Highmark Health Options Duals
Formulary Changes

Current as of: 11/1/2026

Please be aware that Highmark Health Options Duals may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Health Options Duals 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 Health Options Duals 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 Health Options Duals 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/health-options-de/duals/dsnp-benefits-programs/dsnp-medication-benefits. 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
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

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Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
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	N/A
5/1/2026	CEFTAROLINE INJ 400MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	CEFTAROLINE INJ 600MG	Formulary Addition	Generic Available	N/A	N/A
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	N/A
5/1/2026	PERAMPANEL TAB 12MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	PERAMPANEL TAB 2MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	PERAMPANEL TAB 4MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	PERAMPANEL TAB 6MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	PERAMPANEL TAB 8MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	POMALIDOMIDE CAP 1MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	POMALIDOMIDE CAP 2MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	POMALIDOMIDE CAP 3MG	Formulary Addition	Generic Available	N/A	N/A
5/1/2026	POMALIDOMIDE CAP 4MG	Formulary Addition	Generic Available	N/A	N/A
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	N/A
6/1/2026	BRIVARACETAM SOL 10MG/ML	Formulary Addition	Generic Available	N/A	N/A
6/1/2026	BRIVARACETAM TAB 100MG	Formulary Addition	Generic Available	N/A	N/A
6/1/2026	BRIVARACETAM TAB 10MG	Formulary Addition	Generic Available	N/A	N/A
6/1/2026	BRIVARACETAM TAB 25MG	Formulary Addition	Generic Available	N/A	N/A
6/1/2026	BRIVARACETAM TAB 50MG	Formulary Addition	Generic Available	N/A	N/A
6/1/2026	BRIVARACETAM TAB 75MG	Formulary Addition	Generic Available	N/A	N/A
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	N/A
6/1/2026	ELIQUIS TAB 0.5MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2026	ELIQUIS TAB 1.5MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2026	ELIQUIS TAB 2MG	Formulary Addition	Additional Formulary Option	N/A	N/A
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

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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	N/A
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	N/A
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	N/A
6/1/2026	TYENNE INJ 400/20ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2026	TYENNE INJ 80MG/4ML	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2026	DAPAG/MET ER TAB 10-1000	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	DAPAG/MET ER TAB 10-500MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	DAPAG/MET ER TAB 5-1000MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	DAPAG/MET ER TAB 5-500MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	FORZINITY INJ 280/3.5	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2026	KLOR-CON 8 TAB 8MEQ ER	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2026	LIFYORLI CAP 125MG DS	Formulary Addition	Protected Class Medication	N/A	N/A
7/1/2026	LIFYORLI CAP 150MG DS	Formulary Addition	Protected Class Medication	N/A	N/A
7/1/2026	NINTEDANIB CAP 100MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	NINTEDANIB CAP 150MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2026	OZEMPIC TAB 1.5MG	Formulary Addition	Rebranded Rybelsus	N/A	N/A
7/1/2026	OZEMPIC TAB 4MG	Formulary Addition	Rebranded Rybelsus	N/A	N/A
7/1/2026	OZEMPIC TAB 9MG	Formulary Addition	Rebranded Rybelsus	N/A	N/A
7/1/2026	TOLVAPTAN TAB 15MG	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2026	TOLVAPTAN TAB 30MG	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2026	YF-VAX INJ	Formulary Deletion	Off Market	STAMARIL INJ	Tier 1
7/1/2026	ZELVYSIA POW 100MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	BYSANTI TAB 10MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 12MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 1MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 2MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 4MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 6MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB 8MG	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB PACK A	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB PACK B	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	BYSANTI TAB PACK C	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	EDURANT TAB 25MG	Formulary Deletion	Generic Available	RILPIVIRINE TAB 25MG	Tier 1
8/1/2026	IDVYNSO TAB 100-0.25	Formulary Addition	Protected Class Medication	N/A	N/A
8/1/2026	JAKAFI XR TAB 11MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	JAKAFI XR TAB 22MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	JAKAFI XR TAB 33MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	JAKAFI XR TAB 44MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	JAKAFI XR TAB 55MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	RELGAABI CAP 300MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	RELGAABI CAP 400MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	RILPIVIRINE TAB 25MG	Formulary Addition	Generic Available	N/A	N/A
8/1/2026	TACROLIMUS CAP 0.5MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	TACROLIMUS CAP 1MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2026	TACROLIMUS CAP 5MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
9/1/2026	BOOSTRIX INJ	Formulary Deletion	Off Market	Boostrix Injectable Prefilled Syringe	Tier 1
9/1/2026	BOSULIF TAB 400MG	Formulary Deletion	Generic Available	BOSUTINIB TAB 400MG	Tier 1
9/1/2026	BOSUTINIB TAB 400MG	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	BREZTRI AERO AER 18MCG	Formulary Addition	Additional Formulary Option	N/A	N/A
9/1/2026	CAVHANZA TAB 60MG	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	CAVHANZA TAB 80MG	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	CEQUR SIMPL KIT 1U EXTND	Formulary Addition	Additional Formulary Option	N/A	N/A
9/1/2026	CEQUR SIMPL KIT 2U EXTND	Formulary Addition	Additional Formulary Option	N/A	N/A

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9/1/2026	DULOXETINE CAP 120MG DR	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	DULOXETINE CAP 80MG DR	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	MACITENTAN TAB 10MG	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	OPSUMIT TAB 10MG	Formulary Deletion	Generic Available	MACITENTAN TAB 10MG	Tier 1
9/1/2026	SKYRIZI INJ 55/0.37	Formulary Addition	Additional Formulary Option	N/A	N/A
9/1/2026	TOFACITINIB SOL 1MG/ML	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	TOFACITINIB TAB 10MG	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	TOFACITINIB TAB 11MG ER	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	TOFACITINIB TAB 22MG ER	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	TOFACITINIB TAB 5MG	Formulary Addition	Generic Available	N/A	N/A
9/1/2026	VEPPANU TAB 100MG	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	VEPPANU TAB 200MG	Formulary Addition	Protected Class Medication	N/A	N/A
9/1/2026	XELJANZ SOL 1MG/ML	Formulary Deletion	Generic Available	TOFACITINIB SOL 1MG/ML	Tier 1
9/1/2026	XELJANZ TAB 10MG	Formulary Deletion	Generic Available	TOFACITINIB TAB 10MG	Tier 1
9/1/2026	XELJANZ TAB 5MG	Formulary Deletion	Generic Available	TOFACITINIB TAB 5MG	Tier 1
9/1/2026	XELJANZ XR TAB 11MG	Formulary Deletion	Generic Available	TOFACITINIB TAB 11MG ER	Tier 1
9/1/2026	XELJANZ XR TAB 22MG	Formulary Deletion	Generic Available	TOFACITINIB TAB 22MG ER	Tier 1
10/1/2026	BESREMI PEN INJ 500MCG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	CARAFATE SUS 1GM/10ML	Formulary Deletion	Off Market	SUCRALFATE SUSP 1 GM/10ML	Tier 1
10/1/2026	HEPCLUDEX INJ 8.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	TRYNGOLZA INJ 50MG/0.8	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	UPTRAVI TAB 100MCG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	UPTRAVI TAB 150MCG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	YULITHIRA TAB 10MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	YULITHIRA TAB 2.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	YULITHIRA TAB 5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2026	YULITHIRA TAB 7.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2026	AMOX/K CLAV CHW 200MG	Formulary Deletion	Off Market	AMOX/K CLAV SUS 200/5ML	Tier 1
11/1/2026	AZELASTINE SPR 0.15%	Formulary Deletion	Off Market	AZELASTINE SPR 0.1%	Tier 1
11/1/2026	BEQALZI TAB 1MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	BEQALZI TAB 20MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	BEQALZI TAB 5MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	BEQALZI TAB 80MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	BEQALZI TAB STARTER	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	BIXLENVO TAB 75/50MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	EMBECTA NANO MIS 32GX4MM	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2026	EMBECTA NANO MIS 32GX4MM	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2026	ERYTHROCIN TAB 250MG	Formulary Deletion	Off Market	ERYTHROMYCIN TAB 250MG BASE; ERYTHROMYCIN TAB 250MG EC	Tier 1
11/1/2026	ETCAMAH TAB 75MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	GLUCAGEN INJ HYPOKIT	Formulary Deletion	Off Market	GLUCAGON INJ 1MG	Tier 1
11/1/2026	HUMIRA PEDIA INJ CROHNS	Formulary Deletion	Off Market	HUMIRA PEN INJ 80/0.8ML	Tier 1
11/1/2026	HUMIRA PEDIA INJ CROHNS	Formulary Deletion	Off Market	HUMIRA PEN INJ 80/0.8ML	Tier 1
11/1/2026	HUMIRA PEN KIT PED UC	Formulary Deletion	Off Market	HUMIRA PEN INJ 40/0.4ML	Tier 1
11/1/2026	HUMULIN R INJ U-500	Quantity Limit Update	Quantity Limit Increase	N/A	Tier 1
11/1/2026	JIDEYTRO TAB 100MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	JIDEYTRO TAB 25MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	KISQALI 200 PAK FEMARA	Formulary Deletion	Off Market	KISQALI TAB 200 DOSE	Tier 1
11/1/2026	KISQALI 400 PAK FEMARA	Formulary Deletion	Off Market	KISQALI TAB 400 DOSE	Tier 1
11/1/2026	KISQALI 600 PAK FEMARA	Formulary Deletion	Off Market	KISQALI TAB 600 DOSE	Tier 1
11/1/2026	NAMZARIC CAP	Formulary Deletion	Off Market	NAMZARIC CAP 7-10MG	Tier 1
11/1/2026	OFLOXACIN TAB 300MG	Formulary Deletion	Off Market	OFLOXACIN TAB 400MG	Tier 1
11/1/2026	OMNIPOD 5 G7 KIT INTRO	Formulary Deletion	Off Market	OMNIPOD 5 DX KIT INT G7G6	Tier 1
11/1/2026	OMNIPOD 5 G7 MIS PODS	Formulary Deletion	Off Market	OMNIPOD 5 DX MIS POD G7G6	Tier 1
11/1/2026	QC ALCOHOL MIS WIPE 70%	Formulary Deletion	Off Market	ALCOHOL WIPE MIS 70%	Tier 1
11/1/2026	QC ALCOHOL MIS WIPE 70%	Formulary Deletion	Off Market	ALCOHOL WIPE MIS 70%	Tier 1
11/1/2026	QUADRACEL INJ	Formulary Deletion	Off Market	QUADRACEL INJ 0.5ML	Tier 1
11/1/2026	RASONQUE TAB 100MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	RASONQUE TAB 150MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	SANDIMMUNE SOL 100MG/ML	Formulary Deletion	Off Market	GENGRAF SOL 100MG/ML	Tier 1

For more information about the formulary or questions on how to use the formulary exception process, contact Customer Services by using the phone number on your ID card.

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
11/1/2026	TAZAROTENE GEL 0.1%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2026	TAZTIA XT CAP 120MG/24	Formulary Deletion	Off Market	DILTIAZEM CAP 120MG ER	Tier 1
11/1/2026	TAZTIA XT CAP 180MG/24	Formulary Deletion	Off Market	DILTIAZEM CAP 180MG ER	Tier 1
11/1/2026	TAZTIA XT CAP 240MG/24	Formulary Deletion	Off Market	DILTIAZEM CAP 240MG ER	Tier 1
11/1/2026	TAZTIA XT CAP 300MG ER	Formulary Deletion	Off Market	DILTIAZEM CAP 300MG ER	Tier 1
11/1/2026	TAZTIA XT CAP 360MG/24	Formulary Deletion	Off Market	DILTIAZEM CAP 360MG ER	Tier 1
11/1/2026	TAZVERIK TAB 200MG	Formulary Deletion	Off Market	No Direct Substitute	N/A
11/1/2026	TRILITAS GEL 0.1%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2026	ZENBEXUS CAP 0.75MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2026	ZENBEXUS CAP 1MG	Formulary Addition	Protected Class Medication	N/A	Tier 1