

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
Value Formulary

| Drug Name  | Current<br>(tier and edit)           | New Tier and Edit  | Formulary<br>Alternatives | Tier Change    | Edit Change | Effective<br>Date |
|--|--------------------------------------|--|---------------------------|----------------|-------------|-------------------|
| <b>Abirtega™ Tab<br/>250mg</b>   | G/SP*                                | No Change<br>(New Drug)  |                           | No Change      | No Change   | 09/08/25          |
| amphetamine tab<br>3.1mg ER, 6.3mg ER, 9.4mg ER,<br>12.5mg ER, 15.7mg ER,<br>18.8mg ER<br>(Brand: Adzenys XR®) | NF + QL<br>(1 per day)               | No Change<br>(Authorized Generic)  |                           | No Change      | No Change   | 09/02/25          |
| <b>Anzupgo® Cre<br/>2%</b>   | NF + QL<br>(60 grams per 30<br>days) | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/04/25          |
| <b>Blujepa® Tab<br/>750mg</b>  | NF + QL<br>(20 per 5 days)           | NF + QL<br>(20 per 5 days, Max<br>Daily Dose of 4, Day<br>Supply Limit of 10 day<br>supply per 180 days) |                           | No Change      | QL Change   | 04/01/26          |
| bosentan tab 32mg<br>(Brand: Tracleer®)  | G/SP*                                | No Change<br>(New Generic)   |                           | No Change      | No Change   | 08/25/25          |
| <b>Brekiya® Inj<br/>1mg/ml</b>   | NF + QL<br>(24 syringes/28 days)     | No Change<br>(New Drug)  |                           | No Change      | No Change   | 09/15/25          |
| <b>Brinsupri® Tab<br/>10mg, 25mg</b>   | NF + QL<br>(1 per day)               | NPD/SP* + QL<br>(1 per day)  |                           | Brand Addition |             | 04/01/26          |
| <b>Brukinsa® Tab<br/>160mg</b>   | NPD/SP*                              | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/25/25          |

*(continued)*

\*= for Specialty plans

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(4/26 version)

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|---|----------------------------------|-----------------------------------|--|--------------|-------------|-------------------|
| <b>Brynovin™ Sol<br/>25mg/ml</b>  | NF                               | No Change<br>(New Drug)           |  | No Change    | No Change   | 08/18/25          |
| <b>Dawnzera™ Inj<br/>80/0.8ml</b>   | NF                               | No Change<br>(New Drug)           |  | No Change    | No Change   | 09/02/25          |
| <b>Dexcom G7 Mis<br/>15 Day</b>   | PB + QL<br>(Max Daily Dose 0.07) | No Change<br>(New Drug)           |  | No Change    | No Change   | 09/02/25          |
| dicyclomine tab 40mg<br><b>(Brand: Bentyl®)</b>                           | NF                               | No Change<br>(New Generic)        |  | No Change    | No Change   | 07/28/25          |
| <b>Doptelet® Spr Cap<br/>10mg</b>   | NPD/SP*                          | No Change<br>(New Drug)           |  | No Change    | No Change   | 09/29/25          |
| econazole aer<br>1%<br><b>(Brand: Ecoza®)</b>                             | NPD                              | No Change<br>(Authorized Generic) | 2 generic, prescription strength,<br>topical antifungals (e.g.,<br>ketoconazole, ciclopirox, etc.) | No Change    | No Change   | 09/22/25          |
| <b>Eliquis® Cap<br/>0.15mg, 0.5mg, 1.5mg, 2mg</b>                         | PB                               | No Change<br>(New Drug)           |  | No Change    | No Change   | 09/22/25          |
| Ery Pad 2% External   | G                                | NPD                               |  | Brand Uptier | No Change   | 01/01/26          |
| escitalopram cap 15mg<br><b>(Brand: Lexapro®)</b>                         | NF                               | No Change<br>(New Generic)        |  | No Change    | No Change   | 09/29/25          |
| <b>Exxua Titrat Tab<br/>18.2mg</b>  | NF                               | No Change<br>(New Drug)           |  | No Change    | No Change   | 09/29/25          |
| <b>Fanapt® Pak<br/>Pack B, Pack C</b>                                     | NF                               | No Change<br>(New Drug)           |  | No Change    | No Change   | 07/07/25          |
| fidaxomicin tab 200mg<br><b>(Brand: Difucid®)</b>                         | G + QL<br>(20 per 10 days)       | No Change<br>(New Drug)           |  | No Change    | No Change   | 07/21/25          |
| fluorouracil cream 0.5%<br><b>(Brand: Carac®)</b>                         | NPD                              | NPD                               |  | No Change    |             | 04/01/26          |
| fluticasone inh<br>50mcg, 100mcg, 200mcg<br><b>(Brand: Arnuity Elpt®)</b> | NF                               | No Change<br>(Authorized Generic) |  | No Change    | No Change   | 07/28/25          |

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|---|-----------------------------------|--|---------------------------|----------------|-------------|-------------------|
| Glucagon Kit<br>1mg   | G                                 | No Change<br>(New Generic)   |                           | No Change      | No Change   | 08/04/25          |
| <b>Harliku™ Tab<br/>2mg</b>                                 | NF                                | No Change<br>(New Drug)  |                           | No Change      | No Change   | 07/14/25          |
| <b>Hernexeos® Tab<br/>60mg</b>                              | NPD/SP*                           | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/18/25          |
| hydrocort ac cre 2.5%<br><b>(Brand: Micort™ HC)</b>         | NF                                | No Change<br>(New Generic)   |                           | No Change      | No Change   | 08/11/25          |
| ibuprofen tab<br>300mg                                      | NF                                | No Change<br>(New Drug)  |                           | No Change      | No Change   | 07/14/25          |
| <b>Jaythari™ Tab<br/>6mg, 18mg, 30mg, 36mg</b>              | G/SP*                             | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/18/25          |
| <b>Kerendia® Tab<br/>40mg</b>                               | NPD                               | No Change<br>(New Drug)  |                           | No Change      | No Change   | 07/21/25          |
| <b>Kirsty™ Inj<br/>100u/ml</b>                              | NF + QL<br>(Max daily dose of 2)  | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/25/25          |
| liraglutide inj<br>18mg/3ml<br><b>(Brand: Saxenda® Inj)</b> | G + QL<br>(Max daily dose of 0.5) | No Change<br>(New Generic)   |                           | No Change      | No Change   | 09/08/25          |
| <b>Lopressor® Sol<br/>10mg/ml</b>                           | NF                                | No Change<br>(New Drug)  |                           | No Change      | No Change   | 04/01/26          |
| <b>Modeyso™ Cap<br/>125mg</b>                               | NPD/SP*                           | No Change<br>(New Drug)  |                           | No Change      | No Change   | 08/18/25          |
| <b>Orlynvah™ Tab<br/>500-500</b>                            | NF + QL<br>(10 per 5 days)        | NPD + QL<br>(10 per 5 days, Max<br>Daily Dose 2, Day<br>Supply Limit 10 days<br>supply per 180 days) |                           | Brand Addition | QL Change   | 04/01/26          |
| <b>Otezla XR Tab 25mg</b>                                   | NF                                | PB/SP*   |                           | Brand Downtier | No Change   | 01/01/26          |
| <b>Otezla XR Tab 28 Day</b>                                 | NF                                | PB/SP*   |                           | Brand Downtier | No Change   | 01/01/26          |

(continued)

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|--|----------------------------|----------------------------|---------------------------|-------------|-------------|-------------------|
| <b>Otulf® Inj<br/>45mg</b>                                     | NPD/SP*                    | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/22/25          |
| <b>P2i™ Prenatal Cap Choline</b>                               | NF                         | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/29/25          |
| pilocarpine sol 1.25%<br><b>(Brand: Vuity® Sol)</b>            | G                          | No Change<br>(New Generic) |                           | No Change   | No Change   | 08/11/25          |
| progesterone sup 100mg<br><b>(Brand: Endometrin® Sup)</b>      | G                          | No Change<br>(New Generic) |                           | No Change   | No Change   | 09/29/25          |
| Pyquvi™ sus<br>22.75mg   | G/SP*                      | No Change<br>(New Generic) |                           | No Change   | No Change   | 09/15/25          |
| <b>Pyzchiva® Inj<br/>45/0.5ml</b>                              | NPD/SP*                    | No Change<br>(New Drug)    |                           | No Change   | No Change   | 07/07/25          |
| <b>Pyzchiva® Auto-Injector<br/>45/0.5ml, 90mg/ml</b>           | NF                         | No Change<br>(New Drug)    |                           | No Change   | No Change   | 08/11/25          |
| rivaroxaban sus 1mg/ml<br><b>(Brand: Xarelto®)</b>             | G                          | No Change<br>(New Generic) |                           | No Change   | No Change   | 07/07/25          |
| <b>Sephience® Pow<br/>250mg, 1000mg</b>                        | NF                         | No Change<br>(New Drug)    |                           | No Change   | No Change   | 08/04/25          |
| sertraline cap<br>150mg, 200mg<br><b>(Brand: Zoloft®)</b>      | NF                         | No Change<br>(New Generic) |                           | No Change   | No Change   | 07/28/25          |
| <b>Skytrofa® Inj<br/>0.7mg, 1.4mg, 1.8mg,<br/>2.1mg, 2.5mg</b> | NPD/SP*                    | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/22/25          |
| <b>Spevigo® Inj<br/>300/2ml</b>                                | NPD/SP*                    | No Change<br>(New Drug)    |                           | No Change   | No Change   | 08/04/25          |
| topiramate sol<br>25mg/ml<br><b>(Brand: EPRONTIA®)</b>         | G                          | No Change<br>(New Generic) | Generic topiramate        | No Change   | No Change   | 07/14/25          |

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| <b>Tryptyr® Sol<br/>0.003%</b>                        | NF                               | No Change<br>(New Drug)    |                           | No Change   | No Change   | 07/07/25          |
| valsartan sol 20mg/5ml<br><b>(Brand: Prexxartan®)</b> | NF                               | No Change<br>(New Generic) |                           | No Change   | No Change   | 07/07/25          |
| <b>Vizz™ Sol<br/>1.44% Op</b>                         | NF                               | No Change<br>(New Drug)    |                           | No Change   | No Change   | 08/11/25          |
| <b>Wayrilz™ Tab<br/>400mg</b>                         | NF                               | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/08/25          |
| <b>Zanaflex® Cap<br/>8mg</b>                          | NF                               | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/29/25          |
| <b>Zelvysia™ pow<br/>100mg, 500mg</b>                 | G/SP*                            | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/15/25          |
| <b>Zurnai™ Inj<br/>1.5/0.5</b>                        | NF + QL<br>(6 units per 30 days) | No Change<br>(New Drug)    |                           | No Change   | No Change   | 09/15/25          |

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**Abbreviation Key**

|   |  |
|---|--|
| <b>G</b>  | Generic  |
| <b>LCG</b>  | Low Cost Generic. Benefit may vary; not all plans provide this incentive.  |
| <b>ACA</b>  | Affordable Care Act preventative drugs   |
| <b>PB</b>   | Preferred Brand  |
| <b>NPD</b>  | Non-Preferred Drug   |
| <b>SP</b>   | Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.  |
| <b>NF</b>   | Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.  |
| <b>MME</b>  | Morphine Milligram Equivalent  |
| <b>D/S</b>  | Days Supply Limit  |
| <b>QL</b>   | Quantity Limit   |
| <b>AL</b>   | Age Limit  |
| <b>Generic Addition</b>                               | A generic drug that recently became available in the marketplace   |
| <b>Generic Downtier</b>                               | This generic drug will be covered at the appropriate preferred drug level of cost-sharing.   |
| <b>Generic Uptier</b>                                 | This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.   |
| <b>Authorized Generic Addition</b>                    | An authorized generic drug that recently became available in the marketplace   |
| <b>Authorized Generic Uptier</b>                      | 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. |
| <b>Brand Downtier</b>                                 | 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.   |
| <b>Brand Uptier</b>                                   | These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.   |
| <b>Brand Addition</b>                                 | Coverage was added to this drug.   |
| <b>Brand/Authorized Generic/<br/>Generic Deletion</b> | Coverage was removed from this drug. Formulary alternatives are available.   |

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