



## Formulary (List of Covered Drugs) Changes

This document lists the changes made to Independent Health commercial formularies. The formularies are lists of covered drugs for each plan. Whether you're a member with a plan through your employer or you purchased an individual or family plan through the NY State of Health: The Official Health Plan Marketplace, changes made to your formulary will be listed here.

This list is meant to inform members of both upcoming and past formulary changes. Please take note of the effective date of each change. If you are impacted by a formulary change, that coverage change will not affect you until your plan renews for the following year.

Depending on the effective date, the formulary posted on our website may not match what's listed here. This list tracks changes for a 12-month period.

This list is current as of April 1, 2026.

### Understanding this list

- **Generic drugs, biological products and biosimilars:** Generic drugs are listed in lower case (i.e., fluticasone-salmeterol), while brand name drugs are capitalized (i.e., ADVAIR HFA).
- **Non-formulary Change:** Non-formulary drugs are those that are removed from the formulary and no longer covered under your plan. Non-formulary drugs are listed as "NF".
  - An alternative formulary drug may be available to treat your condition. Alternatives will be listed when the change is in effect. Talk with your doctor about the alternative(s) to see if it's right for you.
- **Tier Change:** Drugs may change tiers if a generic equivalent or interchangeable biological product becomes available. The current and new tier will be listed when this happens.
- **Prior Authorization (PA):** Independent Health requires you to get prior authorization for certain drugs. To obtain coverage for a drug requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health. Drugs that require prior authorization are listed with a "PA".
- **Step Therapy (ST):** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step therapy is a way to help you get the best quality and value from your prescription benefit. This usually means that an equally effective generic drug is prescribed before a more expensive brand-name drug. Step therapy may also ensure that two drugs are used together if they are more effective. Drugs that require step therapy are listed with a "ST".
- **Quantity Limitations (QL):** Quantity limitations may apply to certain drugs. Some drugs are covered up to a specific quantity per 30 or 90 days. If a quantity limit applies to a drug, a "QL" is listed.

## Non-Formulary Changes

Drug Name / strength /dose form	Prior to change	Change Type	Date of Change	Alternative(s)	Impacted Formulary
Stelara	Tier 2, PA	NF	7/1/2025	Yesintek, Selarsdi, adalimumab, Otezla, Skyrizi, Taltz, Rinvoq, Xeljanz or Xeljanz XR	Drug Formulary I, Drug Formulary II, Drug Formulary III
Victoza	Tier 2, ST	NF	10/1/2025	liraglutide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 2.5mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 5mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 10mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 15mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 20mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Revlimid 25mg	Tier 2, PA	NF	10/1/2025	lenalidomide	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 15mg tab	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 30mg tab	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 15mg pack	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 15 and 30 pack	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 15 and 45 pack	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 30 and 60 pack	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Jynarque 30 and 90 pack	Tier 3, PA	NF	1/1/2026	tolvaptan (generic Jynarque)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Orladeyo 110mg	Tier 3, PA	NF	1/1/2026	Takhzyro (T2 PA), Haegarda (T3 PA)	Drug Formulary I, Drug Formulary II, Drug Formulary III
Orladeyo 150mg	Tier 3, PA	NF	1/1/2026	Takhzyro (T2 PA), Haegarda (T3 PA)	Drug Formulary I, Drug Formulary II, Drug Formulary III

Aklief	Tier 3, PA	NF	1/1/2026	adapalene, tretinoin, or tazarotene	Drug Formulary I, Drug Formulary II, Drug Formulary III
Arazlo	Tier 3, PA	NF	1/1/2026	adapalene, tretinoin, or tazarotene	Drug Formulary I, Drug Formulary II, Drug Formulary III
desoximetasone 0.05% gel	Tier 1	NF	1/1/2026	desoximetasone cream/ointment, clobetasol propionate, fluocinonide, halobetasol propionate, betamethasone dipropionate, mometasone furoate, fluticasone propionate or triamcinolone acetonide	Drug Formulary I, Drug Formulary II, Drug Formulary III
diflorasone 0.05% ointment	Tier 1	NF	1/1/2026	desoximetasone cream/ointment, clobetasol propionate, fluocinonide, halobetasol propionate, betamethasone dipropionate, mometasone furoate, fluticasone propionate or triamcinolone acetonide	Drug Formulary I
diflorasone 0.05% ointment	Tier 2	NF	1/1/2026	desoximetasone cream/ointment, clobetasol propionate, fluocinonide, halobetasol propionate, betamethasone dipropionate, mometasone furoate, fluticasone propionate or triamcinolone acetonide	Drug Formulary II, Drug Formulary III
Fabior	Tier 2	NF	1/1/2026	adapalene, tretinoin, or tazarotene	Drug Formulary I
Fabior	Tier 3	NF	1/1/2026	adapalene, tretinoin, or tazarotene	Drug Formulary II, Drug Formulary III
Bimzelx autoinjector 160	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Bimzelx prefilled syringe 160	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Bimzelx autoinjector 320	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III

Bimzelx prefilled syringe 320	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 80mg/0.8ml autoinjector (1 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 40mg/0.4ml autoinjector (2 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 40mg/0.8ml autoinjector (2 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 80mg/0.8ml autoinjector (2 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 10mg/0.1ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 20mg/0.2ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 40mg/0.4ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira 40mg/0.8ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III

Humira starter 80mg/0.8ml autoinjector	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Humira starter 80mg/0.8ml and 40mg/0.4ml autoinjector	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Kineret	Tier 3, PA	NF	1/1/2026	adalimumab, Rinvoq, Xeljanz, Actemra, Orencia or Kevzara	Drug Formulary I, Drug Formulary II, Drug Formulary III
Siliq	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Taltz, Skyrizi or Otezla	Drug Formulary I, Drug Formulary II, Drug Formulary III
Simponi 100mg autoinjector	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Xeljanz, Actemra, Orencia, Kevzara or Zeposia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Simponi 50mg autoinjector	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Xeljanz, Actemra, Orencia, Kevzara or Zeposia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Simponi 100mg syringe	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Xeljanz, Actemra, Orencia, Kevzara or Zeposia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Simponi 50mg syring	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Xeljanz, Actemra, Orencia, Kevzara or Zeposia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Sotyktu	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Taltz or Otezla	Drug Formulary I, Drug Formulary II, Drug Formulary III
Velsipity	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Skyrizi, Rinvoq, Xeljanz or Zeposia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Hadlima 40mg/0.4ml autoinjector	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III

Hadlima 40mg/0.8ml autoinjector	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Hadlima 40mg/0.4ml syringe	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Hadlima 40mg/0.8ml syringe	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Abrilada 40mg/0.8ml autoinjector (1 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Abrilada 40mg/0.8ml autoinjector (2 pen)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Abrilada 20mg/0.4ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Abrilada 40mg/0.8ml syringe (2 syringe)	Tier 2, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla, Entyvio, Actemra, Kevzara, Zeposia or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Noxafil packet	Tier 2, PA	NF	1/1/2026	posaconazole suspension or posaconazole tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Dayvigo 5mg	Tier 3, PA	NF	1/1/2026	Belsomra	Drug Formulary I, Drug Formulary II, Drug Formulary III
Dayvigo 10mg	Tier 3, PA	NF	1/1/2026	Belsomra	Drug Formulary I, Drug Formulary II, Drug Formulary III
Quviviq 25mg	Tier 3, PA	NF	1/1/2026	Belsomra	Drug Formulary I, Drug Formulary II, Drug Formulary III
Quviviq 50mg	Tier 3, PA	NF	1/1/2026	Belsomra	Drug Formulary I, Drug Formulary II, Drug Formulary III

Wakix 17.8mg	Tier 3, PA	NF	1/1/2026	armodafinil, modafinil or Lumryz	Drug Formulary I, Drug Formulary II, Drug Formulary III
Wakix 4.45mg	Tier 3, PA	NF	1/1/2026	armodafinil, modafinil or Lumryz	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xyrem	Tier 3, PA	NF	1/1/2026	armodafinil, modafinil or Lumryz	Drug Formulary I, Drug Formulary II, Drug Formulary III
Epclusa 150-37.5mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Epclusa 150-37.5mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Epclusa 200-50mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Epclusa 200-50mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Epclusa 200-50mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Epclusa 200-50mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Epclusa 400-100mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Epclusa 400-100mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Harvoni 33.75-150mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Harvoni 33.75-150mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Harvoni 45-200mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Harvoni 45-200mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Harvoni 45-200mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Harvoni 45-200mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Harvoni 90-400mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Harvoni 90-400mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III

Sovaldi 150mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Sovaldi 150mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Sovaldi 200mg pack	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Sovaldi 200mg pack	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Sovaldi 200mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Sovaldi 200mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Sovaldi 400mg tablet	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Sovaldi 400mg tablet	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Vosevi	Tier 2, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary I
Vosevi	Tier 3, PA	NF	1/1/2026	Mavyret, sofosbuvir-velpatasvir or ledipasvir-sofosbuvir	Drug Formulary II, Drug Formulary III
Annovera	Tier 3	NF	1/1/2026	Eluryng vaginal ring or etonogestrel-ethinyl estradiol vaginal ring	Drug Formulary I, Drug Formulary II, Drug Formulary III
Natazia	Tier 3	NF	1/1/2026	norethindrone acetate-ethinyl estradiol (multiple formulations)	Drug Formulary I
Natazia	Tier 2	NF	1/1/2026	norethindrone acetate-ethinyl estradiol (multiple formulations)	Drug Formulary II, Drug Formulary III
Glyburid MCR tablet 1.5mg	Tier 1	NF	1/1/2026	glyburide, glipizide ER or glimepiride	Drug Formulary I, Drug Formulary II, Drug Formulary III
Glyburid MCR tablet 3mg	Tier 1	NF	1/1/2026	glyburide, glipizide ER or glimepiride	Drug Formulary I, Drug Formulary II, Drug Formulary III
Glyburid MCR tablet 6mg	Tier 1	NF	1/1/2026	glyburide, glipizide ER or glimepiride	Drug Formulary I, Drug Formulary II, Drug Formulary III
Airsupra	Tier 3, PA	NF	1/1/2026	albuterol, Symbicort or budesonide-formoterol	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cosentyx 300mg prefilled syringe	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III

Cosentyx 300mg autoinjector	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cosentyx autoinjector	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cosentyx prefilled syringe	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cosentyx UnoReady	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cimzia 2 prefilled syringe	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cimzia kit	Tier 3, PA	NF	1/1/2026	adalimumab, Yesintek, Selarsdi, Rinvoq, Xeljanz, Skyrizi, Taltz, Otezla or Orencia	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xtampza ER 13.5mg capsule	Tier 3	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xtampza ER 18mg capsule	Tier 3	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xtampza ER 27mg capsule	Tier 3	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xtampza ER 36mg capsule	Tier 3	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III

Xtampza ER 9mg capsule	Tier 3	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta ER 100mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta ER 150mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta ER 200mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta ER 250mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta ER 50mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta 100mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta 50mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
Nucynta 75mg tablet	Tier 2	NF	3/1/2026	oxycodone ER tablets, hydrocodone ER tablets, morphine ER tablet, hydrocone-APAP tablets, oxycodone-APAP tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
tramadol ER biphasic 100mg tablet	Tier 1	NF	3/1/2026	tramadol tablets, tramadol ER tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III

tramadol ER biphasic 200mg tablet	Tier 1	NF	3/1/2026	tramadol tablets, tramadol ER tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
tramadol ER biphasic 300mg tablet	Tier 1	NF	3/1/2026	tramadol tablets, tramadol ER tablets	Drug Formulary I, Drug Formulary II, Drug Formulary III
gabapentin once daily 300mg tablet	Tier 3	NF	3/1/2026	gabapentin capsule (generic for Neurontin) and pregabalin	Drug Formulary I, Drug Formulary II, Drug Formulary III
gabapentin 600mg once daily tablet	Tier 3	NF	3/1/2026	gabapentin capsule (generic for Neurontin) and pregabalin	Drug Formulary I, Drug Formulary II, Drug Formulary III
Horizant 300mg tablet	Tier 3	NF	3/1/2026	gabapentin capsule (generic for Neurontin) and pregabalin	Drug Formulary I, Drug Formulary II, Drug Formulary III
Horizant 600mg tablet	Tier 3	NF	3/1/2026	gabapentin capsule (generic for Neurontin) and pregabalin	Drug Formulary I, Drug Formulary II, Drug Formulary III
butalbital-acetaminophen-caffeine-codeine 50-300-40-30mg capsule	Tier 3	NF	3/1/2026	butalbital-acetaminophen-caffeine-codeine 50-320-40-30mg capsule	Drug Formulary I, Drug Formulary II, Drug Formulary III
butalbital-acetaminophen 50-300mg tablet	Tier 3	NF	3/1/2026	butalbital-acetaminophen 50-325mg tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
butalbital-acetaminophen-caffeine 50-300-40mg capsule	Tier 3	NF	3/1/2026	butalbital-acetaminophen-caffeine 50-325-40mg tablet or capsule	Drug Formulary I, Drug Formulary II, Drug Formulary III

## Upcoming Non-Formulary Changes

Drug Name / strength /dose form	Prior to change	Change Type	Date of Change	Impacted Formulary
Sancuso transdermal patch	Tier 3, ST	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Relistor 12mg/0.6mL injection solution	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Relistor 8mg/0.4mL injection solution	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Relistor 12mg/0.6mL prefilled syringe	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Relistor 8mg/0.4mL prefilled syringe	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Relistor 15mg tablets	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Symproic 0.2mg tablets	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III
Xarelto 2.5mg tablets	Tier 3, PA	NF	7/1/2026	Drug Formulary I, Drug Formulary II, Drug Formulary III

## Tier Changes

Drug Name / Strength /Dose form	Change Type	Date of Change	Current Tier	New Tier	Alternative(s)	Impacted Formulary
albuterol sulfate HFA inhaler	Tier	8/1/2025	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
albuterol nebulizer	Tier	8/1/2025	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
albuterol syrup	Tier	8/1/2025	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
albuterol tablets	Tier	8/1/2025	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
levalbuterol inhaler	Tier	8/1/2025	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 10mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 20mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 30mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 40mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III

lisdexamfetamine capsule 50mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 60mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine capsule 70mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine chewable tablet 10mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine chewable tablet 20mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine chewable tablet 30mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine chewable tablet 40mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III

lisdexamfetamine chewable tablet 50mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
lisdexamfetamine chewable tablet 60mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
methylphenidate ER LA capsule 10mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
methylphenidate ER LA capsule 20mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
methylphenidate ER LA capsule 30mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
methylphenidate ER LA capsule 40mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
methylphenidate ER LA capsule 60mg	Tier	9/1/2025	Tier 1	Tier 3	amphetamine-dextroamphetamine tablet & ER capsule, dextroamphetamine tablet & ER capsule, dexamethylphenidate tablet & ER capsule, methylphenidate CD ER capsule, tablet & chewable tablet	Drug Formulary I, Drug Formulary II, Drug Formulary III
nimodipine 30mg	Tier	9/1/2025	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
carvedilol ER capsule 10mg	Tier	9/1/2025	Tier 2	Tier 3	carvedilol immediate release tablet	Drug Formulary II, Drug Formulary III

carvedilol ER capsule 20mg	Tier	9/1/2025	Tier 2	Tier 3	carvedilol immediate release tablet	Drug Formulary II, Drug Formulary III
carvedilol ER capsule 40mg	Tier	9/1/2025	Tier 2	Tier 3	carvedilol immediate release tablet	Drug Formulary II, Drug Formulary III
carvedilol ER capsule 80mg	Tier	9/1/2025	Tier 2	Tier 3	carvedilol immediate release tablet	Drug Formulary II, Drug Formulary III
Cibinqo 50mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cibinqo 100mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cibinqo 200mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
sapropterin packet 100mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	sapropterin tablet	Drug Formulary I
sapropterin packet 500mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	sapropterin tablet	Drug Formulary II, Drug Formulary III
sapropterin packet 100mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	sapropterin tablet	Drug Formulary I
sapropterin packet 500mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	sapropterin tablet	Drug Formulary II, Drug Formulary III
malathion 0.5% lotion	Tier	1/1/2026	Tier 1	Tier 2	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
dapsone 5% gel	Tier	1/1/2026	Tier 1	Tier 2	N/A	Drug Formulary I
pimecrolimus 1% cream	Tier	1/1/2026	Tier 1	Tier 2	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tazarotene 0.05% cream	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tazarotene 0.1% cream	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tazarotene 0.05% gel	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tazarotene 0.1% gel	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
griseofulvin suspension	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
griseofulvin microsize 500mg	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary II, Drug Formulary III
griseofulvin ultramicrosize 125mg	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
griseofulvin ultramicrosize 250mg	Tier	1/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
posaconazole suspension	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
posaconazole 100mg tab	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
nitisinone 10mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I
nitisinone 10mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary II, Drug Formulary III

nitisinone 2mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I
nitisinone 2mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary II, Drug Formulary III
nitisinone 20mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I
nitisinone 20mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary II, Drug Formulary III
nitisinone 5mg	Tier	1/1/2026	Tier 1, PA	Tier 3, PA	N/A	Drug Formulary I
nitisinone 5mg	Tier	1/1/2026	Tier 2, PA	Tier 3, PA	N/A	Drug Formulary II, Drug Formulary III
Acarbose tab 25 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary II, Drug Formulary III
Acarbose tab 50 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary II, Drug Formulary III
Acarbose tab 100 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary II, Drug Formulary III
Alendronate sodium oral soln 70 mg/75ml	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
Minoxidil tab 2.5 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
Cholestyramine light powder 4 gm/dose	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I
Cholestyramine light powder packets 4 gm	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I
fenofibrate tab 48 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate tab 54 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate tab 145 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate tab 160 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate micronized cap 67 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate micronized cap 130 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate micronized cap 134 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
fenofibrate micronized cap 200 mg	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
Calcitonin (salmon) nasal soln 200 unit/act	Tier	1/1/2026	Tier 1, preventive	Tier 1	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
memantine 2mg/mL oral solution	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
disulfiram 250mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III

disulfiram 500mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
codeine sulfate 30mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
codeine sulfate 60mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 10mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 100mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 20mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 30mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 50mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 60mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
morphine ER 80mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tramadol ER 100mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tramadol ER 200mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
tramadol ER 300mg tablet	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
hydrocodone-acetaminophen 7.5-325mg/15mL oral solution	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III
duloxetine 40mg capsule	Tier	3/1/2026	Tier 1	Tier 3	N/A	Drug Formulary I, Drug Formulary II, Drug Formulary III

## Upcoming Tier Changes

Drug Name / Strength /Dose form	Change Type	Date of Change	Current Tier	New Tier	Impacted Formulary
erythromycin base 250mg delayed release capsule	Tier	7/1/2026	1	3	Drug Formulary I, Drug Formulary II, Drug Formulary III
doxylamine-pyridoxine delayed release tablet	Tier	7/1/2026	1	3	Drug Formulary I, Drug Formulary II, Drug Formulary III

## Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

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Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזעער איר העלפסט, האט פראגעס וועגן Independent Health איר האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער איבערזעצער, קלונג 1-800-501-3439

যদি আপনি, অথবা আপনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। অনুবাদকের সাথে কথা বলার জন্য, কল করুন 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

## Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health's Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

