Your formulary updates

Tier changes effective July 1, 2026

This is a list of biannual tier changes made to your formulary. Each medication is placed in a tier that shows the cost level you may pay for that prescription. Your employer or health plan makes the decision on tier placements. Medications are grouped by the conditions they treat.

Medication tiers

Tier 1	Tier 2	Tier 3	EXC
Lower cost medications	Mid-range cost medications	Higher cost medications	Medications may not be covered

In this formulary update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Medications moving to exclusion

The following excluded medications may not be covered by your plan.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Antibacterials	DIFICID TAB	**3 to EXC**	fidaxomicin tablet
Antineoplastics - Drugs for Cancer	TASIGNA CAP 50MG, 150MG, 200MG	**3 to EXC**	nilotinib hcl capsule
	TEPADINA INJ 15MG, 100MG	**3 to EXC**	thiotepa injection
	TEPADINA IV	**3 to EXC**	thiotepa solution
Antiparkinson Agents	RYTARY CAP 95MG, 145MG, 195MG, 245MG	**3 to EXC**	carbidopa/levodopa ER tablet
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders	PROMACTA POWDER 12.5MG, 25MG	**3 to EXC**	eltrombopag powder
	PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG	**3 to EXC**	eltrombopag tablet
Bone Modifying Agents	PROLIA INJ	**2 to EXC**	STOBOCLO
	XGEVA INJ	**2 to EXC**	OSENVELT
Dermatological Agents	TWYNEO CREAM	**3 to EXC**	EPIDUO FORTE, ONEXTON, RETIN-A MICRO GEL 0.06%,0.08%
Diuretics, Thiazide	THALITONE TAB	**3 to EXC**	chlorthalidone tablet
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	AURYXIA TAB	**3 to EXC**	calcium acetate, sevelamer carbonate
Glycemic Agents	ZEGALOGUE INJ	**2 to EXC**	BAQSIMI, GLUCAGON EMERGENCY KIT (made by Fresenius Kabi)
Hormonal Agents - Adrenal	KENALOG-10 INJ	**3 to EXC**	triamcinolone acetonide injection
Hormonal Agents - Sex Hormones and Birth Control	NUVARING	**3 to EXC**	etonogestrel-ethinyl estradiol vaginal ring
	PREMARIN TAB 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	**2 to EXC**	conjugated estrogen tablet, DUAVEE
Immunological Agents - Drugs for Immune System Stimulation or Suppression	SOLIRIS INJ	**3 to EXC**	BKEMV, EPYSQLI

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.