

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
ADALIMU-BWWD INJ 40/0.4ml	NPD/SP* + PA + QL (2 per 28 days)	No Change (New Drug)		No Change	No Change	12/22/25
amphetamine tab 3.1mg ER, 6.3mg ER, 9.4mg ER, 12.5mg ER, 15.7mg ER, 18.8mg ER (Brand: Adzenys XR®)	G + PA + QL (Max Daily Dose 1)	No Change (New Generic)		No Change	No Change	12/15/25
budesonide er tab extended release 24 hour 9mg oral (Brand: UCERIS®)	G	G + QL (60 per 180 days)		No Change	QL Addition	07/01/26
carb/levo ER cap 23.75-95mg, 36.25mg, 48.75mg, 61.25mg (Brand: Rytary®)	NPD + PA	No Change (New Authorized Generic)	Generic carbidopa/levodopa	No Change	No Change	10/27/25
Cardamyst™ Spr	NPD + PA	NPD + PA + QL (6 doses per 365 days)		No Change	QL Addition	07/01/26
cimetidine hcl solution 300mg/5ml oral (Brand: Tagamet®)	G	G + PA	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	PA Addition	07/01/26

(continued)

*= for Specialty plans

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(7/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
cipro/hydroc sus 0.2/1% (Brand: Cipro HC®)	G	No Change (New Generic)		No Change	No Change	12/08/25
cladribine pak 10mg(10), 10mg(9), 10mg(8), 10mg(7), 10mg(6), 10mg(5), 10mg(4) (Brand: Mavenclad®)	G/SP* + PA	No Change (New Drug)	One of the following: Avonex® , Betaseron® , generic glatiramer, Vumerity® , Bafiertam® , dimethyl fumarate, Kesimpta® , Mayzent® , Zeposia® OR continuation of therapy with the requested agent	No Change	No Change	12/08/25
conj estrogn tab 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg (Brand: Premarin®)	G	No Change (New Generic)		No Change	No Change	10/27/25
Delstrigo® Tab 100-300-300mg	NPD	PB		Brand Downtier	No Change	07/01/26
Desloratadin sol 0.5mg/ml	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	11/24/25
Dovato® Tab 50-300mg Oral	NPB	PB		Brand Downtier	No Change	07/01/26
Ekterly® Tab 300mg	NPD/SP* + PA	NPD/SP* + PA + QL (12 per 30 days)		No Change	QL Addition	07/01/26
Enbumyst® Sol 0.5/0.1	NPD + PA	NPD + QL (120 units per 180 days)		No Change	PA Removal; QA Addition	07/01/26
Evexithroid® Tab 45mg, 75mg	NPD	No Change (New Drug)		No Change	No Change	10/27/25

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(continued)

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Exxua™ Tab 18.2mg, 36.3mg, 54.5mg, 72.6mg	NPD + PA	NPD + PA + QL (Max Daily Dose 1)	2 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.) OR continuous therapy with requested agent for a minimum of 2 weeks	No Change	QL Addition	07/01/26
Forzinity™ Inj 280/3.5	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/13/25
gabap 1 daily tab 450mg, 750mg, 900mg (Brand: Gralise®)	G + PA	No Change (New Drug)		No Change	No Change	10/20/25
glycerol phe liq 1.1gm/ml (Brand: Ravicti®)	G/SP* + PA	G/SP* + PA + QL (Max Daily Dose 17.5ml)		No Change	QL Addition	07/01/26
Hyrnuo® Tab 10mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/08/25
Inluriyo™ Tab 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/06/25
Jascayd® Tab 9mg, 18mg	NPD/SP* + PA + QL (Max Daily Dose 2)	No Change (New Drug)		No Change	No Change	10/13/25
Javadin™ Sol 0.02/ml	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	12/01/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Jaythari™ Sus 22.75/ml	G/SP* + PA	No Change (New Drug)		No Change	No Change	12/22/25
Komzifti™ Cap 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/24/25
Koselugo® Cap 5mg, 7.5mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/13/25
Lasix® Onyu Inj 80mg	NPD	No Change (New Drug)		No Change	No Change	11/17/25
Iomustine cap 10mg, 40mg, 100mg (Brand: Gleostine®)	G/SP*	No Change (New Drug)		No Change	No Change	11/24/25
Lynkuet® Cap 60mg	NPD + PA	No Change (New Drug)		No Change	No Change	11/03/25
meloxicam capsule 5mg, 10mg (Brand: Vivlodex®)	G	NPD + PA	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam tabs, etc.)	Brand Uptier	PA Addition	07/01/26
Miebo® Solution 1.338gm/ml	PB + QL (12 ml per 30 days)	PB + QL (3 ml/1 bottle per 30 days)		No Change	QL Change	07/01/26
Minimed™ Inst Mis Sensor	NPD + PA + QL (2 per 28 days)	No Change (New Drug)		No Change	No Change	07/01/26
Nemluvio® Auto-Injector 30mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/26
Omlonti® Dro 0.002%	NPD + PA	No Change (New Drug)	ONE of the following generics: latanoprost, bimatoprost, travoprost AND Lumigan®	No Change	No Change	12/08/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
OmvoH™ Inj 200/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	12/15/25
Opzelura® Cream 1.5%	PB + PA + QL (240 grams per 28 days)	PB + PA + QL (3.34 gram per day; 540 grams per 365 days)		No Change	QL Change	07/01/26
Palsonify™ Tab 20mg, 30mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/06/25
pazopanib tab 400mg (Brand: Votrient®)	G/SP* + PA	No Change (New Drug)		No Change	No Change	11/10/25
perampanel sus 0.5mg/ml (Brand: Fycompa®)	NPD + PA	No Change (New Drug)	Fycompa®	No Change	No Change	12/22/25
Pifeltro® Tab 100mg	NPD	PB		Brand Downtier	No Change	07/01/26
Pokonza™ Pow 15meq	NPD + PA	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc.)	No Change	No Change	12/15/25
potassium pow 40meq	NPD + PA	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc.)	No Change	No Change	12/29/25
prednisone tab	NPD + PA	No Change (New Drug)	Three generic immediate-release oral corticosteroids (e.g., hydrocortisone, dexamethasone, prednisone, methylprednisolone, prednisolone, etc.)	No Change	No Change	12/29/25
prednisone tab 2mg DR	NPD + PA	No Change (New Drug)	Three generic immediate-release oral corticosteroids (e.g., hydrocortisone, dexamethasone, prednisone, methylprednisolone, prednisolone, etc.)	No Change	No Change	12/22/25

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Premarin® Tab 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	PB	NPD		Brand Uptier	No Change	07/01/26
Prevymis® Packet 20mg	NPD	NPD + QL (4800 packets per 365 days)		No Change	QL Addition	07/01/26
Prevymis® Packet 120mg	NPD	NPD + QL (800 packets per 365 days)		No Change	QL Addition	07/01/26
Prevymis® Tab 240mg, 480mg	NPD	NPD + QL (Max Daily Dose 1; 210 tablets per 365 days)		No Change	QL Addition	07/01/26
Prezcobix® Tab 675-150mg, 800-150mg	NPD	PB		Brand Downtier	No Change	07/01/26
ranitidine tab 150mg, 300mg (Brand: Zantac®)	NPD	No Change (New Generic)		No Change	No Change	12/15/25
Ravicti® Liquid 1.1gm/ml	NPD/SP* + PA	NPD/SP* + PA + QL (Max Daily Dose 17.5ml)		No Change	QL Addition	07/01/26
Redempro® Sol 25/0.5ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/26
Rhapsido® Tab 25mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/26
Selarsdi™ Inj 45/0.5ml	NPD/SP* + PA	No Change (New Drug)		No Change (New Drug)	No Change (New Drug)	10/27/25
Starjemza™ Inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change (New Drug)	No Change (New Drug)	11/03/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Subvenite® Sus 10mg/ml	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 gastrostomy tube; or member is unable to swallow an intact capsule or tablet	No Change (New Drug)	No Change (New Drug)	11/17/25
Tarpeyo® Cap Delayed Release 4mg	NPD/SP* + PA + QL (Max Daily Dose 4)	NPD/SP* + PA + QL (Max Daily Dose 4; 1080 tablets per 24 months/2 years)		No Change	QL Change	07/01/26
Tonmya™ Sub 2.8mg	NPD + PA	No Change (New Drug)	Generic cyclobenzaprine tablet AND one of the following: amitriptyline, duloxetine, gabapentin, pregabalin immediate-release	No Change	No Change	11/03/25
Tracleer® Tab Soluble 32mg	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/26
Tyvaso® DPI Pow 80mcg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/17/25
Tyvaso® DPI Pow Main Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/24/25
Uceris® Tab Extended Release 24 Hour 9mg	NPD	NPD + QL (60 per 180 days)		No Change	QL Addition	07/01/26
ustekin-aauz inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/10/25

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Voquezna® Tab 10mg	NPD + PA + QL (Max Daily Dose 1)	NPD + PA + QL (Max Daily Dose 1, 180 tablets per 365 days)		No Change	QL Change	07/01/26
Voquezna® Tab 20mg	NPD + PA + QL (Max Daily Dose 2)	NPD + PA + QL (Max Daily Dose 2, 60 tablets per 365 days)		No change	QL Change	07/01/26
Voyxact® Inj 400/2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/08/25
Vyscoxa™ Sus 10mg/ml	NPD + PA	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam tabs, etc.)	No Change	No Change	10/27/25
Xpovio® Pak 80mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/29/25
Zoryve® Cre 0.05%	NPD + PA	No Change (New Drug)	One of the following: one generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.) or one generic topical calcineurin inhibitor	No Change	No Change	10/13/25
Zoryve® Foam 0.3%	NPD + PA	PB + PA		Brand Downtier	No Change	07/01/26

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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.

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