BlueLink
Third-Party Administration Services

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
Airsupra® Aerosol 90-80mcg/Act Inhalation	NPD + PA	NPD + PA + QL (2 inhalers per 30 days)		No Change	QL Addition	01/01/27
alendronate tab 10mg	LCG	G		Generic Uptier	No Change	01/01/27
alendronate tab 35mg, 70mg **(Brand: Fosamax®)**	LCG + QL (4 per 28 days)	G + QL (4 per 28 days)		Generic Uptier	No Change	01/01/27
allopurinol tab 100mg, 300mg	G	LCG		Generic Downtier	No Change	01/01/27
allopurinol tab 200mg	NPD + PA	LCG + PA		Generic Downtier	No Change	01/01/27
almotriptan malate tablet 6.25mg, 12.5mg oral **(Brand: Axert®)**	G + QL (12 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
alprazolam tab 0.25mg, 0.5mg, 1mg, 2mg **(Brand: Xanax®)**	LCG	G		Generic Uptier	No Change	01/01/27
amantadine cap 100mg	G	LCG		Generic Downtier	No Change	01/01/27
amoxicillin cap 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
amoxicillin tab 500mg, 875mg	LCG	G		Generic Uptier	No Change	01/01/27
apap/codeine tab 300-15mg, 300-30mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27

(continued)

***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
apap/codeine tab 300-60mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
Atmeksi® Sus 750/5ml	NPD + PA	NPD + PA	2 generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine 2mg, 4mg, 6mg, cyclobenzaprine, chlorzoxazone 500mg, etc.)	No Change (New Drug)	No Change	04/06/26
Atoncy™ Sol 4mg/ml	NPD + PA	NPD + 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 (New Drug)	No Change	01/01/27
Atrovent HFA® Aerosol Solution 17mcg/Act Inhalation	PB	NPD + PA	Ipratropum Bromide HFA	Brand Uptier	PA Addition	01/01/27
azilsartan tab 40mg, 80mg **(Brand: Edarbi®)**	G + PA	G + PA	3 generic angiotensin receptor blockers or combinations (e.g., losartan, olmesartan, valsartan tablet	No Change (New True Generic)	No Change	06/22/26
azithromycin tab 250mg, 500mg, 600mg	LCG	G		Generic Uptier	No Change	01/01/27
Baxfendy™ Tab 1mg, 2mg	NPD + PA + QL (Max Daily Dose 1)	NPD + PA + QL (Max Daily Dose 1)		No Change (New Drug)	No Change	05/25/26
benzonatate cap 100mg, 200mg	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
bepotastine besilate solution 1.5% ophthalmic **(Brand: Bepreve®)**	G	G + PA	Two of the following generics: azelastine, cromolyn sodium, epinastine, or olopatadine	No Change	PA Addition	01/01/27
bimatoprost sol 0.01% **(Brand: Lumigan®)**	G	G		No Change (New Generic)	No Change	04/06/26
bosutinib tab 100mg, 400mg, 500mg **(Brand: Bosulif®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/22/26
Breztri Aerosphere®	PB	PB		No Change (New Drug)	No Change	06/15/26
bromfenac sodium solution 0.07% ophthalmic **(Brand: Prolensa®)**	G	NPD		Generic Uptier	No Change	01/01/27
buspirone tab 2.5mg, 12.5mg **(Brand: BuSpar®)**	G	NPD + PA	buspirone 5mg, 7.5mg, 10mg, 15mg, 30mg	Generic Uptier	PA Addition	01/01/27
Bysanti™ Tab	NPD + PA + QL (Max Daily Dose 2)	NPD + PA + QL (Max Daily Dose 2)	2 generic antipsychotic agents (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.) OR continuation of therapy with requested medication	No Change (New Drug)	No Change	05/18/26
Bysanti™ Tab Pack	NPD + PA	NPD + PA	2 generic antipsychotic agents (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.) OR continuation of therapy with requested medication	No Change (New Drug)	No Change	05/18/26
Calcitrene® Ointment 0.005% External	G	NPD		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
carbamazepine suspension 100mg/5ml, 200mg/10ml oral **(Brand: Tegretol®)**	G + PA	G		No Change	PA Removal	01/01/27
carvedilol tab 3.125mg, 6.25mg, 12.5mg, 25mg **(Brand: Coreg®)**	G	LCG		Generic Downtier	No Change	01/01/27
cephalexin cap 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
cephalexin tablet 500mg oral **(Brand: Keflex®)**	G	G + PA	cephalexin capsule	No Change	PA Addition	01/01/27
Charlotte® 24 Fe Tablet Chewable 1-20mg-mcg (24) Oral	G	NPD		Generic Uptier	No Change	01/01/27
chlordiazep cap 5mg, 10mg, 25mg	LCG	G		Generic Uptier	No Change	01/01/27
chlorhex glu sol 0.12%	LCG	G		Generic Uptier	No Change	01/01/27
Cimzia® (Brand: 1 Syringe) Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Cimzia® (Brand: 2 Syringe) Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Cimzia® Kit 2 X 200mg Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Cimzia® Starter Prefilled Syringe Kit 200mg/ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27

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***= for Specialty plans**

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
ciprofloxacin tab 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
Clemsza™ Oral Tablet 2.68mg	NPD	NPD + PA	Both of the following: 2 second-generation generic antihistamines (e.g., loratadine, desloratadine, etc..) and generic clemastine fumarate tablets	No Change	PA Addition	01/01/27
clindamycin cap 75mg, 150mg, 300mg **(Brand: Cleocin®)**	LCG	G		Generic Uptier	No Change	01/01/27
clindamycin sol 1%	LCG	G		Generic Uptier	No Change	01/01/27
clonazepam tab 0.5mg, 1mg, 2mg	LCG	G		Generic Uptier	No Change	01/01/27
clonidine hcl tab 0.05mg **(Brand: Catapres®)**	G	G		No Change (New Drug)	No Change	04/20/26
cyclobenzapr tab 5mg, 7.5mg, 10mg	LCG	G		Generic Uptier	No Change	01/01/27
cyclopentol sol 1% op	G	LCG		Generic Downtier	No Change	01/01/27
cyclosporine emu 0.05% op **(Brand: Restasis®)**	NPD + PA + QL (Max Daily Dose 2)	NPD + PA + QL (Max Daily Dose 2)	Minimum 12-weeks (3 months) trial of **Restasis**	No Change (New Generic)	No Change	04/20/26
cyproheptad tab 4mg	LCG	G		Generic Uptier	No Change	01/01/27
dapag/met er tab 5-500mg, 5-1000mg, 10-500mg, 10-1000mg **(Brand: Xigduo XR®)**	G	G		No Change (New Generic)	No Change	04/13/26

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
dapagliflozin tab 5mg, 10mg **(Brand: Farxiga®)**	G	G		No Change (New Generic)	No Change	04/13/26
dapaglif-sax tab 10-5mg **(Brand: Qtern®)**	NPD + PA	NPD + PA	Minimum of 3-months trial with ONE of the following: **Jardiance, Synjardy [XR], Glyxambi** or **Trijardy XR** AND minimum of 3-months trial with ONE of the following: dapagliflozin, dapagliflozin/metformin ER	No Change	No Change	04/13/26
Depen™ Titratabs Tablet 250mg Oral	PB	NPD + PA	Penicillamine capsule	Brand Uptier	PA Addition	01/01/27
dexamethasone tab 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	LCG	G		Generic Uptier	No Change	01/01/27
Dexlyt™ Tab 0.25mg	NPD	NPD		No Change (New Drug)	No Change	06/01/26
diazepam tab 2mg, 5mg, 10mg **(Brand: Valium®)**	LCG	G		Generic Uptier	No Change	01/01/27
Dificid® Suspension Reconstituted 40mg/ml Oral	NPD + QL (136ml per 10 days)	NPD + QL (408ml per 365 days)		No Change	QL Change	01/01/27
Dificid™ Tablet 200mg Oral	NPD + QL (20 tablets per 10 days)	NPD + PA + QL (60 tablets per 365 days)	Fidaxomicin tablet	No Change	PA Addition QL Change	01/01/27
donepezil tab/odt 5mg, 10mg	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Dotti® Patch Twice Weekly 0.025mg/24Hr, 0.0375mg/24Hr, 0.05mg/24Hr, 0.075mg/24Hr, 0.1mg/24Hr Transdermal	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
doxycycl hyc cap 50mg 100mg	LCG	G		Generic Uptier	No Change	01/01/27
dronabinol sol 5mg/ml **(Brand: Syndros®)**	NPD + PA	NPD + PA	generic dronabinol capsule	No Change (New Authorized Generic)	No Change	06/15/26
duloxetine cap 80mg, 90mg, 120mg dr **(Brand: Cymbalta®)**	G	G		No Change (New Drug)	No Change	06/29/26
Ebglyss® Solution Auto-Injector 250mg/2ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/26
Ebglyss® Solution Prefilled Syringe 250mg/2ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/26
Edurant™ Tablet 25mg Oral	PB	NPD		Brand Uptier	No Change	01/01/27
Effer-K/Klor-Con 25 MEQ Tab	PB	NPD		Brand Uptier	No Change	01/01/27
eletriptan hydrobromide tablet 20mg, 40mg oral **(Brand: Relpax®)**	G + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
enalapr/hctz tab 5-12.5mg, 10-25mg	G	LCG		Generic Downtier	No Change	01/01/27
endocet tab 10-325mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
endocet tab 2.5-325mg, 5-325mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
endocet tab 7.5-325	LCG + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
Endometrin® Insert 100mg Vaginal	PB	NPD		Brand Uptier	No Change	01/01/27
Eohilia™ Suspension 2mg/10ml Oral	NPD + PA + QL (Max Daily Dose 20ml)	NPD + PA + QL (Max Daily Dose 20ml, 1800ml per 365 days)		No Change	QL Change	01/01/27
Epclusa® Packet 150-37.5mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Epclusa® Packet 200-50mg Oral	PB/SP* + PA + QL (Max Daily Dose 2)	NPD/SP* + PA + QL (Max Daily Dose 2)		Brand Uptier	No Change	01/01/27
Epclusa® Tablet 200-50mg, 400-100mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
ergocalcifer cap 1.25mg	LCG	LCG		Generic Downtier	No Change	01/01/27
ergot/caffen tab 1-100mg **(Brand: Cafergot®)**	G	G		No Change (New Brand)	No Change	04/06/26
escitalopram tab 5mg, 10mg, 20mg **(Brand: Lexapro®)**	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr transdermal **(Brand: Dotti®, Lyllana®)**	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
estradiol patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr transdermal **(Brand: Climara®)**	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
Eurax® Cre 10%	NPD + PA	NPD + PA	generic permethrin cream	No Change (New Brand)	No Change	05/18/26
Farxiga® Tablet 5mg, 10mg Oral	PB	NPD + PA	Minimum of 3-months trial with ONE of the following: **Jardiance, Synjardy [XR], Glyxambi** or **Trijardy XR** AND minimum of 3-months trial with ONE of the following: dapagliflozin, dapagliflozin/metformin ER	Brand Uptier	PA Addition	01/01/27
fenofibrate tablet 40mg, 120mg, oral **(Brand: Fenoglide®)**	G	NPD		Generic Uptier	No Change	01/01/27
fenofibrate tablet 48mg, 145mg oral **(Brand: Tricor®)**	G	NPD		Generic Uptier	No Change	01/01/27
fenofibrate tablet 54mg, 160mg oral **(Brand: Lofibra®)**	G	NPD		Generic Uptier	No Change	01/01/27
fexmid tab 7.5mg	LCG	G		Generic Uptier	No Change	01/01/27

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
fidaxomicin tablet 200mg oral **(Brand: Dificid®)**	G + QL (20 tablets per 10 days)	G + QL (60 tablets per 365 days)		No Change	QL Change	01/01/27
finzala® tablet chewable 1-20mg-mcg (24) oral **(Brand: Minastrin® 24 Fe)**	G	NPD		Generic Uptier	No Change	01/01/27
fluconazole tab 50mg, 100mg, 150mg, 200mg **(Brand: Diflucan®)**	LCG	G		Generic Uptier	No Change	01/01/27
folic acid sol 0.2mg/ml **(Brand: Quiofic®)**	NPD	NPD		No Change (New Generic)	No Change	05/18/26
frovatriptan succinate tablet 2.5mg oral **(Brand: Frova®)**	NPD + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NPD + QL (18 per 30 days)		No Change	AL Removal	01/01/27
gabapentin cap 200mg **(Brand: Relgaabi™)**	NPD + PA	NPD + PA	generic gabapentin	No Change (New Generic)	No Change	06/08/26
glimepiride tab 1mg, 2mg, 4mg	G	LCG		Generic Downtier	No Change	01/01/27
glimepiride tablet 3mg oral **(Brand: Amaryl®)**	G	NPD + PA	3 generic sulfonylureas (e.g., glipizide, glyburide, glimepiride 1mg, 2mg, 4mg)	Generic Uptier	PA Addition	01/01/27
glipizide tab 15mg	G	G		No Change (New Drug)	No Change	05/18/26
glucagon emergency solution reconstituted 1mg/ml injection	PB	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Granisol™ Sol 2mg/10ml	NPD	NPD + 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 (New Brand)	No Change	01/01/27
Grastek® Tablet Sublingual 2800 BAU Sublingual	NPD + PA	NPD		No Change	PA Removal	01/01/27
Harvoni® Packet 33.75-150mg, 45-200mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
Harvoni® Tablet 45-200mg, 90-400mg Oral	PB/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		Brand Uptier	No Change	01/01/27
hydroco/apap tab 5-325mg, 7.5-325mg, 5-300mg, 7.5-300mg	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
hydroco/apap tab 10-325mg, 10-300mg	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Brand Uptier	No Change	01/01/27
hydrocort cre 2.5%	LCG	G		Brand Uptier	No Change	01/01/27
hydrocort oin 2.5%	LCG	G		Brand Uptier	No Change	01/01/27
hydrocortisone lotion 2% external **(Brand: Hytone®)**	NPD	NPD + PA	Three prescription-strength generic topical steroids	No Change	PA Addition	01/01/27
hydroxyz hcl tab 10mg, 25mg, 50mg	LCG	G		Brand Uptier	No Change	01/01/27
Hympavzi® Inj 75/0.5ml	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	06/29/26

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***= for Specialty plans**

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Idvynso™ Tab 100-0.25mg	NPD + QL (Max Daily Dose 1)	PB		Brand Downtier	QL Removal	01/01/27
Imitrex STATdose® Refill Solution Cartridge 4mg/0.5ml Subcutaneous	NPD + PA + QL (14 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (14 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® Refill Solution Cartridge 6mg/0.5ml Subcutaneous	NPD + PA + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® System Solution Auto-Injector 4mg/0.5ml Subcutaneous	NPD + PA + QL (14 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (14 per 30 days)		No Change	AL Removal	01/01/27
Imitrex STATdose® System Solution Auto-Injector 6mg/0.5ml Subcutaneous	NPD + PA + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Imitrex® Tablet 25mg, 50mg, 100mg Oral	NPD + PA + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (18 per 30 days)		No Change	AL Removal	01/01/27
indapamide tab 1.25mg, 2.5mg	G	LCG		Generic Downtier	No Change	01/01/27
indomethacin cap 25mg, 50mg	G	LCG		Generic Downtier	No Change	01/01/27
insulin glargine SoloStar® solution pen-injector 300 unit/ml subcutaneous	NPD + PA + QL (Max Daily Dose 2)	PB + QL (Max Daily Dose 2)		Brand Downtier	PA Removal	01/01/27
insulin glargine Max SoloStar® solution pen-injector 300 unit/ml subcutaneous	NPD + PA + QL (Max Daily Dose 2)	PB + QL (Max Daily Dose 2)		Brand Downtier	PA Removal	01/01/27
isoniazid tab 100mg, 300mg	LCG	G		Generic Uptier	No Change	01/01/27
ivermectin cream 1% external **(Brand: Soolantra®)**	NPD + PA	G		Generic Downtier	PA Removal	01/01/27

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Jakafi XR™ Tab 11mg, 22mg, 33mg, 44mg, 55mg	NPD/SP* + PA + QL (Max Daily Dose 1)	NPD/SP* + PA + QL (Max Daily Dose 1)		No Change (New Drug)	No Change	05/11/26
Janumet® Tablet 50-500mg, 50-1000mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27
Janumet XR® Tablet 50-500mg, 50-1000mg, 100-1000mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27
Januvia® Tablet 25mg, 50mg, 100mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27
Jatenzo™ Capsule 158mg, 198mg Oral	NPD + PA	NPD + PA + QL (Max Daily Dose 4)		No Change	QL Addition	01/01/27
Jatenzo™ Capsule 237mg Oral	NPD + PA	NPD + PA + QL (Max Daily Dose 2)		No Change	QL Addition	01/01/27
Jentadueto® Tablet 2.5-500mg, 2.5-850mg, 2.5-1000mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27
Jentadueto XR® Tablet 24 Hour 2.5-1000mg, 5-1000mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Juxtapid® Cap 2mg	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	04/13/26
ketoprofen cap 75mg **(Brand: Orudis®)**	G + PA	G + PA	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change (New Generic)	No Change	04/27/26
levetiraceta sol 100mg/ml, 500/5ml	LCG	G		Generic Uptier	No Change	01/01/27
levofloxacin tab 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
levothyroxin tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Generic Downtier	No Change	01/01/27
Levoxyl® Tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg,150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Brand Downtier	No Change	01/01/27
Lifyorli™ Cap 125mg Ds, 150mg Ds	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	04/06/26
lithium carb cap 150mg, 300mg, 600mg	LCG	G		Generic Uptier	No Change	01/01/27
lomaira tab 8mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27

(continued)

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
lorazepam tab 0.5mg, 1mg, 2mg **(Brand: Ativan®)**	LCG	G		Generic Uptier	No Change	01/01/27
Lumigan® Solution 0.01% Ophthalmic	PB	NPD + PA	TWO of the following generics: latanoprost, bimatoprost, travoprost	Brand Uptier	PA Addition	01/01/27
Lyllana® Patch Twice Weekly 0.025mg/24Hr, 0.0375mg/24Hr, 0.05mg/24Hr, 0.075mg/24Hr, 0.1mg/24Hr Transdermal	NPD + PA	G		Generic Downtier	PA Removal	10/01/26
Lynavoy® Tab 40mg	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	06/29/26
macitentan tab 10mg **(Brand: Opsumit®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/01/26
Maxalt® Tablet 10mg Oral	NPD + PA + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	NPD + PA + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Maxalt-MLT® Tablet Dispersible 10mg Oral	NPD + PA + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	NPD + PA + QL (12 per 30 days)		No Change	AL Removal	01/01/27
meclizine tab 12.5mg, 25mg **(Brand: Dramamine®)**	LCG	G		Generic Uptier	No Change	01/01/27
memantine tab hcl 5mg, 10mg	G	LCG		Generic Downtier	No Change	01/01/27
metformin tab 625mg	NPD + PA	LCG + PA		Generic Downtier	No Change	01/01/27
methadone con 10mg/ml	LCG + PA +QL (6 per day)	G + PA +QL (6 per day)		Generic Uptier	No Change	01/01/27

(continued)

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
methadone sol 10mg/5ml	LCG + PA +QL (30 per day)	G + PA +QL (30 per day)		Generic Uptier	No Change	01/01/27
methadone sol 5mg/5ml	LCG + PA +QL (60 per day)	G + PA +QL (60 per day)		Generic Uptier	No Change	01/01/27
methocarbam tab 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/27
metoclopram tab 5mg, 10mg **(Brand: Reglan®)**	LCG	G		Generic Uptier	No Change	01/01/27
metronidazol tab 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
Mibelas™ 24 Fe Tablet Chewable 1-20mg-mcg (24) Oral	G	NPD		Generic Uptier	No Change	01/01/27
mirabegron sus 8mg er **(Brand: Myrbetriq®)**	G	G		No Change (New Generic)	No Change	06/15/26
Mirvaso® Gel 0.33 & External	PB	NPD + PA	brimonidine gel	Brand Uptier	PA Addition	01/01/27
mometasone oin 0.1%	LCG	G		Generic Uptier	No Change	01/01/27
Myfembree® Tablet 40-1-0.5mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 1, 730 per lifetime)		No Change	QL Addition	01/01/27
Myrbetriq Granules® Suspension Reconstituted ER 8mg/ml Oral	PB	NPD + PA	Three generic alternatives (e.g., solifenacin, oxybutynin, tolterodine, mirabegron, etc.)	Brand Uptier	PA Addition	01/01/27
Myrbetriq® Tablet ER 24 Hour 25mg, 50mg Oral	PB	NPD + PA	Three generic alternatives (e.g., solifenacin, oxybutynin, tolterodine, mirabegron, etc.)	Brand Uptier	PA Addition	01/01/27
nabumetone tab 500mg, 750mg **(Brand: Relafan®)**	G	LCG		Generic Downtier	No Change	01/01/27

***= for Specialty plans**

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
naproxen tab 250mg, 375mg, 500mg	G	LCG		Generic Downtier	No Change	01/01/27
naratriptan hcl tablet 1mg, 2.5mg oral **(Brand: Amerge®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Nereus™ Cap 85mg	NPD + PA	NPD + PA + QL (Max Daily Dose 2, 18 per 180 days, no early refill)	Transdermal scopolamine and antihistamine (e.g., dimenhydrinate, meclizine)	No Change (New Drug)	QL Addition	01/01/27
nintedanib cap 100mg, 150mg **(Brand: Brand: Ofev®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	04/06/26
Nitro-Bid® Oin 2%	LCG	G		Generic Uptier	No Change	01/01/27
nitrofurantn cap 100mg **(Brand: Macrobid®)**	LCG	G		Generic Uptier	No Change	01/01/27
nitroglycer oin 2% **(Brand: Nitro-Bid®)**	LCG	G		Generic Uptier	No Change	01/01/27
norethin ace-eth estrad-fe tablet chewable 1-20mg-mcg (24) oral **(Brand: Charlotte®)**	G	NPD		Generic Uptier	No Change	01/01/27
nystat/triam oin	LCG	G		Generic Uptier	No Change	01/01/27
nystatin oin 100000	LCG	G		Generic Uptier	No Change	01/01/27
ondansetron tab 4mg, 8mg **(Brand: Zofran®)**	LCG	G				01/01/27
Onzetra Xsail® Exhaler Powder 11mg/Nosepc Nasal	NPD + PA + QL (16 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (16 per 30 days)		No Change	AL Removal	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Opsumit® Tablet 10mg Oral	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Oriahnn® Capsule Therapy Pack 300-1-0.5 & 300mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 2, 1460 per lifetime)		No Change	QL Addition	01/01/27
Orilissa® Tablet 150mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 1, 730 per lifetime)		No Change	QL Addition	01/01/27
Orilissa® Tablet 200mg Oral	PB + PA	PB + PA + QL (Max Daily Dose 2, 360 per lifetime)		No Change	QL Addition	01/01/27
Orserdu® Tablet 86mg Oral	NPD/SP* + PA	NPD/SP* + PA + QL (Max Daily Dose 3)		No Change	QL Addition	01/01/27
oxybutynin sol 5mg/5ml	G	LCG		Generic Downtier	No Change	01/01/27
oxycod/apap tab 10-325mg **(Brand: Percocet®)**	LCG + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
oxycod/apap tab 2.5-325, 5-325mg **(Brand: Percocet®)**	LCG + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (12 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
oxycod/apap tab 7.5-325 **(Brand: Percocet®)**	LCG + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)	G + QL + MME + D/S (8 tabs per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
Ozempic® Tab 1.5mg, 4mg, 9mg	PB + PA + QL (Max Daily Dose 1)	PB + PA + QL (Max Daily Dose 1)		No Change (New Brand)	No Change	04/20/26

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Palforzia® Daily Dose Pack Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Initial Dose 1-3 Yrs 0.5 & 1 & 1.5 & 3mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Maintenance Packet 300mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
Palforzia® Titration Packet 300mg Oral	NPD + PA	NPD		No Change	PA Removal	01/01/27
penicillamine tablet 250mg oral **(Brand: Depen™)**	G	G + PA	penicillamine capsule	No Change	PA Addition	01/01/27
penicilln vk tab 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/27
periogard sol 0.12%	LCG	G		Generic Uptier	No Change	01/01/27
phentermine cap 15mg, 30mg, 37.5mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27
phentermine tab 8mg, 37.5mg	LCG *requires weight loss benefit*	G *requires weight loss benefit*		Generic Uptier	No Change	01/01/27
phenytoin sus 125/5ml	G	LCG		Generic Downtier	No Change	01/01/27
prednisone tab 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	LCG	G		Generic Uptier	No Change	01/01/27
progesterone sup 100mg **(Brand: Endometrin®)**	G	G		No Change (New Generic)	No Change	05/18/26

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
prometh/cod sol 6.25-10	LCG + QL + MME + D/S (30ml per day; two-5 day fills per 60 days)	G + QL + MME + D/S (30ml per day; two-5 day fills per 60 days)		Generic Uptier	No Change	01/01/27
promethazine sol 6.25/5ml, 12.5/10ml	LCG	G		Generic Uptier	No Change	01/01/27
promethazine tab 12.5mg, 25mg, 50mg	LCG	G		Generic Uptier	No Change	01/01/27
quinapril tab 5mg, 10mg, 20mg, 40mg	LCG	G		Generic Uptier	No Change	01/01/27
Quiofic® Sol 0.2mg/ml	NPD	NPD		No Change (New Drug)	No Change	04/27/26
Ragwitek® Tablet Sublingual 12 Amb a 1-U	NPD + PA	NPD		No Change	PA Removal	01/01/27
ramipril cap 1.25mg, 2.5mg, 5mg, 10mg **(Brand: Altace®)**	G	LCG		Generic Downtier	No Change	01/01/27
Relgaabi™ Cap 200mg, 300mg, 400mg	NPD + PA	NPD + PA	generic gabapentin	No Change (New Drug)	No Change	04/06/26
Relpax® Tablet 20mg, 40mg Oral	NPD + PA + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (12 per 30 days)		No Change	AL Removal	01/01/27
rizatriptan benzoate tablet 5mg, 10mg oral **(Brand: Maxalt®)**	G + QL (12 per 30 days) + AL (Minimum Age: 6 Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
rizatriptan benzoate tablet dispersible 5mg, 10mg oral **(Brand: Maxalt-MLT®)**	G + QL (12 per 30 days) + AL (Minimum Age: 6Years)	G + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Saphnelo® Inj/Pen Inj 120mg/0.8ml	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Savella® Tablet 12.5mg, 25mg, 50mg, 100mg Oral	NPD	NPD + PA		No Change	PA Addition	01/01/27
Savella® Titration Pack 12.5 & 25 & 50mg Oral	NPD	NPD + PA		No Change	PA Addition	01/01/27
sertraline tab 25mg, 50mg, 100mg **(Brand: Zoloft®)**	LCG	G		Generic Uptier	No Change	01/01/27
sildenafil tab 25mg, 50mg, 100mg **(Brand: Viagra®)**	LCG + QL (8 tabs per 30 days)	G + QL (8 tabs per 30 days)		Generic Uptier	No Change	01/01/27
silver sulfa cre 1%	LCG	G		Generic Uptier	No Change	01/01/27
sitag/metfor tab 50-500mg, 50-1000mg **(Brand: Janumet®)**	G	G		No Change (New Generic)	No Change	06/01/26
sitag/metfor tab 50-500mg, 50-1000mg, 100-1000mg ER 24 hr **(Brand: Janumet XR®)**	G	G		No Change (New Drug)	No Change	08/03/26
sitagliptin tab 25mg, 50mg, 100mg **(Brand: Januvia®)**	G	G		No Change (New Generic)	No Change	06/01/26
smz/tmp tab 400-80mg **(Brand: Bactrim®)**	LCG	G		Generic Uptier	No Change	01/01/27
smz/tmp ds tab 800-160 **(Brand: Bactrim DS®)**	LCG	G		Generic Uptier	No Change	01/01/27
Soolantra® Cream 1 & External	G	NPD + PA	ivermectin cream	Generic Uptier	PA Addition	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Sotyktu® Tablet 6mg Oral	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
ssd cre 1%	LCG	G		Generic Uptier	No Change	01/01/27
Stelara® Solution 45mg/0.5ml Subcutaneous	NPD/SP* + PA	EXCLUDED		Brand Deletion	SP Removal PA Removal	01/01/27
Stelara® Solution Prefilled Syringe 45mg/0.5ml, 90mg/ml Subcutaneous	NPD/SP* + PA	EXCLUDED		Brand Deletion	SP Removal PA Removal	01/01/27
Steqeyma® Inj 45/0.5ml	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	04/06/26
sumatriptan solution 20mg/act nasal **(Brand: Imitrex®)**	G + Q (18 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (18 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan solution 5mg/act nasal **(Brand: Imitrex®)**	G + QL (36 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (36 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan succinate solution 6mg/0.5ml subcutaneous **(Brand: Imitrex®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan succinate solution auto-injector 6mg/0.5ml subcutaneous **(Brand: Imitrex STATdose®)**	G + QL (9 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
sumatriptan succinate tablet 25mg, 50mg, 100mg oral **(Brand: Imitrex®)**	G + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	G + QL (18 per 30 days)		No Change	AL Removal	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
sumatriptan-naproxen sodium tablet 85-500mg oral **(Brand: Treximet®)**	G + PA + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	G + PA + QL (18 per 30 days)		No Change	AL Removal	01/01/27
Symbravo® Tablet 20-10mg Oral	NPD + PA + QL (7 per 30 days) + AL (Minimum Age: 6 Years)	NPD + PA + QL (7 per 30 days)		No Change	AL Removal	01/01/27
Tabloid® Tablet 40mg Oral	NPD	NPD + PA		No Change	AL Removal	01/01/27
Taclonex® Suspension 0.005-0.064& External	NPD	NPD + PA	BOTH of the following: generic calcipotriene-betamethasone AND one vitamin D analog (e.g., calcipotriene) used in combination with a topical medium or high potency corticosteroids (e.g., betamethasone)	No Change	PA Addition	01/01/27
tacrolimus cap 0.5mg er, 1mg er, 5mg er **(Brand: Astagraf XL®)**	G	G		No Change (New Generic)	No Change	05/11/26
tizanidine cap 8mg **(Brand: Zanaflex®)**	G + PA	NPD + PA	Two generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine 2mg, 4mg, or 6mg, cyclobenzaprine, chlorzoxazone 500mg)	No Change	No Change	01/01/27
tobramycin sol 0.3% op	LCG	G		Generic Uptier	No Change	01/01/27
tofacit cit tab 11mg, 22mg er **(Brand: Xeljanz XR®)**	G/SP* + PA	G/SP* + PA		Generic Uptier	No Change	06/08/26

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tofacitinib sol 1mg/ml **(Brand: Xeljanz®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/08/26
tofacitinib tab 5mg, 10mg **(Brand: Xeljanz®)**	G/SP* + PA	G/SP* + PA		No Change (New Generic)	No Change	06/08/26
tolmetin sod tab 200mg **(Brand: Tolectin®)**	G	NPD + PA	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	Generic Uptier	PA Addition	01/01/27
Tosymra® Solution 10mg/Act Nasal	NPD + PA + QL (12 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (12 per 30 days)		No Change	AL Removal	01/01/27
Tradjenta® Tablet 5mg Oral	PB	NPD + PA	Three generic DPP-4 or DPP-4 combos (e.g., sitagliptin, sitagliptin-metformin, linagliptin, linagliptin-metformin)	Brand Uptier	PA Addition	01/01/27
tramadol hcl tab 100mg	LCG + QL + MME (4 tabs per day)	G + QL + MME (4 tabs per day)		Generic Uptier	No Change	01/01/27
tramadol hcl tab 50mg	LCG + QL + MME (8 tabs per day)	G + QL + MME (8 tabs per day)		Generic Uptier	No Change	01/01/27
trazodone tab 50mg, 100mg, 150mg, 300mg	G	LCG		Generic Downtier	No Change	01/01/27
Treximet® Tablet 85-500mg Oral	NPD + PA + QL (18 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (18 per 30 days)		No Change	AL Removal	01/01/27
triamcinolon cre 0.025%, 0.5%, 0.1%	LCG	G		Generic Uptier	No Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
triamcinolon oin 0.025%, 0.5%, 0.1%	LCG	G		Generic Uptier	No Change	01/01/27
triamcinolon oin 0.05%	LCG + PA	G + PA		Generic Uptier	No Change	01/01/27
triderm cre 0.5%	LCG	G		Generic Uptier	No Change	01/01/27
tropicamide sol 0.5%, 1% op	LCG	G		Generic Uptier	No Change	01/01/27
twiist™ Kit Starter, Refill, Refill Kit Infusion	NPD	PB		Brand Downtier	No Change	01/01/27
Tyvaso DPI® Pow 48-80 Mcg	NPD/SP* + PA	NPD/SP* + PA		No Change (New Drug)	No Change	06/08/26
umeclid elpt inh 62.5mcg **(Brand: Incruse Ellipta®)**	NPD + PA	NPD + PA	Spiriva	No Change	No Change	04/13/26
Unithroid® Tab 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg,150mcg, 175mcg, 200mcg, 300mcg	G	LCG		Generic Downtier	No Change	01/01/27
Veppanu™ Tab 100mg, 200mg	NPD/SP* + PA	NPD/SP* + PA + QL (Max Daily Dose 1)		No Change (New Drug)	QL Addition	01/01/27
V-Go® 20 Kit 20 Unit/24Hr, 30 Kit 30 Unit/24Hr, 40 Kit 40 Unit/24Hr	PB	NPD + PA	One of the following: **Omnipod, Cequr** or **Twiist**	Brand Uptier	PA Addition	01/01/27
vitamin d cap 50000	LCG	LCG		Generic Downtier	No Change	01/01/27
Wainua® Inj 45/0.8Ml	NPD/SP* + PA + QL (0.8ml per 28 days)	NPD/SP* + PA + QL (0.8ml per 28 days)		No Change (New Drug)	No Change	05/04/26
warfarin tab 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	G	LCG		Generic Downtier	No Change	01/01/27

(continued)

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Widaplik™ Tab 1.25-10-0.625mg, 2.5-20-1.25mg, 40-5-2.5mg	NPD + PA	NPD + PA	Two generic antihypertensive drugs from each of the following classes: ACE-I/ARB (e.g., lisinopril, losartan), diuretic (e.g., hydrochlorothiazide), calcium channel blocker (e.g., amlodipine)	No Change (New Drug)	No Change	04/27/26
Xdemvy® Solution 0.25% Ophthalmic	NPD + PA + QL (10ml per 42 days)	NPD + PA + QL (10ml per 180 days, no early refill)		No Change	QL Change	01/01/27
Xeljanz® Solution 1mg/ml Oral	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Xeljanz® Tablet 5mg, 10mg Oral	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Xeljanz XR® Tablet 24 Hour 11mg, 22mg Oral	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/27
Xigduo XR® Tablet 24 Hour 5-500mg, 5-1000mg, 10-500mg, 10-1000mg Oral	PB	NPD + PA	Minimum of 3-months trial with ONE of the following: **Jardiance, Synjardy [XR], Glyxambi** or **Trijardy XR** AND minimum of 3-months trial with ONE of the following: dapagliflozin, dapagliflozin/metformin ER	Brand Uptier	PA Addition	01/01/27
Xocova® Tab 125mg	NPD + QL (7 per 5 days)	NPD + QL (7 per 5 days, 2 courses per year)		No Change (New Drug)	QL Change	01/01/27

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***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Xtoro® Dro 0.3% Otic	NPD + PA	NPD + PA	Minimum 7-day trial with THREE of the following generics: ofloxacin otic solution, ciprofloxacin otic solution, ciprofloxacin/hydrocortisone otic suspension, ciprofloxacin/ dexamethasone otic suspension, neomycin-polymyxin B–hydrocortisone otic solution or suspension, acetic acid 2% otic solution, acetic acid 2% - hydrocortisone 1% otic solution	No Change (New Drug)	No Change	05/18/26
Zegalogue® In 0.6mg/0.6ml	PB	NPD		Brand Uptier	No Change	01/01/27
Zembrace SymTouch® Solution Auto-Injector 3mg/0.5ml Subcutaneous	NPD + PA + QL (4 per 30 days) + AL (Minimum Age: 18 Years)	NPD + PA + QL (4 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan solution 2.5mg nasal **(Brand: Zomig®)**	NPD + PA + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NPD + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan solution 5mg nasal **(Brand: Zomig®)**	G + PA + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan tablet 2.5mg, 5mg oral **(Brand: Zomig®)**	G + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolmitriptan tablet dispersible 2.5mg, 5mg oral **(Brand: Zomig-ZMT®)**	G + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	G + QL (9 per 30 days)		No Change	AL Removal	01/01/27
zolpidem tab 5mg, 10mg **(Brand: Ambien®)**	LCG + PA +QL (1 tab per day)	G + PA +QL (1 tab per day)		Generic Uptier	No Change	01/01/27

***= for Specialty plans**

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Zolymbus™ Gel 0.01%	NPD + PA	NPD + PA	TWO of the following generics: latanoprost, bimatoprost, travoprost	No Change (New Drug)	No Change	05/18/26
Zomig® Solution 2.5mg, 5mg Nasal	NPD + PA + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NPD + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27
Zomig® Tablet 2.5mg, 5mg Oral	NPD + PA + QL (9 per 30 days) + AL (Minimum Age: 12 Years)	NPD + PA + QL (9 per 30 days)		No Change	AL Removal	01/01/27

***= for Specialty plans**

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

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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