

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 + PA | NPD + PA | | 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 + PA | 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* + PA | No Change (New Drug) | | No Change | No Change | 06/23/25 |
| Aplenzin® ER Tab 174mg, 348mg, 522mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |

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*= for Specialty plans

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(1/26 version)

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|--|----------------------------|--------------------------------------|---|----------------|-------------|-------------------|
| Arbli® 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 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 | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Averi™ Tab | NPD + PA | No Change (New Drug) | | No Change | No Change | 06/23/25 |
| Avmapi™ Fakzynja™ Co-Pack | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 05/19/25 |
| baclofen sol 10mg/5ml (Brand: Ozobax®) | NPD + PA | 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* + PA | No Change (New Drug) | | No Change | No Change | 06/09/25 |
| Bucapsol® Cap 7.5mg, 10mg, 15mg | NPD + PA | 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* + PA | NPD/SP* + PA + QL (1 tab per day) | | No Change | QL Addition | 01/01/26 |

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|---|----------------------------|----------------------------------|---|----------------|-------------|-------------------|
| 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 + PA | Vivelle-Dot® | No Change | PA Addition | 01/01/26 |
| clindamycin phos-benzoyl perox gel 1.2-3.75% (Brand: Onexton®) | G | NPD + PA | Onexton® | Generic Uptier | PA Addition | 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 + PA | 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* + PA | | Brand Uptier | PA Addition | 01/01/26 |
| Copiktra® Caps 25mg | NPD/SP* + PA | NPD/SP* + PA + QL (2 per day) | | No Change | QL Addition | 01/01/26 |
| Crenessity® Cap 25mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 06/23/25 |
| Crotan™ Lotion 10% | NPD | NPD + PA | Permethrin cream | No Change | PA Addition | 01/01/26 |

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|---|----------------------------|--|---------------------------|-------------------|-------------|-------------------|
| cyclosporine emulsion 0.05% ophthalmic (Brand: Restasis®) | G + QL (2 per day) | NPD + PA + QL (2 per day) | Restasis® | Generic Uptier | PA Addition | 01/01/26 |
| Cytomel® Tab 5mg, 25mg, 50mg | NPD | NPD + PA | Generic liothyronine | No Change | PA Addition | 01/01/26 |
| Daraprim® Tab 25mg | NPD/SP* | NPD + PA | Generic pyrimethamine | Specialty Removal | PA Addition | 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 + PA | NPD + PA + 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 + PA | 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 + PA | Vivelle-Dot® | Generic Uptier | PA Addition | 01/01/26 |
| drospirenone-ethinyl estradiol tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic Uptier | PA Addition | 01/01/26 |

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|---|----------------------------|----------------------------|--|----------------|-------------|-------------------|
| drospirenone-ethinyl estradiol tab 3-0.03mg | \$0 ACA | NPD + PA | Yasmin® | Generic Uptier | PA Addition | 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* + PA | No Change (New Generic) | | No Change | No Change | 05/19/25 |
| Emgality® Solution Auto-Injector 120mg/ml, Prefilled Syringe 120mg/ml | NPD + PA | PB + PA | | 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* + PA | 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 + PA | 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 + PA | Vivelle-Dot® | Generic Uptier | PA Addition | 01/01/26 |
| estradiol weekly patch | G | NPD + PA | Vivelle-Dot® | Generic Uptier | PA Addition | 01/01/26 |
| Estring® Ring 7.5mcg/24HR Vaginal | PB | NPD | | Brand Uptier | No Change | 01/01/26 |

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|---|--------------------------------------|----------------------------------|---------------------------|------------------|-------------|-------------------|
| exenatide inj 5mcg, 10mcg (Brand: Byetta®) | NPD + PA + 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 + PA | 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* + PA + QL (2 per 28 days) | Excluded + QL (2 per 28 days) | | Brand Deletion | No Change | 01/01/26 |

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|--|------------------------------|----------------------------------|--|----------------|-------------|-------------------|
| 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* + PA | NPD/SP* + PA + QL (1 per day) | | No Change | QL Addition | 01/01/26 |
| Ibtrozi™ Cap 200mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 06/23/25 |
| icosapent ethyl cap 0.5gm, 1gm (Brand: Vascepa®) | G + PA | NPD + PA | | Generic Uptier | No Change | 01/01/26 |
| Imuldosa® Inj 45mg/0.5ml, 90mg/ml | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 06/30/25 |
| ivermectin cream 1% (Brand: Soolantra®) | G | NPD + PA | Soolantra® | Generic Uptier | PA Addition | 01/01/26 |
| jasmiel tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic Uptier | PA Addition | 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 + 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 | 06/02/25 |
| Kisqali® (200mg Dose) Tab Therapy Pack 200mg | NPD/SP* + PA | NPD/SP* + PA + QL (1 per day) | | No Change | QL Addition | 01/01/26 |
| Kisqali® (400mg Dose) Tab Therapy Pack 200mg | NPD/SP* + PA | NPD/SP* + PA + QL (2 per day) | | No Change | QL Addition | 01/01/26 |

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|---|----------------------------|----------------------------------|---------------------------|----------------|-------------|-------------------|
| Kisqali® (600mg Dose) Tab Therapy Pack 200mg | NPD/SP* + PA | NPD/SP* + PA + QL (3 per day) | | No Change | QL Addition | 01/01/26 |
| Kisqali® 200 Pak Femara® | NPD/SP* + PA | NPD/SP* + PA + QL (2 per day) | | No Change | QL Addition | 01/01/26 |
| Kisqali® 400 Pak Femara® | NPD/SP* + PA | NPD/SP* + PA + QL (3 per day) | | No Change | QL Addition | 01/01/26 |
| Kisqali® 600 Pak Femara® | NPD/SP* + PA | NPD/SP* + PA + QL (4 per day) | | No Change | QL Addition | 01/01/26 |
| Leqselvi™ Tab 8mg | NPD/SP* + PA | 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* + PA | NPD/SP* + PA | | Brand Uptier | No Change | 01/01/26 |
| Lithobid® Tab Extended Release 300mg | NPD | NPD + PA | Generic lithium carbonate | No Change | PA Addition | 01/01/26 |
| Livmarli® Tab 10mg, 15mg, 20mg, 30mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 05/12/25 |
| Loryna® Tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic Uptier | PA Addition | 01/01/26 |
| Lo-Zumandimine® Tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic Uptier | PA Addition | 01/01/26 |
| lyllana® patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr | G | NPD + PA | Vivelle-Dot® | Generic Uptier | PA Addition | 01/01/26 |
| Matervia™ Caps | NPD + PA | 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* + PA | NPD/SP* + PA + QL (3 per day) | | No Change | QL Addition | 01/01/26 |
| Menostar® | NPD | NPD + PA | Vivelle-Dot® | No Change | PA Addition | 01/01/26 |

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|--|---|--------------------------------------|----------------------------|------------------|-------------|-------------------|
| Merilog™ Inj/Pen Injector 100/ml | NPD + PA + QL (2ml per day) | No Change (New Drug) | | No Change | No Change | 06/09/25 |
| methylestosterone capsule 10mg Oral | G + PA | NPD + PA | | Generic Uptier | No Change | 01/01/26 |
| Metronidazol tab 125mg | LCG | LCG + PA | Metronidazole 250mg tablet | No Change | PA Addition | 01/01/26 |
| Multi-Mac™ Tab 15-0.75-1mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Neffy® Spray 1mg | NPD + PA + QL (6 units per 180 days) | No Change (New Drug) | | No Change | No Change | 04/21/25 |
| NeoMaterna™ Tab 1mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Neoral® Cap 25mg, 100mg/Soln 100mg/ml | NPD | NPD + PA | Generic cyclosporine | No Change | PA Addition | 01/01/26 |
| Nikki™ tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic Uptier | PA Addition | 01/01/26 |
| nilotinib cap 50mg, 150mg, 200mg (Brand: Tasigna®) | G/SP* + PA | No Change (New Generic) | | No Change | No Change | 06/02/25 |
| Nilotinib Cap 50mg, 150mg, 200mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 06/23/25 |
| Ninlaro® Cap 2.3mg, 3mg, 4mg | NPD/SP* + PA | NPD/SP* + PA + 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* + PA | NPD/SP* + PA | | Brand Uptier | No Change | 01/01/26 |
| Ocella® Tab 3-0.03mg | \$0 ACA | NPD + PA | Yasmin® | Generic Uptier | PA Addition | 01/01/26 |
| octreotide injection (Brand Sandostatin™) | Medical | G/SP* | | Generic 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% | NPD + PA | G | | Brand Downtier | PA Removal | 01/01/26 |

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|--|---|---|-----------------------------|----------------|-------------|-------------------|
| Oxervate® Solution 0.002% | NPD/SP* + PA + QL (2ml per day) | NPD/SP* + PA + 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 + PA | NPD + PA + QL (1 bottle/112g per month) | | No Change | QL Change | 01/01/26 |
| perampanel tab 2mg, 4mg, 6mg, 8mg, 10mg, 12mg (Brand: Fycompa®) | NPD + PA | No Change (New Generic) | Fycompa® | No Change | No Change | 06/09/25 |
| Percocet® Tab 2.5-325mg, 5-325mg | NPD + PA + QL (12 per day) | Excluded + QL (12 per day) | | Brand Deletion | No Change | 01/01/26 |
| Percocet® Tab 7.5-325mg | NPD + PA + QL (8 per day) | Excluded + QL (8 per day) | | Brand Deletion | No Change | 01/01/26 |
| Percocet® Tab 10-325mg | NPD + PA + 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 + PA | 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 + PA | Generic tacrolimus ointment | No Change | PA Addition | 01/01/26 |

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|---|------------------------------------|--------------------------------------|--|----------------|-------------|-------------------|
| pitavastatin calcium tab 1mg, 2mg, 4mg (Brand: Livalo®) | G | NPD + PA | 3 generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.) | Generic Uptier | PA Addition | 01/01/26 |
| Plegridy® | PB/SP* | NPD/SP* + PA | | Brand Uptier | PA Addition | 01/01/26 |
| Pradaxa® Cap 75mg, 110mg, 150mg | NPD | NPD + PA | Generic dabigatrin | No Change | PA Addition | 01/01/26 |
| Precision Xtra® Ketone Strip | PB | NPD | | Brand Uptier | No Change | 01/01/26 |
| PreGen DHA™ Cap 28-1-35mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Prenate Max™ Tab 15-0.4-0.6mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Prenatol-M™ Tab 27-1.2mg | NPD + PA | Excluded | | Brand Deletion | No Change | 01/01/26 |
| Prograf® Cap 0.5mg, 1mg, 5mg Packet 0.2mg, 1mg | NPD | NPD + PA | Generic tacrolimus | No Change | PA Addition | 01/01/26 |
| Pruradik™ Lotion 10% | NPD | NPD + PA | Generic permethrin cream | No Change | PA Addition | 01/01/26 |
| Qfitlia® Inj 20/0.2ml, 50/0.5ml | NPD/SP* + PA | 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 + PA + AL (Age 26 and over) | G + AL (Age 26 and over) | | Brand Downtier | PA Removal | 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* + PA | NPD/SP* + PA + QL (8 per 28 days) | | No Change | QL Change | 01/01/26 |

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|--|----------------------------------|-----------------------------------|--|----------------|-------------|-------------------|
| Sandostatin® injection | Medical | NPD/SP* | | Brand Addition | No Change | 10/01/25 |
| Simplera™ Sensor | NPD + PA + 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 + PA | 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 + PA | Yasmin® | Generic Uptier | PA Addition | 01/01/26 |
| Symbravo® Tab 20-10mg | NPD + PA + 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 + PA | Generic levothyroxine | No Change | PA Addition | 01/01/26 |
| Tasmar® Tab 100mg | NPD | NPD + PA | Generic entacapone | No Change | PA Addition | 01/01/26 |
| Tezruly™ Sol 1mg/ml | NPD + PA | 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* + PA | Generic tiopronin DR | No Change | PA Addition | 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 + PA | Generic entacapone | Generic Uptier | PA Addition | 01/01/26 |
| tolvaptan tab 15mg, 30mg, pak 15mg, pack 30-15mg, 45-15mg, 60-30mg, 90-30mg (Brand: Jynarque®) | G/SP* + PA | 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 + PA + AL (Age 26 and over) | Retin-A Micro® 0.08% | Generic Uptier | PA Addition | 01/01/26 |
| triamcinolone acetone 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 + PA | 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* + PA | 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* + PA | No Change (New Drug) | | No Change | No Change | 04/21/25 |
| Vanrafia® Tab 0.75mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/14/25 |
| Vascepa® Cap 0.5gm, 1gm | NPD + PA | G | | Brand Downtier | PA Removal | 01/01/26 |
| Velsipity® Tab 2mg | NPD/SP* + PA | PB/SP* + PA | | Brand Downtier | No Change | 01/01/26 |
| Vemlidy® Tab 25mg | NPD | NPD + PA | Generic entecavir and generic tenofovir disoproxil | No Change | PA 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 |
|--|----------------------------|----------------------------------|---|----------------|-------------|-------------------|
| Verzenio® Tab 50mg, 100mg, 150mg, 200mg | NPD/SP* + PA | NPD/SP* + PA + QL (2 per day) | | No Change | QL Change | 01/01/26 |
| Vestura® Tab 3-0.02mg | \$0 ACA | NPD + PA | Yaz® | Generic uptier | PA Addition | 01/01/26 |
| Vita-Pac Caps 0.9mg | NPD + PA | 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 + PA | G | | Brand Downtier | PA Removal | 01/01/26 |
| Vtama® Cream 1% | NPD + PA | PB + PA | 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* + PA | No Change (New Drug) | | No Change | No Change | 04/07/25 |
| Vyvgart® Hytrulo Inj | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 01/01/26 |
| Wellbutrin XL® Tab Extended Release 24 Hour 150mg, 300mg | NPD + PA | 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* + PA | No Change (New Drug) | | No Change | No Change | 06/02/25 |
| Zelsuvmi™ Gel 10.3% | NPD + PA | No Change (New Drug) | | No Change | No Change | 06/09/25 |
| Zoryve® Cream 0.15%, 0.3% | NPD + PA | PB + PA | 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 + PA | Yasmin® | Generic Uptier | PA Addition | 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. |
| 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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