

Essential Formulary Update

KEY

EXC – Excluded

NF – Non-Formulary

PA – Prior Authorization

QL – Quantity Limit

SP – Specialty

ST – Step Therapy

UM – Utilization Management

*Existing Users are Grandfathered

Negative Changes

Effective July 1, 2026

Change Type	Drug Name	Previous Tier / UM	New Tier / UM	Alternative(s) / ST Requirement(s)
New Exclusion	Asmanex	Tier 2 QL	EXC QL	Arnuity Ellipta, Qvar Redihaler
New Exclusion	Dulera	Tier 2 QL	EXC QL	budesonide-formoterol/ Breyna, Advair HFA, Breo Ellipta
New Exclusion	Exenatide	Tier 2 PA QL	EXC QL	generic liraglutide (for diabetes)
New Exclusion	Fluticasone Propionate Diskus (<i>authorized generic of Flovent</i>)	Tier 1 QL	EXC QL	Arnuity Ellipta, Qvar Redihaler
New Exclusion	Fluticasone Propionate HFA (<i>authorized generic of Flovent</i>)	Tier 1 QL	EXC QL	Arnuity Ellipta, Qvar Redihaler
New Exclusion	Fluticasone-Salmeterol (<i>authorized generic of Advair HFA</i>)	Tier 1 QL	EXC QL	Advair HFA
New Exclusion	Fluticasone-Salmeterol (<i>authorized generic of Airduo Respiclick</i>)	Tier 1 QL	EXC QL	budesonide-formoterol/ Breyna, Advair HFA, Breo Ellipta

Change Type	Drug Name	Previous Tier / UM	New Tier / UM	Alternative(s) / ST Requirement(s)
New Exclusion	Gonal-f	Tier 4 PA SP	EXC SP	Follistim AQ
New Exclusion	Humira	Tier 4 PA QL SP	EXC QL SP	preferred adalimumab biosimilar (e.g., adalimumab-adaz, adalimumab-aacf, adalimumab-aaty)
New Exclusion	Incruse Ellipta	Tier 2 QL	EXC QL	Spiriva Respimat, Spiriva Handihaler
New Exclusion	Lonhala Magnair	Tier 3 PA QL	EXC QL	Spiriva Respimat, Spiriva Handihaler
New Exclusion	Pomalyst	Tier 5 PA QL SP	EXC QL SP	generic pomalidomide
New Exclusion	Premarin tablet	Tier 2 QL	EXC QL	generic conjugated estrogens tablet
New Exclusion	Promacta	Tier 5 PA SP	EXC SP	generic eltrombopag
New Exclusion	Saxenda	Tier 2 PA QL	EXC QL	generic liraglutide (for weight management)
New Exclusion	Stelara	Tier 4 PA QL SP	EXC QL SP	preferred ustekinumab biosimilar (e.g., Starjemza)
New Exclusion	Trokendi XR	Tier 1 ST	EXC ST	generic topiramate capsule ER 24HR
New Exclusion*	Vocabria	Tier 3	EXC	Cabenuva
New Exclusion	Zymfentra	Tier 4 PA QL SP	EXC QL SP	Avsola, Inflectra
New Exclusion - Brand discontinued	ArmonAir Digihaler	Tier 2	EXC	Arnuity Ellipta, Qvar Redihaler
Uptier*	Apretude	Tier 2 PA	Tier 3 PA	generic emtricitabine-tenofovir disoproxil fumarate
Uptier*	Biktarvy	Tier 2	Tier 3	Triumeq, Dovato, Juluca
Uptier	Contrave	Tier 2 PA QL	Tier 3 PA QL	generic liraglutide (for weight management), Wegovy, Zepbound
Uptier*	Descovy	Tier 2 PA QL	Tier 3 PA QL	generic emtricitabine-tenofovir disoproxil fumarate
Uptier*	Intelence	Tier 2	Tier 3	generic etravirine
Uptier*	Odefsey	Tier 2	Tier 3	generic emtricitabine- rilpivirine-tenofovir DF

Change Type	Drug Name	Previous Tier / UM	New Tier / UM	Alternative(s) / ST Requirement(s)
Uptier	Orencia	Tier 4 PA QL SP	Tier 5 PA QL SP	preferred adalimumab biosimilar (e.g., adalimumab-adaz), preferred ustekinumab biosimilar (e.g., Starjemza), Xeljanz
Uptier*	Symtuza	Tier 2	Tier 3	Triumeq, Dovato, Juluca
Uptier*	Tivicay 10 mg tablet	Tier 2	Tier 3	ISENTRESS, generic darunavir, PrezcoBix
Uptier*	Tivicay PD	Tier 2	Tier 3	ISENTRESS, generic darunavir, PrezcoBix
Uptier*	Tivicay 25 mg, 50 mg tablet	Tier 2	Tier 3	generic darunavir, PrezcoBix
Uptier*	Triumeq PD	Tier 2	Tier 3	Triumeq
Uptier	Yupelri	Tier 2 QL	Tier 3 QL	Spiriva Respimat, Spiriva Handihaler
Uptier, Traditional to Specialty*	Gleostine	Tier 2	Tier 5 SP	generic lomustine
Uptier, Traditional to Specialty*	Lomustine	Tier 1	Tier 4 SP	No clinical alternatives available

Positive and Neutral Changes

April 1, 2026 - July 1, 2026

Change Type	Drug Name	Previous Tier / UM	New Tier / UM
Addition to Formulary	Adalimumab-aacf	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Adalimumab-aaty	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Adalimumab-adaz	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Adalimumab-fkjp	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Avsola	EXC PA QL SP	Tier 4 PA QL SP
Addition to Formulary	Complera	EXC	Tier 3
Addition to Formulary	Epivir	EXC	Tier 3
Addition to Formulary	Fasentra	EXC QL SP	Tier 4 PA QL SP

Change Type	Drug Name	Previous Tier / UM	New Tier / UM
Addition to Formulary	Follistim AQ	EXC SP	Tier 4 PA SP
Addition to Formulary	Intelece	EXC	Tier 3
Addition to Formulary	Kaletra	EXC	Tier 3
Addition to Formulary	Leqselvi	EXC QL SP	Tier 5 PA QL SP
Addition to Formulary	Nemluvio	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Prezcobix	EXC	Tier 2
Addition to Formulary	Prezista	EXC	Tier 2
Addition to Formulary	Reyataz	EXC	Tier 3
Addition to Formulary	Selzentry	EXC	Tier 3
Addition to Formulary	Simlandi	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Simponi	EXC QL SP	Tier 4 PA QL SP
Addition to Formulary	Symfi, Symfi Lo	EXC	Tier 3
Addition to Formulary	Viread	EXC	Tier 3
Addition to Formulary	Ziagen	EXC	Tier 3
Downtier	Cimzia	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Eltrombopag Olamine	Tier 5 PA SP	Tier 4 PA SP
Downtier	Ilaris	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Liraglutide (for diabetes)	Tier 2 PA QL	Tier 1 PA QL
Downtier	Liraglutide (for weight management)	Tier 2 PA QL	Tier 1 PA QL
Downtier	Omvoh	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Simponi	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Simponi Aria	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Skyrizi	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Tezspire	Tier 5 PA QL SP	Tier 4 PA QL SP
Downtier	Velsipity	Tier 5 PA QL SP	Tier 4 PA QL SP