# Highmark Health Options Duals Select
# Formulary Changes

**Current as of:** 11/1/2026

Please be aware that Highmark Health Options Duals Select may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Health Options Duals Select 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 Select 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 Select 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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| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug | Alternative Drug Cost Share |
|---|---|---|---|---|---|
| 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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| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug | Alternative Drug Cost Share |
|---|---|---|---|---|---|
| 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 |