

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Ajovy® Solution Auto-Injector/Prefilled Syringe 225mg/1.5ml	PB	NPD		Brand Uptier	No Change	01/01/26
Alogliptin Benzoate Tab 6.25mg, 12.5mg, 25mg	PB	NPD		Brand Uptier	No Change	01/01/26
Alogliptin-Metformin HCl Tab 12.5-500mg, 12.5-1000mg	PB	NPD		Brand Uptier	No Change	01/01/26
Alogliptin-Pioglitazone Tab 12.5-30mg, 25-15mg, 25-30mg, 25-45mg	PB	NPD		Brand Uptier	No Change	01/01/26
Altrixa OB Tab 15-0.4-0.6mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
amcinonide cream 0.1%	G	NPD		Generic Uptier	No Change	01/01/26
Andembry® Inj 200/1.2	NPD/SP*	No Change (New Drug)		No Change	No Change	06/23/25
Aplenzin® ER Tab 174mg, 348mg, 522mg	NPD	Excluded		Brand Deletion	No Change	01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Arbli® Sus 10mg/ml	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastrostomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	06/09/25
Ativan Tab 0.5mg, 1mg, 2mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Averi™ Tab	NPD	No Change (New Drug)		No Change	No Change	06/23/25
Avmapki™ Fakzynja™ Co-Pack	NPD/SP*	No Change (New Drug)		No Change	No Change	05/19/25
baclofen sol 10mg/5ml (Brand: Ozobax®)	NPD	No Change (New Generic)		No Change	No Change	06/30/25
betamethasone dipropionate aug gel 0.05% (Brand: Diprolene AF®)	G	NPD		Generic Uptier	No Change	01/01/26
bisoprolol fumarate tab 2.5mg (Brand: Zebeta®)	G	No Change (New Generic)		No Change	No Change	04/28/25
Bonsity® Inj 560/2.24	NPD/SP*	No Change (New Drug)		No Change	No Change	06/09/25
Bucapsol® Cap 7.5mg, 10mg, 15mg	NPD	No Change (New Drug)	3 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.)	No Change	No Change	05/26/25
Cabometyx® Tab 20mg, 40mg, 60mg	NPD/SP*	NPD/SP* + QL (1 tab per day)		No Change	QL Addition	01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Caverject® Impulse Kit 10mcg, 20mcg/ Solution 20mcg, 40mcg	PB + QL (8 per 30 days)	NPD + QL (8 per 30 days)		Brand Uptier	No Change	01/01/26
Cetrorelix® Acetate Kit 0.25mg Subcutaneous	G/SP*	NPD/SP*		Generic Uptier	No Change	01/01/26
Chemet® Cap 100mg	PB	NPD		Brand Uptier	No Change	01/01/26
Clemasz™ Tab 2.68mg	NPD	No Change (New Drug)		No Change	No Change	04/28/25
Climara® patch	NPD	NPD	Vivelle-Dot®	No Change		01/01/26
clindamycin phos-benzoyl perox gel 1.2-3.75% (Brand: Onexton®)	G	NPD	Onexton®	Generic Uptier		01/01/26
clobetasol propionate emulsion foam 0.05% (Brand: Olux-E®)	G	NPD		Generic Uptier	No Change	01/01/26
Combogesic® Tab 325/97.5	NPD	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	04/07/25
Complera® Tab 200-25-300mg	PB	NPD		Brand Uptier	No Change	01/01/26
Copaxone® Solution Prefilled Syringe 40mg/ml Subcutaneous	PB/SP*	NPD/SP*		Brand Uptier		01/01/26
Copiktra® Caps 25mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Crenessity® Cap 25mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/23/25
Crotan™ Lotion 10%	NPD	NPD	Permethrin cream	No Change		01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
cyclosporine emulsion 0.05% ophthalmic (Brand: Restasis®)	G + QL (2 per day)	NPD + QL (2 per day)	Restasis®	Generic Uptier		01/01/26
Cytomel® Tab 5mg, 25mg, 50mg	NPD	NPD	Generic liothyronine	No Change		01/01/26
Daraprim® Tab 25mg	NPD/SP*	NPD	Generic pyrimethamine	Specialty Removal		01/01/26
Descovy® Tab 120-15mg	NPD	NPD + QL (1 per day)		No Change	QL Addition	01/01/26
Descovy® Tab 200-25mg	\$0 ACA	\$0 ACA + QL (1 per day)		No Change	QL Addition	01/01/26
desoximetasone 0.05% cream, gel, ointment (Brand: Topicort®)	G	NPD		Generic Uptier	No Change	01/01/26
Desvenlafaxine ER 50mg, 100mg	PB	NPD		Brand Uptier	No Change	01/01/26
diclofenac sodium solution 2% (Brand: Pennsaid®)	G	NPD + QL (1 bottle/ 112g per month)		Generic Uptier	QL Addition	01/01/06
Dilantin® 30mg, 100mg, 50mg chewable, 125mg/5ml suspension	PB	NPD		Brand Uptier	No Change	01/01/06
Dolobid® 375mg	NPD	No Change (New Drug)		No Change	No Change	04/28/25
dotti patch 0.0375mg/24hr, 0.025mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	G	NPD	Vivelle-Dot®	Generic Uptier		01/01/26
drospirenone-ethinyl estradiol tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic Uptier		01/01/26

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
drospirenone-ethinyl estradiol tab 3-0.03mg	\$0 ACA	NPD	Yasmin®	Generic Uptier		01/01/26
Edurant PED® 2.5mg	PB	No Change (New Drug)		No Change	No Change	05/19/25
eltrombopag pow 12.5mg, 25mg tab 12.5mg, 25mg, 50mg, 75mg (Brand: Promacta®)	G/SP*	No Change (New Generic)		No Change	No Change	05/19/25
Emgality® Solution Auto-Injector 120mg/ml, Prefilled Syringe 120mg/ml	NPD	PB		Brand Downtier	No Change	01/01/26
emtric/rilpi tab tenof df (Brand: Complera®)	G	No Change (New Generic)		No Change	No Change	06/02/25
Ensacove® Cap 25mg, 100mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/09/25
Entresto® Tab 24-26mg, 49-51mg, 97-103mg	PB + QL (2 per day)	NPD + QL (2 per day)		Brand Uptier	No Change	01/01/26
eslicarbazep tab 200mg, 400mg, 600mg, 800mg (Brand: Aptiom®)	G	No Change (New Generic)	Three generic anticonvulsants OR continuation of therapy with Aptiom®	No Change	No Change	05/12/25
estradiol patch twice weekly 0.025mg/24HR, 0.0375mg/24HR, 0.05mg/24HR, 0.075mg/24HR, 0.1mg/24HR (Brand: Vivelle-Dot®)	G	NPD	Vivelle-Dot®	Generic Uptier		01/01/26
estradiol weekly patch	G	NPD	Vivelle-Dot®	Generic Uptier		01/01/26
Estring® Ring 7.5mcg/24HR Vaginal	PB	NPD		Brand Uptier	No Change	01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
exenatide inj 5mcg, 10mcg (Brand: Byetta®)	NPD + QL (0.08ml per day)	No Change		No Change	No Change	04/14/25
Femara® Tab 2.5mg	NPD	NPD + QL (1 per day)		No Change	QL Addition	01/01/26
fluocinonide cream 0.1% (Brand: Vanos®)	Excluded	G		Generic Addition	No Change	01/01/26
fluticasone propionate lotion 0.05% (Brand: Cutivate®)	G	NPD		Generic Uptier	No Change	01/01/26
Fluticasone-Salmeterol Aerosol Powder Breath Activated 55-14MCG/ACT Inhalation, 113-14MCG/ACT Inhalation, 232-14MCG/ACT Inhalation	PB	NPD		Brand Uptier	No Change	01/01/26
FolateXcel Tab 1mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Fora® GTel Tes Ketone	PB	NPD		Brand Uptier	No Change	01/01/26
Gojji® Blood Tes Ketone	PB	NPD		Brand Uptier	No Change	01/01/26
halcinonide cream 0.1% (Brand: Halog®)	G	NPD		Generic Uptier	No Change	01/01/26
halobetasol propionate foam 0.05% (Brand: Lexette®)	G	NPD		Generic Uptier	No Change	01/01/26
Hemiclor® Tab 12.5mg	NPD	No Change (New Drug)		No Change	No Change	05/05/25
Humira®Auto-Injector/ Prefilled Syringe 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	NPD/SP* + QL (2 per 28 days)	Excluded + QL (2 per 28 days)		Brand Deletion	No Change	01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
hydrocortisone butyrate lotion 0.1% (Brand: Locoid®)	G	NPD		Generic Uptier	No Change	01/01/26
hydrocortisone lotion 2%	G	NPD		Generic Uptier	No Change	01/01/26
Ibrance® Tab/Caps 75mg, 100mg, 125mg	NPD/SP*	NPD/SP* + QL (1 per day)		No Change	QL Addition	01/01/26
Ibtrozi™ Cap 200mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/23/25
icosapent ethyl cap 0.5gm, 1gm (Brand: Vascepa®)	G	NPD		Generic Uptier	No Change	01/01/26
Imuldosa® Inj 45mg/0.5ml, 90mg/ml	NPD/SP*	No Change (New Drug)		No Change	No Change	06/30/25
ivermectin cream 1% (Brand: Soolantra®)	G	NPD	Soolantra®	Generic Uptier		01/01/26
jasmiel tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic Uptier		01/01/26
Journavx™ Tab 50mg	NPD + QL (30 per 14 days)	NPD + QL (30/90 days)		No Change	QL Change	01/01/26
Khindivi™ Sol 1mg/ml	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	06/02/25
Kisqali® (200mg Dose) Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (1 per day)		No Change	QL Addition	01/01/26
Kisqali® (400mg Dose) Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Kisqali® (600mg Dose) Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (3 per day)		No Change	QL Addition	01/01/26
Kisqali® 200 Pak Femara®	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Kisqali® 400 Pak Femara®	NPD/SP*	NPD/SP* + QL (3 per day)		No Change	QL Addition	01/01/26
Kisqali® 600 Pak Femara®	NPD/SP*	NPD/SP* + QL (4 per day)		No Change	QL Addition	01/01/26
Leqselvi™ Tab 8mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/09/25
letrozole tab 2.5mg (Brand: Femara®)	G	G + QL (1 per day)		No Change	QL Addition	01/01/26
Leukeran® Tab 2mg	PB/SP*	NPD/SP*		Brand Uptier	No Change	01/01/26
Lithobid® Tab Extended Release 300mg	NPD	NPD	Generic lithium carbonate	No Change		01/01/26
Livmarli® Tab 10mg, 15mg, 20mg, 30mg	NPD/SP*	No Change (New Drug)		No Change	No Change	05/12/25
Loryna® Tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic Uptier		01/01/26
Lo-Zumandimine® Tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic Uptier		01/01/26
lyllana® patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	G	NPD	Vivelle-Dot®	Generic Uptier		01/01/26
Matervia™ Caps	NPD	Excluded		Brand Deletion	No Change	01/01/26
Matulane® Caps 50mg	PB/SP*	NPD/SP*		Brand Uptier	No Change	01/01/26
Mekinist® Tab 0.5mg	NPD/SP*	NPD/SP* + QL (3 per day)		No Change	QL Addition	01/01/26
Menostar®	NPD	NPD	Vivelle-Dot®	No Change		01/01/26

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Merilog™ Inj/Pen Injector 100/ml	NPD + QL (2ml per day)	No Change (New Drug)		No Change	No Change	06/09/25
methyltestosterone capsule 10mg Oral	G	NPD		Generic Uptier	No Change	01/01/26
Metronidazol tab 125mg	LCG	LCG	Metronidazole 250mg tablet	No Change		01/01/26
Multi-Mac™ Tab 15-0.75-1mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Neffy® Spray 1mg	NPD + QL (6 units per 180 days)	No Change (New Drug)		No Change	No Change	04/21/25
NeoMaterna™ Tab 1mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Neoral® Cap 25mg, 100mg/Soln 100mg/ml	NPD	NPD	Generic cyclosporine	No Change		01/01/26
Nikki™ tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic Uptier		01/01/26
nilotinib cap 50mg, 150mg, 200mg (Brand: Tasigna®)	G/SP*	No Change (New Generic)		No Change	No Change	06/02/25
Nilotinib Cap 50mg, 150mg, 200mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/23/25
Ninlaro® Cap 2.3mg, 3mg, 4mg	NPD/SP*	NPD/SP* + QL (3 per 28 days)		No Change	QL Addition	01/01/26
Nitro-Bid® Ointment 2%	PB	NPD		Brand Uptier	No Change	01/01/26
Nova Max® Plus Test Ketone	PB	NPD		Brand Uptier	No Change	01/01/26
Nutropin AQ NuSpin®	PB/SP*	NPD/SP*		Brand Uptier	No Change	01/01/26
Ocella® Tab 3-0.03mg	\$0 ACA	NPD	Yasmin®	Generic Uptier		01/01/26
octreotide injection (Brand Sandostatin™)	Medical	G/SP*		Generic Addition	No Change	01/01/26
omeprazole-sodium bicarbonate cap 40-1100mg	Excluded + QL (2 per day)	NPD + QL (2 per day)		Generic Addition	No Change	01/01/26
Onexton® Gel 1.2-3.75%	NPD	G		Brand Downtier		01/01/26

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Oxervate® Solution 0.002%	NPD/SP* + QL (2ml per day)	NPD/SP* + QL (1ml per day, one 112ml bottle per lifetime)		No Change	QL Change	01/01/26
Paxlovid® (NIRMATRELVIR TAB 6 X 150mg & RITONAVIR TAB 5 X 100mg PAK)	PB + QL (20 per course, 2 courses per year)	PB + QL (11 per course, 2 courses per year)		No Change	QL Change	01/01/26
Pennsaid® Solution 2%	NPD	NPD + QL (1 bottle/112g per month)		No Change	QL Change	01/01/26
perampanel tab 2mg, 4mg, 6mg, 8mg, 10mg, 12mg (Brand: Fycompa®)	NPD	No Change (New Generic)	Fycompa®	No Change	No Change	06/09/25
Percocet® Tab 2.5-325mg, 5-325mg	NPD + QL (12 per day)	Excluded + QL (12 per day)		Brand Deletion	No Change	01/01/26
Percocet® Tab 7.5-325mg	NPD + QL (8 per day)	Excluded + QL (8 per day)		Brand Deletion	No Change	01/01/26
Percocet® Tab 10-325mg	NPD + QL (6 per day)	Excluded + QL (6 per day)		Brand Deletion	No Change	01/01/26
phent/topira cap 3.75-23mg, 7.5-46mg, 11.25-69mg, 15-92mg (Brand: Qsymia®)	G	No Change (New Generic)		No Change	No Change	05/12/25
Phospholine Iodide® Ophthalmic Solution 0.125%	PB	NPD		Brand Uptier	No Change	01/01/26
pimecrolimus cream 1% (Brand: Elidel®)	G	G	Generic tacrolimus ointment	No Change		01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
pitavastatin calcium tab 1mg, 2mg, 4mg (Brand: Livalo®)	G	NPD	3 generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.)	Generic Uptier		01/01/26
Plegridy®	PB/SP*	NPD/SP*		Brand Uptier		01/01/26
Pradaxa® Cap 75mg, 110mg, 150mg	NPD	NPD	Generic dabigatrin	No Change		01/01/26
Precision Xtra® Ketone Strip	PB	NPD		Brand Uptier	No Change	01/01/26
PreGen DHA™ Cap 28-1-35mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Prenate Max™ Tab 15-0.4-0.6mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Prenatol-M™ Tab 27-1.2mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Prograf® Cap 0.5mg, 1mg, 5mg Packet 0.2mg, 1mg	NPD	NPD	Generic tacrolimus	No Change		01/01/26
Pruradik™ Lotion 10%	NPD	NPD	Generic permethrin cream	No Change		01/01/26
Qfitlia® Inj 20/0.2ml, 50/0.5ml	NPD/SP*	No Change (New Drug)		No Change	No Change	04/07/25
Restasis® Emulsion 0.05% Ophthalmic	NPD + QL (2 per day)	G + QL (2 per day)		Brand Downtier	No Change	01/01/26
Retin-A Micro® Pump Gel 0.08%	NPD + AL (Age 26 and over)	G + AL (Age 26 and over)		Brand Downtier		01/01/26
rivaroxaban tab 2.5mg (Brand: Xarelto®)	G	No Change (New Generic)		No Change	No Change	04/28/25
Romvimza™ Cap 14mg, 20mg, 30mg	NPD/SP*	NPD/SP* + QL (8 per 28 days)		No Change	QL Change	01/01/26

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Sandostatin® injection	Medical	NPD/SP*		Brand Addition	No Change	10/01/25
Simplera™ Sensor	NPD + QL (5 per 28 days)	No Change (New Product)		No Change	No Change	04/28/25
sitag/metfor tab 50-500mg, 50-1000mg, 100-1000mg	NPD	No Change (Authorized Generic)		No Change	No Change	05/19/25
Soolantra® cream 1%	PB	G		Brand Downtier	No Change	01/01/26
Sunlenca® Tab 300mg	NPD	No Change (New Drug)		No Change	No Change	04/21/25
Syeda® Tab 3-0.03mg	\$0 ACA	NPD	Yasmin®	Generic Uptier		01/01/26
Symbravo® Tab 20-10mg	NPD + QL (7 per 30 days)	No Change (New Drug)		No Change	No Change	04/28/25
Synthroid® Tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	NPD	NPD	Generic levothyroxine	No Change		01/01/26
Tasmar® Tab 100mg	NPD	NPD	Generic entacapone	No Change		01/01/26
Tezruy™ Sol 1mg/ml	NPD	No Change (New Drug)	2 generic alpha blockers (e.g., alfuzosin, doxazosin, tamsulosin, prazosin, terazosin)	No Change	No Change	04/14/25
Theo-24® Cap Extended Release 24 Hour 100mg, 200mg, 300mg, 400mg	PB	NPD		Brand Uptier	No Change	01/01/26
Thiola EC® Tab Delayed Release 100mg, 300mg	NPD/SP*	NPD/SP*	Generic tiopronin DR	No Change		01/01/26
ticagrelor tab 60mg, 90mg (Brand: Brilinta®)	G	No Change (New Generic)		No Change	No Change	05/05/25

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tolcapone tab 100mg (Brand: Tasmar®)	G	NPD	Generic entacapone	Generic Uptier		01/01/26
tolvaptan tab 15mg, 30mg, pak 15mg, pack 30-15mg, 45-15mg, 60-30mg, 90-30mg (Brand: Jynarque®)	G/SP*	No Change (New Generic)		No Change	No Change	05/19/25
Tovet™ Foam 0.05%	G	NPD		Generic Uptier	No Change	01/01/26
tretinoin microsphere gel 0.08% (Brand: Retin-A Micro®)	G + AL (Age 26 and over)	NPD + AL (Age 26 and over)	Retin-A Micro® 0.08%	Generic Uptier		01/01/26
triamcinolone acetonide aerosol solution 0.147mg/gm (Brand: Kenalog® Spray)	G	NPD		Generic Uptier	No Change	01/01/26
umeclid/vila inh 62.5-25mg (Brand: Anoro Ellipta®)	NPD	No Change (Authorized Generic)	ONE of the following: Anoro Ellipta®, Stiolto Respimat®	No Change	No Change	04/21/25
ustekin-aekn inj 45mg/0.5ml, 90mg/ml (Brand: Selarsdi™)	NPD/SP*	No Change (New Drug)		No Change	No Change	05/05/25
ustekinumab inj 45mg/0.5ml/ prefilled syringe 45mg/0.5ml, 90mg/ml (Brand: Stelara®)	NPD/SP*	No Change (New Drug)		No Change	No Change	04/21/25
Vanrafia® Tab 0.75mg	NPD/SP*	No Change (New Drug)		No Change	No Change	04/14/25
Vascepa® Cap 0.5gm, 1gm	NPD	G		Brand Downtier		01/01/26
Velsipity® Tab 2mg	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/26
Vemlidy® Tab 25mg	NPD	NPD	Generic entecavir and generic tenofovir disoproxil	No Change		01/01/26

(continued)

*= for Specialty plans

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Verzenio® Tab 50mg, 100mg, 150mg, 200mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Change	01/01/26
Vestura® Tab 3-0.02mg	\$0 ACA	NPD	Yaz®	Generic uptier		01/01/26
Vita-Pac Caps 0.9mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Vivelle-Dot® Patch Twice Weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	NPD	G		Brand Downtier		01/01/26
Vtama® Cream 1%	NPD	PB	For Atopic Dermatitis: One of the following: one generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.) or one generic topical calcineurin inhibitor For Psoriasis: ONE of the following: generic topical corticosteroids, vitamin D analogs, tazarotene, calcineurin inhibitors, or combination topical therapy	Brand Downtier	No Change	01/01/26
Vykat™ Xr Tab 25mg, 75mg, 150mg	NPD/SP*	No Change (New Drug)		No Change	No Change	04/07/25
Vyvgart® Hytrulo Inj	NPD/SP*	No Change (New Drug)		No Change	No Change	01/01/26
Wellbutrin XL® Tab Extended Release 24 Hour 150mg, 300mg	NPD	Excluded		Brand Deletion	No Change	01/01/26
Yasmin® 28 Tab 3-0.03mg	NPD	G/\$0 ACA		Brand Downtier	No Change	01/01/26
YAZ® Tab 3-0.02mg	NPD	G/\$0 ACA		Brand Downtier	No Change	01/01/26
Yeztugo® Tab 300mg	NPD	No Change (New Drug)		No Change	No Change	06/23/25

*= for Specialty plans

(continued)

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

(1/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Yutrepia™ Cap 26.5mcg, 53mcg, 79.5mcg, 106mcg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/02/25
Zelsuvmi™ Gel 10.3%	NPD	No Change (New Drug)		No Change	No Change	06/09/25
Zoryve® Cream 0.15%, 0.3%	NPD	PB	ONE of the following: generic topical corticosteroids, vitamin D analogs, tazarotene, calcineurin inhibitors, or combination topical therapy	Brand Downtier	No Change	01/01/26
Zumandimine® Tab 3-0.03mg	\$0 ACA	NPD	Yasmin®	Generic Uptier		01/01/26

*= for Specialty plans

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

(1/26 version)

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.
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.

©2021 AmeriHealth Administrators, Inc. All rights reserved.

No part of this publication may be reproduced or distributed
without the prior written permission of AmeriHealth Administrators.