AmeriHealth Administrators

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
Aqvesme Tab 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/01/26
Arynta™ Sol 10mg/ml	NPD + PA + QL (7mls per day)	No Change (New Drug)	2 generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	No Change	No Change	03/23/26
Avtozma® Inj 162/0.9	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/26
beclomethaso aer 40mcg, 80mcg **(Brand: Qvar®)**	NPD + PA	No Change (New Generic)	Two of the following: Arnuity Ellipta® and Pulmicort Flexhaler®	No Change	No Change	03/23/26
besifloxacin sus 0.6% **(Brand: Besivance™)**	NPD	No Change		No Change	No Change	01/12/26
brivaracetam sol 10mg/ml **(Brand: Briviact®)**	G + PA	No Change (New Generic)	One of the following generics: lamotrigine IR, levetiracetam IR, levetiracetam ER, oxcarbazepine IR, topiramate IR OR continuation of therapy with the requested drug	No Change	No Change	03/02/26
brivaracetam tab 10mg, 25mg, 50mg, 75mg, 100mg **(Brand: Briviact®)**	G + PA	No Change (New Generic)	One of the following generics: lamotrigine IR, levetiracetam IR, levetiracetam ER, oxcarbazepine IR, topiramate IR OR continuation of therapy with the requested drug	No Change	No Change	03/02/26

(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
Daybue™ Stix Pow 5000mg, 6000mg, 8000mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/12/26
Desmoda™ Sol 0.05/ml	NPD	No Change		No Change	No Change	03/09/26
ergocalcifer cap 1.25mg **(Brand: Drisdol™)**	G	No Change		No Change	No Change	03/16/26
ferric citra tab 210mg **(Brand: Auryxia™)**	G	No Change		No Change	No Change	03/16/26
Foundayo™ Tab 0.8mg, 2.5mg, 5.5mg, 9mg, 14.5mg, 17.2mg	NPD + PA + QL (1 tab per day)	PB + PA + QL (1 tab per day)		Brand Downtier	No Change	08/01/26
halobetasol lot 0.05% **(Brand: Ultravate™)**	NPD + PA	No Change (New Authorized Generic)	3 prescription strength, generic topical steroids	No Change	No Change	03/23/26
Icotyde™ Tab 200mg	NPD/SP* + PA + QL (1 tab per day)	PB/SP* + PA + QL (1 tab per day)		Brand Downtier	No Change	08/01/26
ipratropium aer 17mcg **(Brand: Atrovent®)**	G	No Change		No Change	No Change	03/23/26
Kygevvi® Pow 2gm/2gm	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/01/26
Lerochol™ Sol 300/1.2m	NPD + PA	No Change (New Drug)		No Change	No Change	03/23/26
lotepr/tobra sus 0.5-0.3% **(Brand: Zylet™)**	G	No Change		No Change	No Change	01/19/26
metoprol tar tab 12.5mg **(Brand: Lopressor®)**	NPD	No Change		No Change	No Change	01/12/26
milnacipran mis titr pak **(Brand: Savella®)**	G	No Change		No Change	No Change	03/23/26
milnacipran tab 12.5mg, 25mg, 50mg, 100mg **(Brand: Savella®)**	G	No Change		No Change	No Change	03/23/26

***= for Specialty plans**

(continued)

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
Myqorzo™ Tab 5mg, 10mg, 15mg, 20mg	NPD/SP* + PA + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	10/01/26
Ontralfy™ Sol 2mg/5ml	NPD + PA	No Change (New Drug)	2 generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine 2mg, 4mg, 6mg, cyclobenzaprine, chlorzoxazone 500mg, etc.)	No Change	No Change	02/09/26
Orladeyo™ Pak 72mg, 96mg, 108mg, 132mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/02/26
Orudis Cap 75mg	NPD + PA	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	01/19/26
Pivya Tab 185mg	NPD + PA + QL (21 tabs per 7 days)	NPD + PA + QL (3 tabs per day; 14-DSL per 180 days; no early refill)		No Change	QL Change	10/01/26
Pokonza® Sol 5%	NPD + PA	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc.)	No Change	No Change	02/09/26
pomalidomide cap 1mg, 2mg, 3mg, 4mg **(Brand: Pomalyst®)**	G/SP* + PA	No Change (New Generic)		No Change	No Change	02/23/26
Rezenopy Spr 10mg	NPD + QL (6 per 30 days)	No Change		No Change	No Change	03/09/26
rilpivirine tab 25mg **(Brand: Edurant®)**	G	No Change		No Change	No Change	02/23/26

(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
Sdamlo™ Sol 2.5mg, 5mg, 10mg	NPD + PA	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	10/01/26
tapentadol tab 75mg, 100mg **(Brand: Nucynta®)**	G + QL (6 tabs per day)	No Change		No Change	No Change	03/02/26
tapentadol tab 50mg **(Brand: Nucynta®)**	G + QL (4 tabs per day)	No Change		No Change	No Change	03/02/26
tapentadol tab 50mg, 100mg, 150mg, 200mg, 250mg er **(Brand: Nucynta ER®)**	NPD + PA + QL (2 tabs per day)	No Change (New Authorized Generic)		No Change	No Change	03/16/26
Vybrique™ Mis 25mg, 50mg, 75mg, 100mg	NPD + PA + QL (8 per 30 days)	No Change (New Drug)		No Change	No Change	03/02/26
Wegovy® Hd Inj 7.2/0.75	PB + PA + QL (4 syringes per 28 days)	No Change (New Drug)		No Change	No Change	03/30/26
Yuvezzi™ Sol 2.75-0.1	NPD + PA	No Change (New Drug)		No Change	No Change	03/09/26
Zybic™ Sus 7.5/5ml	NPD + PA	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	10/01/26

(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
Zycubo™ Inj 2.9mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/01/26

***= 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.
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.