

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