

## July 2026 Formulary & Utilization Management Changes

Effective July 1, 2026, there will be an update to coverage of certain medications for Commercial and Healthcare Reform members.

- The medications outlined in **Table 1** are changing tiers and/or may now require Step Therapy (ST) or Prior Authorization (PA), or be subject to a Quantity Limit (QL).
- Formulary changes and new Utilization Management requirements for single-source brand drugs will instead occur upon group renewal date for regulated members in New York.

UPPER CASE= brand name drug  
lower case= generic drug

**TABLE 1 – Formulary & Utilization Management Changes**

| Drug Name                                | Commercial Comprehensive*                             | Commercial Core                                       | Commercial National Select                            | HCR Comprehensive*                                    | HCR Essential   |
|--|---|---|---|---|---|
| AURYXIA 210 MG TABLET                    |   | Moving to NF  |   |   | Moving to NF  |
| AZULFIDINE ENTAB 500 MG                  | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |   | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| BRIVIACT 10 MG TABLET                    |   |   |   |   | Moving to NF  |
| BRIVIACT 100 MG TABLET                   |   |   |   |   | Moving to NF  |
| BRIVIACT 25 MG TABLET                    |   |   |   |   | Moving to NF  |
| BRIVIACT 50 MG TABLET                    |   |   |   |   | Moving to NF  |
| BRIVIACT 75 MG TABLET                    |   |   |   |   | Moving to NF  |
| carbidopa-levorotidone ER 36.25-145 cp** | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| carbidopa-levorotidone ER 61.25-245 cp** | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| carbidopa-levorotidone ER 23.75-95 cap** | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| carbidopa-levorotidone ER 48.75-195 cp** | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| CREXONT ER 35 MG-140 MG CAP**            | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| CREXONT ER 52.5 MG-210 MG CAP**          | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |
| CREXONT ER 70 MG-280 MG CAP**            | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST) |

| Drug Name                       | Commercial Comprehensive*   | Commercial Core   | Commercial National Select                            | HCR Comprehensive*  | HCR Essential   |
|---------------------------------|---|---|---|---|---|
| CREXONT ER 87.5 MG-350 MG CAP** | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| DHIVY 25-100 MG TABLET**        | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| DIPENTUM 250 MG CAPSULE         | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| EDURANT 25 MG TABLET            | Moving to Tier 3  | Moving to NF  |   |   | Moving to NF  |
| ENDOMETRIN 100 MG VAG INSERT    | Moving to Tier 3  | Moving to NF  |   | Moving to Tier 3  | Moving to NF  |
| ENTRESTO 24 MG-26 MG TABLET     |   |   | Moving to NF  |   |   |
| ENTRESTO 49 MG-51 MG TABLET     |   |   | Moving to NF  |   |   |
| ENTRESTO 97 MG-103 MG TABLET    |   |   | Moving to NF  |   |   |
| FARXIGA 10 MG TABLET            | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF  | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) |
| FARXIGA 5 MG TABLET             | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF  | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) |
| fluvastatin ER 80 mg tablet     |   |   | Moving to NF  |   |   |
| fluvastatin sodium 20 mg cap    |   |   | Moving to NF  |   |   |
| fluvastatin sodium 40 mg cap    |   |   | Moving to NF  |   |   |
| GLEOSTINE 10 MG CAPSULE         |   | Moving to NF  |   |   | Moving to NF  |
| GLEOSTINE 100 MG CAPSULE        |   | Moving to NF  |   |   | Moving to NF  |
| GLEOSTINE 40 MG CAPSULE         |   | Moving to NF  |   |   | Moving to NF  |
| LESCOL XL 80 MG TABLET          |   |   | Moving to NF  |   |   |
| LIVDELZI 10 MG CAPSULE          |   |   | Moving to NF  |   |   |
| LORTAB 10 MG-300 MG/15 ML ELXR  |   | Moving to NF  |   |   |   |
| MAVENCLAD 10 MG X 10 TABLET PK  |   |   | Moving to NF  |   |   |
| MAVENCLAD 10 MG X 4 TABLET PK   |   |   | Moving to NF  |   |   |
| MAVENCLAD 10 MG X 5 TABLET PK   |   |   | Moving to NF  |   |   |

| Drug Name                       | Commercial Comprehensive* | Commercial Core                          | Commercial National Select | HCR Comprehensive*       | HCR Essential                            |
|---------------------------------|---------------------------|--|----------------------------|--------------------------|--|
| MAVENCLAD 10 MG X 6 TABLET PK   |                           |  | Moving to NF               |                          |  |
| MAVENCLAD 10 MG X 7 TABLET PK   |                           |  | Moving to NF               |                          |  |
| MAVENCLAD 10 MG X 8 TABLET PK   |                           |  | Moving to NF               |                          |  |
| MAVENCLAD 10 MG X 9 TABLET PK   |                           |  | Moving to NF               |                          |  |
| MYDAYIS ER 12.5 MG CAPSULE      |                           |  | Moving to NF               |                          |  |
| MYDAYIS ER 25 MG CAPSULE        |                           |  | Moving to NF               |                          |  |
| MYDAYIS ER 37.5 MG CAPSULE      |                           |  | Moving to NF               |                          |  |
| MYDAYIS ER 50 MG CAPSULE        |                           |  | Moving to NF               |                          |  |
| NORGESIC 25-385-30 MG TABLET    |                           |  | Moving to NF               |                          |  |
| NORGESIC FORTE 50-770-60 MG TB  |                           |  | Moving to NF               |                          |  |
| OFEV 100 MG CAPSULE             | Adding step therapy (ST)  | Moving to NF<br>Adding step therapy (ST) | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| OFEV 150 MG CAPSULE             | Adding step therapy (ST)  | Moving to NF<br>Adding step therapy (ST) | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| orphenad-asa-caff 50-770-60 mg  |                           |  | Moving to NF               |                          |  |
| orphenadrn-asa-caf 25-385-30 mg |                           |  | Moving to NF               |                          |  |
| orphengesic forte 50-770-60 mg  |                           |  | Moving to NF               |                          |  |
| OSENVELT 120 MG/1.7 ML VIAL     |                           |  | Moving to NF               |                          |  |
| POMALYST 1 MG CAPSULE           | Adding step therapy (ST)  | Adding step therapy (ST)                 | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| POMALYST 2 MG CAPSULE           | Adding step therapy (ST)  | Adding step therapy (ST)                 | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| POMALYST 3 MG CAPSULE           | Adding step therapy (ST)  | Adding step therapy (ST)                 | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| POMALYST 4 MG CAPSULE           | Adding step therapy (ST)  | Adding step therapy (ST)                 | Adding step therapy (ST)   | Adding step therapy (ST) | Moving to NF<br>Adding step therapy (ST) |
| protriptyline HCl 10 mg tablet  |                           |  | Moving to NF               |                          |  |

| Drug Name                       | Commercial Comprehensive*   | Commercial Core   | Commercial National Select                            | HCR Comprehensive*  | HCR Essential   |
|---------------------------------|---|---|---|---|---|
| protriptyline HCl 5 mg tablet   |   |   | Moving to NF  |   |   |
| RYTARY ER 23.75 MG-95 MG CAP**  | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| RYTARY ER 36.25 MG-145 MG CAP** | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| RYTARY ER 48.75 MG-195 MG CAP** | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| RYTARY ER 61.25 MG-245 MG CAP** | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 | Adding prior authorization (PA) and step therapy (ST) | Adding prior authorization (PA) and step therapy (ST)                     | Adding prior authorization (PA) and step therapy (ST)                 |
| SAVELLA 100 MG TABLET           |   |   |   |   | Moving to NF  |
| SAVELLA 12.5 MG TABLET          |   |   |   |   | Moving to NF  |
| SAVELLA 25 MG TABLET            |   |   |   |   | Moving to NF  |
| SAVELLA 50 MG TABLET            |   |   |   |   | Moving to NF  |
| SAVELLA TITRATION PACK          |   |   |   |   | Moving to NF  |
| SEYSARA 60 MG TABLET            | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       | Adding quantity limit (QL):<br>1 tablet per day       | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       |
| SEYSARA 100 MG TABLET           | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       | Adding quantity limit (QL):<br>1 tablet per day       | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       |
| SEYSARA 150 MG TABLET           | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       | Adding quantity limit (QL):<br>1 tablet per day       | Adding quantity limit (QL):<br>1 tablet per day                           | Adding quantity limit (QL):<br>1 tablet per day                       |
| XGEVA 120 MG/1.7 ML VIAL        |   |   | Moving to NF  |   |   |
| XIGDUO XR 10 MG-1,000 MG TAB    | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF  | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) |
| XIGDUO XR 10 MG-500 MG TABLET   | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF  | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) |
| XIGDUO XR 2.5 MG-1,000 MG TAB   | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF  | Moving to Tier 3<br>Adding prior authorization (PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA) and step therapy (ST) |

| Drug Name                      | Commercial Comprehensive*  | Commercial Core  | Commercial National Select | HCR Comprehensive*   | HCR Essential  |
|--------------------------------|--|--|----------------------------|--|--|
| XIGDUO XR 5 MG-1,000 MG TABLET | Moving to Tier 3<br>Adding prior authorization (PA)<br>and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA)<br>and step therapy (ST) | Moving to NF               | Moving to Tier 3<br>Adding prior authorization<br>(PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA)<br>and step therapy (ST) |
| XIGDUO XR 5 MG-500 MG TABLET   | Moving to Tier 3<br>Adding prior authorization (PA)<br>and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA)<br>and step therapy (ST) | Moving to NF               | Moving to Tier 3<br>Adding prior authorization<br>(PA) and step therapy (ST) | Moving to NF<br>Adding prior authorization (PA)<br>and step therapy (ST) |

\* Tier 3 generic drugs will have no change on Commercial Comprehensive in DE, and HCR Comprehensive in DE & NY. Tier 3 drugs are NF on Closed formulary. Tier changes do not impact members with the Comprehensive Open formulary.

\*\*The only change taking place is an update to the point-of-sale automatic logic. **Only members obtaining these products through automatic authorization will experience impact.**