brand: 1 Syringe) Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Cimzia® (Brand: 2 Syringe) Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Cimzia® Kit 2 X 200mg Subcutaneous	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Cimzia® Starter Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27

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***= for Specialty plans**

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ciprofloxacn tab 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
Clemsza™ Oral Tablet 2.68mg	NPD	NF		Brand Deletion	No Change	01/01/27
clindamycin cap 75mg, 150mg, 300mg **(Brand: Cleocin®)**	LCG	G		Generic Uptier	No Change	01/01/27
clindamycin sol 1%	LCG	G		Generic Uptier	No Change	01/01/27
clonazepam tab 0.5mg, 1mg, 2mg	LCG	G		Generic Uptier	No Change	01/01/27
clonidine hcl tab 0.05mg **(Brand: Catapres®)**	G	G		No Change (New Drug)	No Change	04/13/26
cyclobenzapr tab 5mg, 7.5mg, 10mg	LCG	G		Generic Uptier	No Change	01/01/27
cyclopentol sol 1% op	G	LCG		Generic Downtier	No Change	01/01/27
cyclosporine emu 0.05% op **(Brand: Restasis®)**	NF + QL (Max Daily Dose 2)	NF + QL (Max Daily Dose 2)		No Change (New Generic)	No Change	04/20/26
cyproheptad tab 4mg	LCG	G		Generic Uptier	No Change	01/01/27
dapag/met er tab 5-500mg, 5-1000mg, 10-500mg, 10-1000mg **(Brand: Xigduo XR®)**	G	G		No Change (New Generic)	No Change	01/01/27
dapagliflozin tab 5mg, 10mg **(Brand: Farxiga®)**	G	G		No Change (New Generic)	No Change	04/13/26
dapaglif-sax tab 10-5mg **(Brand: Qtern®)**	NF	NF		No Change	No Change	04/13/26

***= for Specialty plans**

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Depen™ Titratabs Tablet 250mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
dexamethasone tab 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	LCG	G		Generic Uptier	No Change	01/01/27
Dexlyt™ Tab 0.25mg	NF	NF		No Change (New Drug)	No Change	05/25/26
diazepam tab 2mg, 5mg, 10mg **(Brand: Valium®)**	LCG	G		Generic Uptier	No Change	01/01/27
Dificid® Suspension Reconstituted 40mg/ml Oral	NPD + QL (136ml per 10 days)	NPD + QL (408ml per 365 days)		No Change	QL Change	01/01/27
Dificid™ Tablet 200mg Oral	NPD + QL (20 tablets per 10 days)	NF + QL (60 tablets per 365 days)		Brand Deletion	QL Change	01/01/27
donepezil tab/odt 5mg, 10mg	LCG	G		Generic Uptier	No Change	01/01/27
Dotti® Patch Twice Weekly 0.025mg/24Hr, 0.0375mg/24Hr, 0.05mg/24Hr, 0.075mg/24Hr, 0.1mg/24Hr Transdermal	NPD + PA	G		Generic Downtier	PA Removal	01/01/27
doxycycl hyc cap 50mg 100mg	LCG	G		Generic Uptier	No Change	01/01/27
dronabinol sol 5mg/ml **(Brand: Syndros®)**	NF	NF		No Change (New Authorized Generic)	No Change	01/01/27
duloxetine cap 80mg, 90mg, 120mg dr **(Brand: Cymbalta®)**	G	G		No Change (New Drug)	No Change	06/22/26
Ebglyss® Solution Auto-Injector 250mg/2ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/26

***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Ebglyss® Solution Prefilled Syringe 250mg/2ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/26
Edurant™ Tablet 25mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Effer-K/Klor-Con 25 MEQ Tab	PB	NPD		Brand Uptier	No Change	01/01/27
eletriptan hydrobromide tablet 20mg, 40mg oral **(Brand: Relpax®)**	G + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
enalapr/hctz tab 5-12.5mg, 10-25mg	G	LCG		Generic Downtier	No Change	01/01/27
endocet tab 10-325mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
endocet tab 2.5-325mg, 5-325mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
endocet tab 7.5-325	LCG + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
Endometrin® Insert 100mg Vaginal	PB	NF		Brand Deletion	No Change	05/18/26
Eohilia™ Suspension 2mg/10ml Oral	NPD + PA + QL (Max Daily Dose 20ml)	NPD + PA + QL (Max Daily Dose 20ml, 1800ml per 365 days)		No Change	QL Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Epclusa® Packet 150-37.5mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Epclusa® Packet 200-50mg Oral	PB/SP* + PA + QL (Max Daily Dose 2)	NPD/SP* + PA + QL (Max Daily Dose 2)		Brand Uptier	No Change	01/01/27
Epclusa® Tablet 200-50mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Epclusa® Tablet 400-100mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NF		Brand Deletion	No Change	01/01/27
ergocalcifer cap 1.25mg	LCG	LCG		Generic Downtier	No Change	01/01/27
ergot/caffen tab 1-100mg **(Brand: Cafergot®)**	G	G		No Change (New Brand)	SP Removal	01/01/27
escitalopram tab 5mg, 10mg, 20mg **(Brand: Lexapro®)**	LCG	G		Generic Uptier	No Change	01/01/27
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr transdermal **(Brand: Dotti®, Lyllana®)**	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
estradiol patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr transdermal **(Brand: Climara®)**	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
Eurax® Cre 10%	NPD + PA	NPD + PA	Generic permethrin cream	No Change (New Brand)	No Change	01/01/27
Farxiga® Tablet 5mg, 10mg Oral	PB	NF		Brand Deletion	No Change	04/13/26

***= for Specialty plans**

(continued)

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
fenofibrate tablet 40mg, 120mg oral **(Brand: Fenoglide®)**	G	NPD		Generic Uptier	No Change	01/01/27
fenofibrate tablet 48mg, 145mg oral **(Brand: Tricor®)**	G	NPD		Generic Uptier	No Change	01/01/27
fenofibrate tablet 54mg, 160mg oral **(Brand: Lofibra®)**	G	NPD		Generic Uptier	No Change	01/01/27
Ferriprox® Twice-a-Day Tablet 1000mg Oral	NPD + PA	NF		Brand Deletion	No Change	01/01/27
fexmid tab 7.5mg	LCG	G		Generic Uptier	No Change	01/01/27
fidaxomicin tablet 200mg oral **(Brand: Dificid®)**	G + QL (20 tablets per 10 days)	G + QL (60 tablets per 365 days)		No Change	QL Change	01/01/27
finzala® tablet chewable 1-20mg-mcg (24) oral **(Brand: Minastrin® 24 Fe)**	G	NPD		Generic Uptier	No Change	01/01/27
fluconazole tab 50mg, 100mg, 150mg, 200mg **(Brand: Diflucan®)**	LCG	G		Generic Uptier	No Change	01/01/27
folic acid sol 0.2mg/ml **(Brand: Quiofic®)**	NF	NF		No Change (New Authorized Generic)	No Change	05/18/26
frovatriptan succinate tablet 2.5mg oral **(Brand: Frova®)**	NPD + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NPD + QL (18 per 30 days)		No Change	AL Removal	01/01/27
gabapentin cap 200mg **(Brand: Relgaabi™)**	NF	NF		No Change (New Generic)	No Change	06/08/26

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glimepiride tab 1mg, 2mg, 4mg	G	LCG		Generic Downtier	No Change	01/01/27
glimepiride tablet 3mg oral **(Brand: Amaryl®)**	G	NF		Generic Deletion	No Change	01/01/27
glipizide tab 15mg	G	G		No Change (New Drug)	No Change	05/18/26
glucagon emergency solution reconstituted 1mg/ml injection	PB	G		Generic Downtier	No Change	01/01/27
Granisol™ Sol 2mg/10ml	NF	NF		No Change (New Brand)	No Change	05/04/26
Grastek® Tablet Sublingual 2800 BAU Sublingual	NPD + PA	NPD		No Change	PA Removal	01/01/27
Harvoni® Packet 33.75-150mg, 45-200mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Harvoni® Tablet 45-200mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Harvoni® Tablet 90-400mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NF		Brand Deletion	No Change	01/01/27
hydroco/apap tab 5-325mg, 7.5-325mg, 5-300mg, 7.5-300mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days))		Generic Uptier	No Change	01/01/27
hydroco/apap tab 10-325mg, 10-300mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
hydrocort cre 2.5%	LCG	G		Generic Uptier	No Change	01/01/27
hydrocort oin 2.5%	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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hydrocortisone lotion 2% external **(Brand: Hytone®)**	NPD	NPD + PA	Three prescription-strength generic topical steroids	No Change	PA Addition	01/01/27
hydroxyzine	LCG	G		Generic Uptier	No Change	01/01/27
Hympavzi® Inj 75/0.5ml	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	06/29/26
Idvynso™ Tab 100-0.25mg	NF + QL (Max Daily Dose 1)	PB		Brand Addition	QL Removal	01/01/27
Imitrex STATdose® Refill Solution Cartridge 4mg/0.5ml Subcutaneous	NF + QL (14 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (14 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® Refill Solution Cartridge 6mg/0.5ml Subcutaneous	NF + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® System Solution Auto-Injector 4mg/0.5ml Subcutaneous	NF + QL (14 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (14 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® System Solution Auto-Injector 6mg/0.5ml Subcutaneous	NF + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Imitrex® Tablet 25mg, 50mg, 100mg Oral	NF + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (18 per 30 days)		No Change	AL Removal	01/01/27
indapamide tab 1.25mg, 2.5mg	G	LCG		Generic Downtier	No Change	01/01/27
indomethacin cap 25mg, 50mg	G	LCG		Generic Downtier	No Change	01/01/27

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insulin glargine Max SoloStar® solution pen-injector 300 unit/mL subcutaneous	NF + QL (Max Daily Dose 2)	PB + QL (Max Daily Dose 2)		Brand Addition	No Change	11/01/26
insulin glargine SoloStar® solution pen-injector 300 unit/mL subcutaneous	NF + QL (Max Daily Dose 2)	PB + QL (Max Daily Dose 2)		Brand Addition	No Change	01/01/27
isoniazid tab 100mg, 300mg	LCG	G		Generic Uptier	No Change	01/01/27
ivermectin cream 1% external **(Brand: Soolantra®)**	NF	G		Generic Addition	No Change	01/01/27
Jakafi XR™ Tab 11mg, 22mg, 33mg, 44mg, 55mg	NPD/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		No Change (New Drug)	No Change	01/01/27
Janumet® Tablet 50-500mg, 50-1000mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Janumet XR® Tablet 50-500mg, 50-1000mg, 100-1000mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Januvia® Tablet 25mg, 50mg, 100mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Jatenzo™ Capsule 158mg, 198mg Oral	NF	NF + QL (Max Daily Dose 4)		No Change	QL Addition	01/01/27
Jatenzo™ Capsule 237mg Oral	NF	NF + QL (Max Daily Dose 2)		No Change	QL Addition	01/01/27
Jentadueto® Tablet 2.5-500mg, 2.5-850mg, 2.5-1000mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Jentadueto XR® Tablet 24 Hour 2.5-1000, 5-1000mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Juxtapid® Cap 2mg	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	01/01/27

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Jynarque® Pak/Tab	NPD/SP + PA	NF		Brand Deletion	No Change	01/01/27
ketoprofen cap 75mg **(Brand: Orudis®)**	G + PA	G + PA	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change (New Generic)	No Change	04/27/26
Kourzeq™ Paste 0.1% Mouth/Throat	NPD	NF		Brand Deletion	No Change	01/01/27
Lasix® ONYU Cartridge Kit 80mg/2.67ml Subcutaneous	NF	NPD		Brand Addition	No Change	01/01/27
levetiraceta sol 100mg/ml, 500/5ml	LCG	G		Generic Uptier	No Change	01/01/27
levofloxacin tab 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
levothyroxin tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Generic Downtier	No Change	01/01/27
Levoxyl® Tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg,150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Brand Downtier	No Change	01/01/27
Lifyorli™ Cap 125mg Ds, 150mg Ds	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	04/06/26
lithium carb cap 150mg, 300mg, 600mg	LCG	G		Generic Uptier	No Change	01/01/27

(continued)

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
lomaira tab 8mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27
lorazepam tab 0.5mg, 1mg, 2mg **(Brand: Ativan®)**	LCG	G		Generic Uptier	No Change	01/01/27
Lumigan® Solution 0.01% Ophthalmic	PB	NF		Brand Deletion	No Change	01/01/27
Lurbiro™ Tablet 100mg Oral	NPD	NF		Brand Deletion	No Change	01/01/27
Lybalvi® Tablet 5-10mg, 10-10mg, 15-10mg, 20-10mg Oral	NF	NPD + PA		Brand Addition	PA Addition	01/01/27
Lyllana® Patch Twice Weekly 0.025mg/24Hr, 0.0375mg/24Hr, 0.05mg/24Hr, 0.075mg/24Hr, 0.1mg/24Hr Transdermal	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
Lynavoy® Tab 40mg	NF	NF		No Change (New Drug)	No Change	01/01/27
Lynkuet® Capsule 60mg Oral	NF	NPD + PA		Brand Addition	PA Addition	01/01/27
macitentan tab 10mg **(Brand: Opsumit®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/01/26
Mavenclad® Therapy Pack 10mg Oral	NPD/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Maxalt® Tablet 10mg Oral	NF + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	NF + QL (12 per 30 days)		No Change	AL Removal	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
methadone sol 10mg/5ml	LCG + PA +QL (30 per day)	G + PA +QL (30 per day)		Generic Uptier	No Change	01/01/27
methadone sol 5mg/5ml	LCG + PA +QL (60 per day)	G + PA +QL (60 per day)		Generic Uptier	No Change	01/01/27
methocarbam tab 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
metoclopram tab 5mg, 10mg **(Brand: Reglan®)**	LCG	G		Generic Uptier	No Change	01/01/27
metronidazol tab 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
Mibelas™ 24 Fe Tablet Chewable 1-20mg-mcg (24) Oral	G	NPD		Generic Uptier	No Change	01/01/27
mirabegron sus 8mg er **(Brand: Myrbetriq®)**	G	G		No Change (New Generic)	No Change	06/15/26
Mirvaso® Gel 0.33% External	PB	NF		Brand Deletion	No Change	01/01/27
mometasone oin 0.1%	LCG	G		Generic Uptier	No Change	01/01/27
Myfembree® Tablet 40-1-0.5mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 1, 730 per lifetime)		No Change	QL Addition	01/01/27
Myqorzo® Tab 5mg, 10mg, 15mg, 20mg	NPD/SP* + PA + QL (Max Daily Dose 1)	NF + QL (Max Daily Dose 1)		Brand Deletion	No Change	01/01/27
Myrbetriq Granules® Suspension Reconstituted ER 8mg/ml Oral	PB	NF		Brand Deletion	No Change	01/01/27
Myrbetriq® Tablet ER 24 Hour 25mg, 50mg Oral	PB	NF		Brand Deletion	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
nabumetone tab 500mg, 750mg **(Brand: Relafan®)**	G	LCG		Generic Downtier	No Change	01/01/27
naproxen tab 250mg, 375mg, 500mg	G	LCG		Generic Downtier	No Change	01/01/27
naratriptan hcl tablet 1mg, 2.5mg oral **(Brand: Amerge®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Nereus™ Cap 85mg	NF	NF + QL (Max Daily Dose 2, 18 per 180 days, no early refill)		No Change (New Drug)	QL Addition	01/01/27
nintedanib cap 100mg, 150mg **(Brand: Brand: Ofev®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	04/06/26
Nitro-Bid® Oin 2%	LCG	G		Generic Uptier	No Change	01/01/27
nitrofurantn cap 100mg **(Brand: Macrobid®)**	LCG	G		Generic Uptier	No Change	01/01/27
nitroglycer oin 2% **(Brand: Nitro-Bid®)**	LCG	G		Generic Uptier	No Change	04/20/26
norethin ace-eth estrad-fe tablet chewable 1-20mg-mcg (24) oral **(Brand: Charlotte®)**	G	NPD		Generic Uptier	No Change	01/01/27
Nucynta® Tablet 100mg Oral	NPD + QL (Max Daily Dose 4)	NF + QL (Max Daily Dose 4)		Brand Deletion	No Change	01/01/27
Nucynta® Tablet 50mg, 75mg Oral	NPD + QL (Max Daily Dose 6)	NF + QL (Max Daily Dose 6)		Brand Deletion	No Change	01/01/27
nystat/triam oin	LCG	G		Generic Uptier	No Change	01/01/27
nystatin oin 100000	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Ofev® Capsule 100mg, 150mg Oral	NPD/SP* + PA	NF		Brand Deletion	No Change	01/01/27
ondansetron tab 4mg, 8mg **(Brand: Zofran®)**	LCG	G		Generic Uptier	No Change	01/01/27
Onzetra Xsail® Exhaler Powder 11mg/Nosepc Nasal	NPD + PA + QL (16 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (16 per 30 days)		No Change	AL Removal	01/01/27
Opsumit® Tablet 10mg Oral	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Oralone® Paste 0.1% Mouth/Throat	NPD	NF		Brand Deletion	No Change	01/01/27
Oriahnn® Capsule Therapy Pack 300-1-0.5 & 300mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 2, 1460 per lifetime)		No Change	QL Addition	01/01/27
Orilissa® Tablet 150mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 1, 730 per lifetime)		No Change	QL Addition	01/01/27
Orilissa® Tablet 200mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 2, 360 per lifetime)		No Change	QL Addition	01/01/27
Orserdu® Tablet 86mg Oral	NPD/SP* + PA	NPD/SP* + PA + QL (Max Daily Dose 3)		No Change	QL Addition	01/01/27
oxybutynin sol 5mg/5ml	G	LCG		Generic Downtier	No Change	01/01/27
oxycod/apap tab 10-325mg **(Brand: Percocet®)**	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
oxycod/apap tab 2.5-325, 5-325mg **(Brand: Percocet®)**	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
oxycod/apap tab 7.5-325 **(Brand: Percocet®)**	LCG + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days))		Generic Uptier	No Change	01/01/27
Ozempic® Tab 1.5mg, 4mg, 9mg	PB + PA + QL (Max Daily Dose 1)	PB + PA + QL (Max Daily Dose 1)		No Change (New Brand)	No Change	04/20/26
Palforzia® Daily Dose Pack Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Initial Dose 1-3Yrs 0.5 & 1 & 1.5 & 3mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Maintenance Packet 300mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Titration Packet 300mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
penicillamine tablet 250mg oral **(Brand: Depen™)**	G	G + PA	penicillamine capsule	No Change	PA Addition	01/01/27
penicilln vk tab 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
periogard sol 0.12%	LCG	G		Generic Uptier	No Change	01/01/27
phentermine cap 15mg, 30mg, 37.5mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27
phentermine tab 8mg, 37.5mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
phenytoin sus 125/5ml	G	LCG		Generic Downtier	No Change	01/01/27
Pomalyst® Capsule 1mg, 2mg, 3mg, 4mg Oral	NPD/SP + PA	NF		Brand Deletion	No Change	01/01/27
prednisone tab 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	LCG	G		Generic Uptier	No Change	01/01/27
progesterone sup 100mg **(Brand: Endometrin®)**	G	G		No Change (New Generic)	No Change	05/18/26
prometh/cod sol 6.25-10	LCG + QL + MME + D/S (30ml per day; two-5 day fills per 60 days)	G + QL + MME + D/S (30ml per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
promethazine sol 6.25/5ml, 12.5/10ml	LCG	G		Generic Uptier	No Change	01/01/27
promethazine tab 12.5mg, 25mg, 50mg	LCG	G		Generic Uptier	No Change	01/01/27
quinapril tab 5mg, 10mg, 20mg, 40mg	LCG	G		Generic Uptier	No Change	01/01/27
Quiofic® Sol 0.2mg/ml	NF	NF		No Change (New Drug)	No Change	04/27/26
Ragwitek® Tablet Sublingual 12 Amb a 1-U	NPD + PA	NPD		No Change	PA Removal	01/01/27
ramipril cap 1.25mg, 2.5mg, 5mg, 10mg **(Brand: Altace®)**	G	LCG		Generic Downtier	No Change	01/01/27
Relgaabi™ Cap 200mg, 300mg, 400mg	NF	NF		No Change (New Drug)	No Change	04/06/26

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Relpax® Tablet 20mg, 40mg Oral	NF + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Revlimid® Capsule 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Oral	NPD/SP* + PA	NF		Brand Deletion	No Change	01/01/27
rizatriptan benzoate tablet 5mg, 10mg oral **(Brand: Maxalt®)**	G + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
rizatriptan benzoate tablet dispersible 5mg, 10mg oral **(Brand: Maxalt-MLT®)**	G + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Saphnelo® Inj/Pen Inj 120mg/0.8ml	NF	NPD/SP* + PA		Brand Addition	PA Addition	01/01/27
Savella® Pak/Tab Oral	NPD	NF		Brand Deletion	No Change	01/01/27
sertraline tab 25mg, 50mg, 100mg **(Brand: Zoloft®)**	LCG	G		Generic Uptier	No Change	01/01/27
sildenafil tab 25mg, 50mg, 100mg **(Brand: Viagra®)**	LCG + QL (8 tabs per 30 days)	G + QL (8 tabs per 30 days)		Generic Uptier	No Change	01/01/27
silver sulfa cre 1%	LCG	G		Generic Uptier	No Change	01/01/27
sitag/metfor tab 50-500mg, 50-1000mg **(Brand: Janumet®)**	G	G		No Change (New Generic)	No Change	06/01/26
sitag/metfor tab 50-500mg, 50-1000mg, 100-1000mg ER 24 hr **(Brand: Janumet XR®)**	G	G		No Change (New Generic)	No Change	06/01/26

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
sitagliptin tab 25mg, 50mg, 100mg **(Brand: Januvia®)**	G	G		No Change (New Generic)	No Change	01/01/27
smz/tmp tab 400-80mg **(Brand: Bactrim®)**	LCG	G		Generic Uptier	No Change	01/01/27
smz/tmp ds tab 800-160 **(Brand: Bactrim DS®)**	LCG	G		Generic Uptier	No Change	01/01/27
Soolantra® Cream 1% External	G	NF		Generic Deletion	No Change	01/01/27
Sotyktu® Tablet 6mg Oral	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
ssd cre 1%	LCG	G		Generic Uptier	No Change	01/01/27
Stelara® Solution 45mg/0.5ml Subcutaneous	NF	EXCLUDED		Brand Deletion	No Change	01/01/27
Stelara® Solution Prefilled Syringe 45mg/0.5ml, 90mg/ml Subcutaneous	NF	EXCLUDED		Brand Deletion	No Change	01/01/27
Steqeyma® Inj 45/0.5ml	NF	NF		No Change (New Drug)	No Change	04/06/26
sumatriptan solution 20mg/act nasal **(Brand: Imitrex®)**	G + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (18 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan solution 5mg/act nasal **(Brand: Imitrex®)**	G + QL (36 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (36 per 30 days)		No Change	AL Removal	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
sumatriptan succinate solution 6mg/0.5ml subcutaneous **(Brand: Imitrex®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan succinate solution auto-injector 6mg/0.5ml subcutaneous **(Brand: Imitrex STATdose®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan succinate tablet 25mg, 50mg, 100mg oral **(Brand: Imitrex®)**	G + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (18 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan-naproxen sodium tablet 85-500mg oral **(Brand: Treximet®)**	G + PA + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	G + PA + QL (18 per 30 days)		No Change	AL Removal	01/01/27
Symbravo® Tablet 20-10mg Oral	NF + QL (7 per 30 days) + AL (Minimum Age: 6 Years)	NF + QL (7 per 30 days)		No Change	AL Removal	01/01/27
Tabloid® Tablet 40mg Oral	NPD	NPD + PA		No Change	PA Addition	01/01/27
Taclonex® Suspension 0.005-0.064% External	NPD	NF		Brand Deletion	No Change	01/01/27
tacrolimus cap 0.5mg er, 1mg er, 5mg er **(Brand: Astagraf XL®)**	G	G		No Change (New Generic)	No Change	05/11/26
tizanidine cap 8mg **(Brand: Zanaflex®)**	G + PA	NPD + PA	Two generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine 2mg, 4mg, or 6mg, cyclobenzaprine, chlorzoxazone 500mg)	Generic Uptier	No Change	01/01/27
tobramycin sol 0.3% op	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tofacit cit tab 11mg, 22mg er **(Brand: Xeljanz XR®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/08/26
tofacitinib sol 1mg/ml **(Brand: Xeljanz®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/08/26
tofacitinib tab 5mg, 10mg **(Brand: Xeljanz®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/08/26
tolmetin sod tab 200mg **(Brand: Tolectin®)**	G	NF		Brand Deletion	No Change	01/01/27
Tosymra® Solution 10mg/Act Nasal	NF + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Tradjenta® Tablet 5mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
tramadol hcl tab 100mg	LCG + QL + MME (4 tabs per day)	G + QL + MME (4 tabs per day)		Generic Uptier	No Change	01/01/27
tramadol hcl tab 50mg	LCG + QL + MME (8 tabs per day)	G + QL + MME (8 tabs per day)		Generic Uptier	No Change	01/01/27
trazodone tab 50mg, 100mg, 150mg, 300mg	G	LCG		Generic Downtier	No Change	01/01/27
Treximet® Tablet 85-500mg Oral	NF + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NF + QL (18 per 30 days)		No Change	AL Removal	01/01/27
triamcinolon cre 0.025%, 0.5%, 0.1%	LCG	G		Generic Uptier	No Change	01/01/27
triamcinolon oin 0.025%, 0.5%, 0.1%	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
triamcinolon oin 0.05%	LCG + PA	G + PA		Generic Uptier	No Change	01/01/27
triderm cre 0.5%	LCG	G		Generic Uptier	No Change	01/01/27
tropicamide sol 0.5%, 1% op	LCG	G		Generic Uptier	No Change	01/01/27
twiist™ Kit Starter, Refill, Refill Kit Infusion	NPD	PB		Brand Downtier	No Change	01/01/27
Tyvaso DPI® Pow 48-80mcg	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	01/01/27
umeclid elpt inh 62.5mcg **(Brand: Incruse Ellipta®)**	NF	NF		No Change	No Change	01/01/27
Unithroid® Tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Generic Uptier	No Change	01/01/27
Veozah® Tablet 45mg Oral	NF	NPD + PA		Brand Addition	PA Addition	01/01/27
Veppanu™ Tab 100mg, 200mg	NPD/SP* + PA	NPD/SP* + PA + QL (Max Daily Dose 1)		No Change (New Drug)	QL Addition	06/29/26
Vevye Solution 0.1% Ophthalmic	NF + QL (6 per 30 days)	NPD + PA + QL (6 per 30 days)	ONE of the following: minimum 30-days trial of **Restasis** OR minimum 30-days trial of **Xiidra**	Brand Addition	PA Addition	01/01/27
V-Go® 20 Kit 20 Unit/24Hr, 30 Kit 30 Unit/24Hr, 40 Kit 40 Unit/24Hr	PB	NF		Brand Deletion	No Change	01/01/27
vitamin d cap 50000	LCG	LCG		Generic Downtier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Voyxact® Solution Prefilled Syringe 400mg/2ml Subcutaneous	NF	NPD/SP* + PA		Brand Addition	PA Addition	01/01/27
Wainua® Inj 45/0.8ml	NPD/SP* + PA + QL (0.8ml per 28 days)	NPD/SP* + PA + QL (0.8ml per 28 days)		No Change (New Drug)	No Change	05/04/26
warfarin tab 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	G	LCG		Generic Downtier	No Change	01/01/27
Widaplik™ Tab 1.25-10-0.625mg, 2.5-20-1.25mg, 40-5-2.5mg	NF	NF		No Change (New Drug)	No Change	04/20/26
Xdemvy® Solution 0.25% Ophthalmic	NPD + PA + QL (10ml per 42 days)	NPD + PA + QL (10ml per 180 days, no early refill)		No Change	QL Change	01/01/27
Xeljanz® Tablet 5mg, 10mg Oral	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Xeljanz XR® Tablet 24 Hour 11mg, 22mg Oral	PB/SP* + PA	NF		Brand Deletion	No Change	01/01/27
Xigduo XR® Tablet 24 Hour 5-500mg, 5-1000mg, 10-500mg, 10-1000mg Oral	PB	NF		Brand Deletion	No Change	01/01/27
Xocova® Tab 125mg	NF + QL (7 per 5 days)	NF + QL (7 per 5 days, 2 courses per year)		No Change (New Drug)	QL Change	01/01/27
Xtoro® Dro 0.3% Otic	NF	NF		No Change (New Drug)	No Change	05/18/26
Zegalogue® In 0.6mg/0.6ml	PB	NF		Brand Deletion	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Zembrace SymTouch® Solution Auto-Injector 3mg/0.5ml Subcutaneous	NPD + PA + QL (4 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (4 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan solution 2.5mg nasal **(Brand: Zomig®)**	NF + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NF + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan solution 5mg nasal **(Brand: Zomig®)**	G + PA + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan tablet 2.5mg, 5mg oral **(Brand: Zomig®)**	G + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan tablet dispersible 2.5mg, 5mg oral **(Brand: Zomig-ZMT®)**	G + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolpidem tab 5mg, 10mg **(Brand: Ambien®)**	LCG + PA +QL (1 tab per day)	G + PA +QL (1 tab per day)		Generic Uptier	No Change	01/01/27
Zolymbus™ Gel 0.01%	NF	NF		No Change (New Drug)	No Change	05/18/26
Zomig® Solution 2.5mg, 5mg Nasal	NF + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NF + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Zomig® Tablet 2.5mg, 5mg Oral	NF + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NF + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Zylet™ Suspension 0.5-0.3% Ophthalmic	NPD	NF		Brand Deletion	No Change	01/01/27

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Abbreviation Key

G	Generic
LCG	Low Cost Generic. Benefit may vary; not all plans provide this incentive.
ACA	Affordable Care Act preventative drugs
PB	Preferred Brand
NPD	Non-Preferred Drug
SP	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
NF	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
PA	Prior Authorization is required.
MME	Morphine Milligram Equivalent
D/S	Days Supply Limit
QL	Quantity Limit
AL	Age Limit
Generic Addition	A generic drug that recently became available in the marketplace
Generic Downtier	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
Generic Uptier	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
Authorized Generic Addition	An authorized generic drug that recently became available in the marketplace
Authorized Generic Uptier	Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs.
Brand Downtier	These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing.
Brand Uptier	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
Brand Addition	Coverage was added to this drug.
Brand/Authorized Generic/ Generic Deletion	Coverage was removed from this drug. Formulary alternatives are available.