



Highmark Wholecare Medicare Assured Formulary Changes

Current as of: 6/1/2026

Please be aware that Highmark Wholecare Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Wholecare may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Highmark Wholecare will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Highmark Wholecare will also provide notice to members who are taking the drug in these instances. For **new generic drugs**, we may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. The complete drug formulary can be viewed at any time on our website at <https://www.highmark.com/wholecare/medicare/benefits-programs/medication-benefits/formulary>. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
2/1/2026	LOMUSTINE CAP 10MG	Formulary Addition	Generic Available	N/A	N/A
2/1/2026	LOMUSTINE CAP 10MG	Formulary Addition	Generic Available	N/A	N/A
2/1/2026	LOMUSTINE CAP 40MG	Formulary Addition	Generic Available	N/A	N/A
2/1/2026	GLEOSTINE CAP 40MG	Formulary Deletion	Generic Available	LOMUSTINE CAP 40MG	Tier 1
2/1/2026	GLEOSTINE CAP 100MG	Formulary Deletion	Generic Available	LOMUSTINE CAP 100MG	Tier 1
2/1/2026	GLEOSTINE CAP 10MG	Formulary Deletion	Generic Available	LOMUSTINE CAP 10MG	Tier 1
2/1/2026	GLYCEROL PHE LIQ 1.1GM/ML	Formulary Addition	Generic Available	N/A	N/A
2/1/2026	RAVICTI LIQ 1.1GM/ML	Formulary Deletion	Generic Available	GLYCEROL PHE LIQ 1.1GM/ML	Tier 1
2/1/2026	LUIZZA TAB 1.5/30	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	LUIZZA 1/20 TAB	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	OTEZLA XR TAB 75MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	OTEZLA/XR TAB 28 DAY	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	INLURIYO TAB 200MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	JUBBONTI INJ 60MG/ML	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	EXXUA TAB 18.2MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	EXXUA TAB 36.3MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	EXXUA TAB 54.5MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	EXXUA TAB 72.6MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	REXTOVY SPR 4/0.25ML	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	VALTYA 1/35 TAB	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2026	KOSELUGO CAP 5MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	KOSELUGO CAP 7.5MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2026	LURBIPR TAB 100MG	Formulary Deletion	No Longer Part D Eligible	FLURBIPROFEN TAB 100MG	Tier 1
2/1/2026	SYNRIBO INJ 3.5MG	Formulary Deletion	Off Market	N/A	N/A
3/1/2026	ENSACOVE CAP 100MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	ENSACOVE CAP 25MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	EXXUA TITRAT TAB 18.2MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	GLUCAGON EMERGENCY KIT	Formulary Deletion	Off Market	GLUCAGON INJ 1MG	Tier 1
3/1/2026	LIOMNY TAB 25MCG	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	LIOMNY TAB 50MCG	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	LIOMNY TAB 5MCG	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	PAZOPANIB TAB 400MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	REDEMPLO SOL 25/0.5ML	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	SELZENTRY TAB 25MG	Formulary Deletion	Off Market	N/A	N/A
3/1/2026	SELZENTRY TAB 75MG	Formulary Deletion	Off Market	N/A	N/A
3/1/2026	SUBVENITE SUS 10MG/ML	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	TERIPARATIDE INJ 560/2.24	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	TIVICAY TAB 10MG	Formulary Deletion	Off Market	N/A	N/A
3/1/2026	TIVICAY TAB 25MG	Formulary Deletion	Off Market	N/A	N/A
3/1/2026	VRAYLAR CAP 0.5MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2026	VRAYLAR CAP 0.75MG	Formulary Addition	Protected Class Medication	N/A	N/A

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
3/1/2026	WYOST INJ 120/1.7	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2026	XPOVIO PAK 80MG	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2026	DAYBUE STIX POW 5000MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2026	DAYBUE STIX POW 6000MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2026	DAYBUE STIX POW 8000MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2026	DOPTELET SPR CAP 10MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2026	FLAVOXATE TAB 100MG	Formulary Update	Quantity Limit Addition	N/A	N/A
4/1/2026	HYRNUO TAB 10MG	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2026	NILOTINB TAR CAP 150MG	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2026	NILOTINB TAR CAP 200MG	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2026	NILOTINB TAR CAP 50MG	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2026	OXYBUTYNIN TAB 5MG	Formulary Update	Quantity Limit Addition	N/A	N/A
4/1/2026	SHINGRIX INJ 50/0.5ML	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2026	ACETASOL HC SOL OTIC	Formulary Deletion	Off Market	HC/ACET ACID SOL 1-2% OTIC	Tier 1
5/1/2026	BAC TAB	Formulary Addition	Additional Formulary Option	N/A	Tier 1
5/1/2026	CEFTAROLINE INJ 400MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	CEFTAROLINE INJ 600MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	CHENODAL TAB 250MG	Formulary Deletion	Off Market	N/A	N/A
5/1/2026	GVOKE PFS INJ 0.5/.1ML	Formulary Deletion	Formulary Reference File Deletion	GVOKE HYPO 1 INJ 0.5/.1ML	Tier 1
5/1/2026	LUCEMYRA TAB 0.18MG	Formulary Deletion	Formulary Reference File Deletion	N/A	N/A
5/1/2026	OXYBUTYNIN SOL 5MG/5ML	Formulary Update	Quantity Limit Addition	N/A	N/A
5/1/2026	PERAMPANEL TAB 10MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	PERAMPANEL TAB 12MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	PERAMPANEL TAB 2MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	PERAMPANEL TAB 4MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	PERAMPANEL TAB 6MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	PERAMPANEL TAB 8MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	POMALIDOMIDE CAP 1MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	POMALIDOMIDE CAP 2MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	POMALIDOMIDE CAP 3MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	POMALIDOMIDE CAP 4MG	Formulary Addition	Generic Available	N/A	Tier 1
5/1/2026	POMALYST CAP 1MG	Formulary Deletion	Generic Available	POMALIDOMIDE CAP 1MG	Tier 1
5/1/2026	POMALYST CAP 2MG	Formulary Deletion	Generic Available	POMALIDOMIDE CAP 2MG	Tier 1
5/1/2026	POMALYST CAP 3MG	Formulary Deletion	Generic Available	POMALIDOMIDE CAP 3MG	Tier 1
5/1/2026	POMALYST CAP 4MG	Formulary Deletion	Generic Available	POMALIDOMIDE CAP 4MG	Tier 1
5/1/2026	TEFLARO INJ 400MG	Formulary Deletion	Generic Available	CEFTAROLINE INJ 400MG	Tier 1
5/1/2026	TEFLARO INJ 600MG	Formulary Deletion	Generic Available	CEFTAROLINE INJ 600MG	Tier 1
5/1/2026	TRI-NYMYO TAB	Formulary Deletion	Off Market	TRI-VYLIBRA TAB	Tier 1
5/1/2026	URSODIOL CAP 300MG	Formulary Update	Step Therapy Removal	N/A	N/A
5/1/2026	URSODIOL TAB 250MG	Formulary Update	Step Therapy Removal	N/A	N/A
5/1/2026	URSODIOL TAB 500MG	Formulary Update	Step Therapy Removal	N/A	N/A
6/1/2026	BRIVARACETAM INJ 50MG/5ML	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM SOL 10MG/ML	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM TAB 100MG	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM TAB 10MG	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM TAB 25MG	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM TAB 50MG	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVARACETAM TAB 75MG	Formulary Addition	Generic Available	N/A	Tier 1
6/1/2026	BRIVIACT INJ 50MG/5ML	Formulary Deletion	Generic Available	BRIVARACETAM INJ 50MG/5ML	Tier 1
6/1/2026	BRIVIACT SOL 10MG/ML	Formulary Deletion	Generic Available	BRIVARACETAM SOL 10MG/ML	Tier 1
6/1/2026	BRIVIACT TAB 100MG	Formulary Deletion	Generic Available	BRIVARACETAM TAB 100MG	Tier 1
6/1/2026	BRIVIACT TAB 10MG	Formulary Deletion	Generic Available	BRIVARACETAM TAB 10MG	Tier 1
6/1/2026	BRIVIACT TAB 25MG	Formulary Deletion	Generic Available	BRIVARACETAM TAB 25MG	Tier 1
6/1/2026	BRIVIACT TAB 50MG	Formulary Deletion	Generic Available	BRIVARACETAM TAB 50MG	Tier 1
6/1/2026	BRIVIACT TAB 75MG	Formulary Deletion	Generic Available	BRIVARACETAM TAB 75MG	Tier 1
6/1/2026	ELIQUIS CAP 0.15MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	ELIQUIS TAB 0.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1

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6/1/2026	ELIQUIS TAB 1.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	ELIQUIS TAB 2MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	ERYTHROM ST TAB 250MG	Formulary Deletion	Off Market	ERYTHROCIN TAB 250MG	Tier 1
6/1/2026	EXKIVITY CAP 40MG	Formulary Deletion	Off Market	N/A	N/A
6/1/2026	HUMIRA PEN INJ CD/UC/HS	Formulary Deletion	Off Market	HUMIRA PEN KIT CD/UC/HS	Tier 1
6/1/2026	KOMZIFTI CAP 200MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
6/1/2026	LOPIN/RITON SOL 80-20/ML	Formulary Deletion	Off Market	KALETRA SOL	Tier 1
6/1/2026	NITROGLYCER OIN 2%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	RHOPRESSA SOL 0.02%	Formulary Update	Removal of Prior Authorization	N/A	N/A
6/1/2026	TAZVERIK TAB 200MG	Formulary Deletion	Off Market	N/A	N/A
6/1/2026	THALOMID CAP 150MG	Formulary Deletion	Off Market	THALOMID CAP 50MG	Tier 1
6/1/2026	THALOMID CAP 200MG	Formulary Deletion	Off Market	THALOMID CAP 100MG	Tier 1
6/1/2026	TYENNE INJ 200/10ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	TYENNE INJ 400/20ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2026	TYENNE INJ 80MG/4ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1