HIGHMARK WHOLECARE

# 2026 Supplemental Formulary Changes

| Effective Date of Change | Drug Name | Description of Change | Note |
|---|---|---|---|
| **Oct 2026** | **Nucala Solution 100mg/ml Auto-Injector, prefilled syringe, vial** | Quantity Limit Addition | |
| **Oct 2026** | **Nucala Solution 40mg/0.4ml syringe** | Quantity Limit Addition | |
| **Oct 2026** | **Ebglyss 250mg/2ml injectable** | Quantity Limit Addition | |
| September 2026 | ABILIFY ASIMTUFII 720 MG/2.4ML | **Quantity Limit Addition** | |
| September 2026 | ABILIFY ASIMTUFII 960 MG/3.2ML | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 10 MG | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 100 MG | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 150 MG | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 25 MG | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 50 MG | **Quantity Limit Addition** | |
| September 2026 | Amitriptyline HCl Tab 75 MG | **Quantity Limit Addition** | |
| September 2026 | Bucapsol Cap 10 MG | **Quantity Limit Addition** | |
| September 2026 | Bucapsol Cap 15 MG | **Quantity Limit Addition** | |
| September 2026 | Bucapsol Cap 7.5 MG | **Quantity Limit Addition** | |
| September 2026 | Buspirone HCl Tab 10 MG | **Quantity Limit Addition** | |
| September 2026 | Buspirone HCl Tab 15 MG | **Quantity Limit Addition** | |
| September 2026 | Buspirone HCl Tab 30 MG | **Quantity Limit Addition** | |
| September 2026 | Buspirone HCl Tab 5 MG | **Quantity Limit Addition** | |
| September 2026 | Buspirone HCl Tab 7.5 MG | **Quantity Limit Addition** | |
| September 2026 | Opipza 10mg Film | **Quantity Limit Addition** | |
| September 2026 | Opipza 2mg Film | **Quantity Limit Addition** | |
| September 2026 | Opipza 5mg Film | **Quantity Limit Addition** | |
| September 2026 | Phenobarbital Elixir 20 MG/5ML | **Quantity Limit Addition** | |
| September 2026 | SECUADO 3.8 MG/24 HR PATCH | **Quantity Limit Addition** | |
| September 2026 | SECUADO 5.7 MG/24 HR PATCH | **Quantity Limit Addition** | |
| September 2026 | SECUADO 7.6 MG/24 HR PATCH | **Quantity Limit Addition** | |
| July 2026 | Priftin (rifapentine) tab | Supplemental formulary Addition | Generic available |
| July 2026 | Rifapentine tab | Supplemental Formulary addition | |
| July 2026 | Veppanu tablets | Specialty Starter Fill Program Addition | |
| June 2026 | Mybertiq tablets | Quantity Limit Addition | |
| January 2026 | Meclizine 50 mg tablet | PDL status change to Non-Preferred | |
| February 2026 | Hyrnuo (sevabertinib) | Specialty Starter Fill Program Addition | |
| February 2026 | Inluriyo (imlunestrant) | Specialty Starter Fill Program Addition | |
| February 2026 | Komzifti (ziftomenib) | Specialty Starter Fill Program Addition | |

| | | | |
|---|---|---|---|
| February 2026 | Modeyso (dordaviprone) | Specialty Starter Fill Program Addition | |
| January 2026 | Ocrevus Zunovo (ocrelizumab) vial | PDL status change-Preferred | |
| January 2026 | Opzelura (ruxolitinib) cream | PDL status change-Preferred | |
| January 2026 | Synjardy XR | PDL status change-Preferred | |
| January 2026 | Nizatidine capsule | PDL status-Non-Preferred | |
| January 2026 | Auvi-Q 0.1mg/0.1ml Autoinjector | PDL status-Preferred | |
| January 2026 | Sogroya Pen | PDL status-Preferred | |
| January 2026 | Darifenacin ER tablet | PDL status-Preferred | |
| January 2026 | Zoryve 0.3% cream | PDL status-Preferred | |
| January 2026 | Zoryve Foam | PDL status-Preferred | |
| January 2026 | Rasagline tablet | PDL status change to Preferred | |
| January 2026 | Spinosad topical suspension 0.9% | PDL status-Preferred | Parapro (52246) labeler only |
| January 2026 | Trimethobenzamide Capsule | PDL status change to Non-Preferred | |
| January 2026 | Invokamet tablet | PDL status change to Non-Preferred | |
| January 2026 | Invokana tablet | PDL status change to Non-Preferred | |
| January 2026 | Ilevro Drop | PDL status change to Non-Preferred | |
| January 2026 | Bromfenac 0.09% drop (generic Bromday) | PDL status-Preferred | |
| January 2026 | Ticagrelor 90 mg tablet | PDL status-Preferred | |
| January 2026 | Tyvaso DPI cartridge, titration kit | PDL status-Preferred | |
| January 2026 | Pantoprazole DR suspension Packet | PDL status change to Preferred | |
| January 2026 | Nevanac Drop | PDL status change to Non-Preferred | |
| January 2026 | Naproxen Suspension | PDL status change to Non-Preferred | |
| January 2026 | Trimazole *(clotrimazole)* Cream | PDL status change to Non-Preferred | |
| January 2026 | Quinapril-Hydrochlorothiazide Tablet | PDL status change to Non-Preferred | |
| January 2026 | doxylamine succinate-pyridoxine DR tablet | PDL status change to Preferred | |
| January 2026 | Candesartan tablet | PDL status-Preferred | |
| January 2026 | Candesartan-Hydrochlorothiazide Tablet | PDL status-Preferred | |
| January 2026 | Quinapril-Hydrochlorothiazide Tablet | PDL status-Non-Preferred | |
| January 2026 | Quinapril | PDL status-Non-Preferred | |
| January 2026 | Pirfenidone Capsules, tablets | PDL status-Preferred | |
| January 2026 | Dabigatran capsule | PDL status change to Preferred | |
| January 2026 | Pradaxa capsule | PDL status change to Non-Preferred | |
| | Sprycel tablet | PDL status change to Non-Preferred | |
| January 2026 | Tretinoin cream | PDL status change to Preferred | |
| January 2026 | Tasigna Capsule | PDL status change to Non-Preferred | |
| January 2026 | Dasatinib tablet | PDL status-Preferred | |
| January 2026 | Gomelki capsule, tablet or suspension | PDL status-Preferred | |
| January 2026 | Itovebi tablet | PDL status-Preferred | |
| January 2026 | Lazcluze tablet | PDL status-Preferred | |

| | | | |
|---|---|---|---|
| January 2026 | Nilotinib capsule | PDL status-Preferred | |
| January 2026 | Jubbonti (denosumab-bbdz) Syringe | PDL status-Preferred | |
| January 2026 | Wyost(denosumab-bbdz)Vial | PDL status-Preferred | |
| January 2026 | Fylentra (pegfilgrastim-pbbk) syringe | PDL status-Preferred | |
| January 2026 | Revuforj tablet | PDL status-Preferred | |
| January 2026 | Romvimza capsule | PDL status-Preferred | |
| | Voranigo tablet | PDL status-Preferred | |
| January 2026 | Humira (adalimumab) 50 mg/mL Pen/syringe | PDL status change to Non-Preferred | |
| January 2026 | Yusimry (CF) (adalimumab-aqvh) 50 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Sajazir *(icatibant)* Syringe | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-adaz(CF) 100 mg/mL Pen | PDL status change to Non-Preferred | |
| | Avmapki-Fakzynja Combo package | PDL status change to Preferred | |
| January 2026 | Adalimumab-adaz(CF) 100 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-adbm(CF) 100 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-adbm(CF) 100 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Amjevita(CF) *(adalimumab-atto)* 100 mg/mL Autoinjector | PDL status change to Non-Preferred | |
| January 2026 | Amjevita(CF) *(adalimumab-atto)* 100 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Hadlima(CF) *(adalimumab-bwwd)* 100 mg/mL Pushtouch | PDL status change to Non-Preferred | |
| January 2026 | Hadlima(CF) *(adalimumab-bwwd)* 100 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Humira(CF) *(adalimumab)* 100 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Humira(CF) *(adalimumab)* 100 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-aacf(CF) 50 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-aacf(CF) 50 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-adbm(CF) 50 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Adalimumab-adbm(CF) 50 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Humira *(adalimumab)* 50 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Humira *(adalimumab)* 50 mg/mL Syringe | PDL status change to Non-Preferred | |
| January 2026 | Yusimry(CF) *(adalimumab-aqvh)* 50 mg/mL Pen | PDL status change to Non-Preferred | |
| January 2026 | Otulfi *(ustekinumab-aauz)* Syringe | PDL status change to Non-Preferred | |
| January 2026 | Otulfi *(ustekinumab-aauz)* Vial | PDL status change to Non-Preferred | |
| January 2026 | Selarsdi *(ustekinumab-aekn)* Syringe | PDL status change to Non-Preferred | |
| January 2026 | Selarsdi *(ustekinumab-aekn)* Via | PDL status change to Non-Preferred | |
| January 2026 | Steqeyma *(ustekinumab-stba)* Syringe | PDL status change to Non-Preferred | |
| January 2026 | Steqeyma *(ustekinumab-stba)* Vial | PDL status change to Non-Preferred | |
| January 2026 | Ustekinumab Syringe *(Janssen's unbranded ustekinumab)* | PDL status change to Non-Preferred | |
| January 2026 | Ustekinumab Vial *(Janssen's unbranded ustekinumab)* | PDL status change to Non-Preferred | |
| January 2026 | Yesintek *(ustekinumab-kfce)* Syringe | PDL status change to Non-Preferred | |
| January 2026 | Yesintek *(ustekinumab-kfce)* Vial | PDL status change to Non-Preferred | |