

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-levo 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-levo 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-levo 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-levo 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 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)
FARXIGA 5 MG TABLET	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF 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		
MAVENCLAD 10 MG X 6 TABLET PK			Moving to NF		

Drug Name	Commercial Comprehensive*	Commercial Core	Commercial National Select	HCR Comprehensive*	HCR Essential
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 Adding step therapy (ST)	Adding step therapy (ST)	Adding step therapy (ST)	Moving to NF Adding step therapy (ST)
OFEV 150 MG CAPSULE	Adding step therapy (ST)	Moving to NF Adding step therapy (ST)	Adding step therapy (ST)	Adding step therapy (ST)	Moving to NF 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 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 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 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 Adding step therapy (ST)
protriptyline HCl 10 mg tablet			Moving to NF		
protriptyline HCl 5 mg tablet			Moving to NF		

Drug Name	Commercial Comprehensive*	Commercial Core	Commercial National Select	HCR Comprehensive*	HCR Essential
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): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day
SEYSARA 100 MG TABLET	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day
SEYSARA 150 MG TABLET	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 1 tablet per day	Adding quantity limit (QL): 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 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)
XIGDUO XR 10 MG-500 MG TABLET	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)
XIGDUO XR 2.5 MG-1,000 MG TAB	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)
XIGDUO XR 5 MG-1,000 MG TABLET	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF 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-500 MG TABLET	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) and step therapy (ST)	Moving to NF	Moving to Tier 3 Adding prior authorization (PA) and step therapy (ST)	Moving to NF Adding prior authorization (PA) 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.***