

Summary of Formulary Changes

For Commercial Group and Individual Members

Effective January 1, 2027 (unless stated otherwise)

Drug Name	Formulary update
Remove from formulary	
Myrbetriq (25mg, 50mg tablet, oral suspension)	Brand removed from formulary, generic available. Formulary alternative: mirabegron covered at tier 2 with Step Therapy and Quantity Limits
Nucala (vials, syringes, auto-injector; all strengths)	Remove from formulary. Formulary alternatives include Fasenra, Dupixent, Tezspire, Cinqair
Apidra (vial, solostar pen; all strengths)	Remove from formulary – alternative rapid-acting insulins include insulin lispro, Humalog, Merilog, Kirsty
Fiasp (vial, penfill, flextouch pen; all strengths)	Remove from formulary – alternative rapid-acting insulins include insulin lispro, Humalog, Merilog, Kirsty
Lyumjev (vial, kwikpen; all strengths)	Remove from formulary – alternative rapid-acting insulins include insulin lispro, Humalog, Merilog, Kirsty
Afrezza (inhalation powder, all strengths)	Remove from formulary – alternative rapid-acting insulins include insulin lispro, Humalog, Merilog, Kirsty

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cont., Remove from formulary

Premarin (tablets, all strengths)	Brand remove from formulary, generic available. Formulary alternative – conjugated estrogens
Potassium Chloride 20% solution	Remove form Formulary – Formulary alternative: potassium chloride 20mEq oral packets
Xolair (auto-injectors, syringes ; all strengths)	Remove from formulary, biosimilar available; authorization continuation for current users, no new starts. Formulary alternative includes biosimilar Omlyclo
Xiidra (ophthalmic solution; all strengths)	Optimized Formulary only: Remove from formulary. Formulary alternative includes cyclosporine ophthalmic
Miebo (ophthalmic solution; all strengths)	Optimized Formulary only: Remove from formulary. Formulary alternative includes cyclosporine ophthalmic
Eysuvis (ophthalmic solution; all strengths)	Optimized Formulary only: Remove from formulary. Formulary alternative includes cyclosporine ophthalmic
Skyrizi (subcutaneous autoinjector, syringe, cartridge; all strengths)	Optimized Formulary Only: Remove from formulary under pharmacy and medical benefits. Continuation for Irritable Bowel Disease diagnoses <u>only</u> . Formulary Alternatives: dependent on diagnosis
Rinvoq (tablets, oral solution; all strengths)	Optimized Formulary Only: Remove from formulary. Continuation for Irritable Bowel Disease diagnoses <u>only</u> . Formulary Alternatives: dependent on diagnosis

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Drug additions to the formulary

Omyclo (syringes; all strengths)	Add to formulary at Tier 4 with prior authorization and quantity limits
Conjugated estrogens (tablet; all strengths)	Added to formulary at Tier 2 with quantity limits
Imuldosa (45mg/0.5ml syringe, 90mg/ml syringe)	Add to formulary at Tier 4 with PA and QL requirements (note: Coverage matches all other covered ustekinumab biosimiliars)
Adalimumab- aaty	Added to formulary at tier 4 with prior authorization and quantity limits. Humira biosimilar

Down-tiering medications on the formulary

Brukinsa (capsules, tablets)	Down tier from Tier 5 to Tier 4 (Prior authorization and quantity limits remain)
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Prior authorization or step therapy changes

Mirabegron (25mg, 50mg tablets, oral solution)	Updated Step Therapy: will state "Must try ONE generic (e.g. oxybutynin/ER, tolterodine/ER, trospium/ER, solifenacin)"
Gentesa (75mg tablet)	Update Step Therapy: will state "Must try ONE generic (e.g. oxybutynin/ER, tolterodine/ER, trospium/ER, solifenacin)"

SaveON SP program changes - Removal

Adalimumab-adbm	Lynparza
Hemlibra	Modeyso
Inluriyo	Rezlidhia
Kalbitor	Tagrisso
Lupkynis	

SaveON SP program changes - Addition

Evrysdi	Lifyorli
Hepcludex	Rubraca
Hernexeos	Veppanu
Hympavzi	Zycubo
Kygevvi	

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Medical Benefit Drug Changes

Medical drug changes – Drug adds	
Nyvepria prefilled syringes	Added to coverage at preferred specialty. Additional pegfilgrastim option joins Fulphila and Neulasta
Medical drug changes – Removals	
Xolair (solution, syringe, auto-injector; all strengths)	Remove from coverage, biosimilar available, authorization continuation for current users, no new starts. Covered Alternative: Omlyclo
Nucala (vials, syringes, auto-injector)	Remove from coverage. Covered Alternatives include: Fasenra, Dupixent, Tezspire, Cinqair
Skyrizi (intravenous)	Optimized Formulary Only: Remove from coverage under pharmacy and medical benefits