

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
Actemra® ACT Pen Solution Auto-Injector/Prefilled Syringe 162mg/0.9ml	NPD/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Ajovy® Solution Auto-Injector/ Prefilled Syringe 225mg/1.5ml	PB	NF		Brand Deletion	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	NF	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	NF/SP*	NPD/SP*		Brand Addition		01/01/26
Aplenzin® Tab Extended Release 24 Hour 174mg, 348mg, 522mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Aptiom® Tab 200mg, 400mg, 600mg, 800mg	NPD	NF		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	NF	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	06/09/25
Ativan® Tab 0.5mg, 1mg, 2mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Averi™ Tab	NF	No Change (New Drug)		No Change	No Change	06/23/25
Avmapki™ Pak Fakzynja™	NPD/SP*	No Change (New Drug)		No Change	No Change	05/19/25
baclofen sol 10mg/5ml (Brand: Ozobax®)	NPD/SP	No Change (New Generic)		No Change	No Change	06/30/25
Belsomra® Tab 5mg, 10mg, 15mg, 20mg	NF + QL (1 per day)	NPD + QL (1 per day)	Two of the following: eszopiclone, zaleplon, zolpidem	Brand Addition		01/01/26
betamethasone dipropionate aug gel 0.05%	G	NPD		Generic Uptier	No Change	01/01/26
Betimol® Sol 0.5%	NPD	NF		Brand Deletion	No Change	01/01/26
bisoprol fum tab 2.5mg	G	No Change (New Drug)		No Change	No Change	04/28/25
Bonsity® Inj 560/2.24	NF	No Change		No Change	No Change	06/09/25
Bucapsol™ Cap 7.5mg, 10mg, 15mg	NF	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 per day)		No Change	QL Addition	01/01/26
Caverject® Impulse Kit 10mcg, 20mcg/sol 20mcg, 40mcg	PB + QL (8 per 30 days)	NPD + QL (8 per 30 days)		Brand Uptier	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
cetorelix acetate kit 0.25mg (Brand: Cetrotide®)	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		No Change	No Change	04/28/25
clindamycin phos-benzoyl perox gel 1.2-3.75% (Brand: Onexton®)	G	NF		Generic Deletion	No Change	01/01/26
clobetasol propionate emulsion foam 0.05%	G	NPD		Generic Uptier	No Change	01/01/26
Combogesic® Tab 325/97.5mg	NF	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	NF		Brand Deletion	No Change	01/01/26
Copaxone® Solution Prefilled Syringe 40mg/ml	PB/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Copiktra® Cap 25mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Crenessity™ Cap 25mg	NPD/SP*	No Change		No Change	No Change	06/23/25
Crotan™ Lotion 10%	NPD	NPD	Permethrin cream	No Change		01/01/26
cyclosporine emulsion 0.05% (Brand: Restasis®)	G + QL (2 per day)	NF + QL (2 per day)	Restasis®	Generic Deletion	No Change	01/01/26
Cytomel® Tab 5mcg, 25mcg, 50mcg	NPD	NPD	Generic liothyronine	No Change		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

*= 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
desoximetasone cream/gel/oint 0.05% (Brand: Topicort®)	G	NPD		Generic Uptier	No Change	01/01/26
Desvenlafaxine Er Tab 24 Hour 50mg, 100mg	PB	NPD		Brand Uptier	No Change	01/01/26
diclofenac sodium solution 2% (Brand: Pennsaid®)	G	NPD + QL (1 bottle/112g per 30 days)		Generic Uptier	QL Addition	01/01/26
Dilantin Cap 30mg, 100mg/Chew 50mg/Susp 125mg/5ml	PB	NPD		Brand Uptier	No Change	01/01/26
Dolobid® Tab 375mg	NF	No Change (New Drug)		No Change	No Change	04/28/25
dotti® patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	G	NF	Vivelle-Dot®	Generic Deletion	No Change	01/01/26
drospirenone-ethinyl estradiol tab 3-0.02mg (Brand: Yaz®)	\$0 ACA	NF	Yaz®	Generic Deletion	No Change	01/01/26
drospirenone-ethinyl estradiol tab 3-0.03mg (Brand: Yasmin®)	\$0 ACA	NF	Yasmin®	Generic Deletion	No Change	01/01/26
Edurant PED® Tab 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/ Prefilled Syringe 120mg/ml	NF	PB		Brand Addition		01/01/26
emtric/rilpi tab tenof df (Brand: Complera®)	G	No Change (New Generic)		No Change	No Change	06/02/25

*= 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
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)	NF + QL (2 per day)		Brand Deletion	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	G	NF	Vivelle-Dot®	Generic Deletion	No Change	01/01/26
estradiol weekly patch	G	NF	Vivelle-Dot®	Generic Deletion	No Change	01/01/26
Estring® Ring 7.5 mcg/24HR Vaginal	PB	NPD		Brand Uptier	No Change	01/01/26
Exenatide inj 5mcg, 10mcg	NPD + QL (0.08ml per day)	No Change		No Change	No Change	04/14/25
Femara® Tab 2.5mg	NF	NF + 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 55-14 mcg/ACT, 113-14 mcg/ACT, 232-14 mcg/ACT	PB	NF		Brand Deletion	No Change	01/01/26
FolateXcel™ Tab 1mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Fora Gtel Test Ketone	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
Fyremadel® Solution Prefilled Syringe 250mcg/0.5ml	NPD/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Gojji Blood Test 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	NF	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	NF + QL (2 per 28 days)	Excluded + QL (2 per 28 days)		Brand Deletion	No Change	01/01/26
hydrocortisone butyrate lotion 0.1% (Brand: Locoid®)	G	NPD		Generic Uptier	No Change	01/01/26
hydrocortisone lotion 2% external	G	NPD		Generic Uptier	No Change	01/01/26
Ibrance® Cap/Tab 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	NF		Generic Deletion	No Change	01/01/26
Imuldosa® Inj 45/0.5ml, 90mg/ml	NF/SP*	No Change (New Drug)		No Change	No Change	06/30/25
ivermectin cream 1% (Brand: Soolantra®)	G	NF		Generic Deletion	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
jasmiel® tab 3-0.02mg	\$0 ACA	NF	Yaz®	Generic Deletion	No Change	01/01/26
Journavx® 50mg tablet	NF + QL (30/14 days)	NF + QL (30/90 days)		No Change	QL Update	01/01/26
Khindivi™ Sol 1mg/ml	NF	No Change (New Drug)		No Change	No Change	06/02/25
Kiprofen™ Cap 25mg	NPD	NF		Brand Deletion	No Change	01/01/26
Kisqali® 200mg Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (1 per day)		No Change	QL Addition	01/01/26
Kisqali® 400mg Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Kisqali® 600mg Tab Therapy Pack 200mg	NPD/SP*	NPD/SP* + QL (3 per day)		No Change	QL Addition	01/01/26
Kisqali® 200mg Pak Femara®	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Kisqali® 400mg Pak Femara®	NPD/SP*	NPD/SP* + QL (3 per day)		No Change	QL Addition	01/01/26
Kisqali® 600mg Pak Femara®	NPD/SP*	NPD/SP* + QL (4 per day)		No Change	QL Addition	01/01/26
Leqselvi™ Tab 8mg	NF/SP*	NPD/SP*		Brand Addition		01/01/26
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		No Change		01/01/26
Livmarli® Tab 10mg, 15mg, 20mg, 30mg	NPD/SP*	No Change (New Drug)		No Change	No Change	05/15/25
Loryna® Tab 3-0.02mg	\$0 ACA	NF	Yaz®	Generic Deletion	No Change	01/01/26
Lo-Zumandimine® Tab 3-0.02mg	\$0 ACA	NF	Yaz®	Generic Deletion	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
lyllana® patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	G	NF	Vivelle-Dot®	Generic Deletion	No Change	01/01/26
Matervia™ Cap	NF	Excluded		Brand Deletion	No Change	01/01/26
Matulane® Cap 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	NF	Vivelle-Dot®	Brand Deletion	No Change	01/01/26
Merilog™ Inj/Pen Injector 100/ml	NF + QL (2ML per day)	No Change (New Drug)		No Change	No Change	06/09/25
Mesnex® Tab 400mg	NPD	NF		Brand Deletion	No Change	01/01/26
metformin hcl er (osm) tab extended release 24 hour 500mg, 1000mg (Brand: Fortamet®)	NPD	NF		Generic Deletion	No Change	01/01/26
methyltestosterone cap 10mg	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	NF	Excluded		Brand Deletion	No Change	01/01/26
Neffy® Spray 1mg	NF + QL (6 units per 180 days)	No Change (New Drug)		No Change	No Change	04/21/25
NeoMaterna™ Tab 1mg	NF	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	NF	Yaz®	Generic Deletion	No Change	01/01/26
nilotinib cap 50mg, 150mg, 200mg (Brand: Tasigna®)	G/SP*	No Change (New Generic)		No Change	No Change	06/02/25

*= 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
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
Noxafil® Suspension 40mg/ml	NPD + QL (20 per day)	NF + QL (20 per day)		Brand Deletion	No Change	01/01/26
Nutropin® AQ NuSpin Pen-Injector 5mg/2ml, 10mg/2ml, 20mg/2ml	PB/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Ocella® Tab 3-0.03mg	\$0 ACA	NF	Yasmin®	Generic Deletion	No Change	01/01/26
octreotide® inj 50mcg, 100mcg, 500mcg	Medical only	G/SP*		Generic Addition; Specialty Addition	No Change	10/01/25
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%	NF	G		Brand Addition	No Change	01/01/26
Otulfi® Solution Prefilled Syringe 45mg/0.5ml, 90mg/ml	NF/SP*	NPD/SP*		Brand Addition		09/01/25
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® Pak (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%	NF	NF + QL (1 bottle/112g per month 30 days)		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
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	NF + QL (12 per day)	Excluded + QL (12 per day)		Brand Deletion	No Change	01/01/26
Percocet® Tab 7.5-325mg	NF + QL (8 per day)	Excluded + QL (8 per day)		Brand Deletion	No Change	01/01/26
Percocet® Tab 10-325mg	NF + 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	05/15/25
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
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® Solution Starter 63 & 94mcg/0.5ml, Auto-Injector/Prefilled Syringe 125mcg/0.5ml Subcutaneous	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

*= 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
PreGen DHA™ Cap 28-1-35mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Prenate Max™ Tab 15-0.4-0.6mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Prenatol-M™ Tab 27-1.2mg	NF	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
Promacta® Packet 12.5mg, 25mg/Tab 12.5mg, 25mg, 50mg, 75mg Oral	NPD/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Pruradik™ Lotion 10%	NPD	NPD	Generic permethrin cream	No Change		01/01/26
Purixan® Suspension 2000mg/100ml oral	NPD/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Pyzchiva® Solution/Prefilled Syringe 45mg/0.5ml, 90mg/ml Subcutaneous	NF/SP*	NPD/SP*		Brand Addition		09/01/25
Qfitlia® Inj 20/0.2ml, 50/0.5ml	NF/SP*	No Change (New Drug)		No Change	No Change	04/07/25
Qsymia® Capsule Extended Release 24 Hour 3.75-23mg, 7.5-46mg, 11.25-69mg, 15-92mg Oral	NPD	NF		Brand Deletion	No Change	01/01/26
Qudexy® XR Capsule ER 24 Hour Sprinkle 25mg, 50mg, 100mg, 150mg, 200mg Oral	NPD	NF		Brand Deletion	No Change	01/01/26
Restasis® Emulsion 0.05% Ophthalmic	NF + QL (2 per day)	G + QL (2 per day)		Brand Addition	No Change	01/01/26
Retin-A Micro® Pump Gel 0.08%	NF + AL (Age 26 and over)	G + AL (Age 26 and over)		Brand Addition	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
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 Addition	01/01/26
Sandostatin® Inj 50mcg/ml, 100mcg/ml, 500mcg/ml	Medical Only	NF/SP*		Brand Deletion	No Change	10/01/25
Simplera™	NPD + QL (5 per 28 days)	No Change		No Change	No Change	04/28/25
sitag/metfor tab 50-500mg, 50-1000mg, 100-1000mg	NF	No Change (New 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	NF	Yasmin®	Generic Deletion	No Change	01/01/26
Symbravo® Tab 20-10mg	NF + 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
Tasigna® Cap 50mg, 150mg, 200mg	NPD/SP*	NF/SP*		Brand Deletion	No Change	01/01/26
Tezruly™ Sol 1mg/ml	NF	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

*= 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
ticagrelor tab 60mg, 90mg (Brand: Brilinta®)	G	No Change (New Generic)		No Change	No Change	05/05/25
tolcapone tablet 100mg	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)	NF + AL (Age 26 and over)	Retin-A Micro 0.08%	Generic Deletion	No Change	01/01/26
triamcinolone acetonide aerosol solution 0.147mg/gm (Brand: Kenalog® Spray)	G	NPD		Generic Uptier	No Change	01/01/26
Trokendi® Xr Capsule Extended Release 24 Hour 200mg Oral	NPD	NF		Brand Deletion	No Change	01/01/26
umeclid/vila inh 62.5-25mg (Brand: Anoro Ellipta®)	NPD	No Change (New 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™)	NF/SP*	No Change		No Change	No Change	05/05/25
ustekinumab inj 45mg/0.5ml/ prefilled syringe 45mg/0.5ml, 90mg/ml (Brand: Stelara®)	NF/SP*	No Change		No Change	No Change	04/21/25
Vanrafia® Tab 0.75mg	NF/SP*	NPD/SP*		Brand Addition		01/01/26
Vascepa® Cap 0.5gm, 1gm	NF	G		Brand Addition	No Change	01/01/26
Velsipity® Tab 2mg	NPD/SP*	PB/SP*		Brand Downtier	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
Vemlidy® Tab 25mg	NPD	NPD	Generic entecavir and generic tenofovir	No Change		01/01/26
Verzenio® Tab 50mg, 100mg, 150mg, 200mg	NPD/SP*	NPD/SP* + QL (2 per day)		No Change	QL Addition	01/01/26
Vectura® Tab 3-0.02mg	\$0 ACA	NF	Yaz®	Generic Deletion	No Change	01/01/26
Vita-Pac Caps 0.9mg	NF	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	NF	G		Brand Addition	No Change	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	NF/SP*	NPD/SP*		Brand Addition		01/01/26
Vyvgart® Hytrulo Inj 180- 2000mg/ml, Prefilled Syringe	NF/SP*	NPD/SP*		Brand 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
Wellbutrin XL® Tab Extended Release 24 Hour 150mg, 300mg	NF	Excluded		Brand Deletion	No Change	01/01/26
Yasmin® 28 Tab 3-0.03mg	NF	G/\$0 ACA		Brand Addition	No Change	01/01/26
YAZ® Tab 3-0.02mg	NF	G/\$0 ACA		Brand Addition	No Change	01/01/26
Yeztugo® Tab 300mg	NPD	No Change (New Drug)		No Change	No Change	06/23/25
Yutrepia™ Cap 26.5mcg, 53mcg, 79.5mcg, 106mcg	NF	No Change (New Drug)		No Change	No Change	06/02/25
Zelsuvmi™ Gel 10.3%	NF	NPD		Brand Addition		01/01/26
Zoryve® Cream 0.15%, 0.3%	NPD	PB	One of the following: one generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.) or one generic topical calcineurin inhibitor	Brand Downtier	No Change	01/01/26
Zumandimine® Tab 3-0.03mg	\$0 ACA	NF	Yasmin®	Generic Deletion	No Change	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.
NF	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
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 Independence Administrators. All rights reserved.

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