



## 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 October 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                                      |
|---------------------------------|-----------------|-------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 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 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia                                                                                                         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Bimzelx prefilled syringe 160          | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia                                                                                                         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Bimzelx autoinjector 320               | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia                                                                                                         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Bimzelx prefilled syringe 320          | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia                                                                                                         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 80mg/0.8ml autoinjector (1 pen) | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia                                                             | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 40mg/0.4ml autoinjector (2 pen) | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia                                                             | Drug Formulary I, Drug Formulary II, Drug Formulary III |

|                                                       |            |    |          |                                                                                                                                   |                                                         |
|-------------------------------------------------------|------------|----|----------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Humira 40mg/0.8ml autoinjector (2 pen)                | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 80mg/0.8ml autoinjector (2 pen)                | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 10mg/0.1ml syringe (2 syringe)                 | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 20mg/0.2ml syringe (2 syringe)                 | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 40mg/0.4ml syringe (2 syringe)                 | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira 40mg/0.8ml syringe (2 syringe)                 | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Humira starter 80mg/0.8ml autoinjector                | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, 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 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Kineret                                               | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Rinvoq, Avtozma, Tyenne, Orencia, Kevzara                                                                | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Siliq                                                 | Tier 3, PA | NF | 1/1/2026 | adalimumab, Starjemza, Selarsdi, Taltz, Skyrizi, Otezla                                                                           | Drug Formulary I, Drug Formulary II, Drug Formulary III |

|                                 |            |    |          |                                                                                                                                  |                                                         |
|---------------------------------|------------|----|----------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Simponi 100mg autoinjector      | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Oencia, Kevzara, Zeposia         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Simponi 50mg autoinjector       | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Oencia, Kevzara, Zeposia         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Simponi 100mg syringe           | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Oencia, Kevzara, Zeposia         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Simponi 50mg syring             | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Oencia, Kevzara, Zeposia         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Sotyktu                         | Tier 3, PA | NF | 1/1/2026 | adalimumab, Starjemza, Selarsdi, Skyrizi, Taltz, Otezla                                                                          | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Velsipity                       | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Skyrizi, Rinvoq, Zeposia                                                           | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Hadlima 40mg/0.4ml autoinjector | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Oencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Hadlima 40mg/0.8ml autoinjector | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Oencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Hadlima 40mg/0.4ml syringe      | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Oencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Hadlima 40mg/0.8ml syringe      | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Selarsdi, Starjemza, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Oencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |

|                                          |            |    |          |                                                                                                                                   |                                                         |
|------------------------------------------|------------|----|----------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Abrilada 40mg/0.8ml autoinjector (1 pen) | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Abrilada 40mg/0.8ml autoinjector (2 pen) | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Abrilada 20mg/0.4ml syringe (2 syringe)  | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Abrilada 40mg/0.8ml syringe (2 syringe)  | Tier 2, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Entyvio, Avtozma, Tyenne, Kevzara, Zeposia, 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 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cosentyx 300mg autoinjector      | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cosentyx autoinjector            | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cosentyx prefilled syringe       | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cosentyx UnoReady                | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia | Drug Formulary I, Drug Formulary II, Drug Formulary III |

|                            |            |    |          |                                                                                                                  |                                                         |
|----------------------------|------------|----|----------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Cimzia 2 prefilled syringe | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, Orencia                            | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cimzia kit                 | Tier 3, PA | NF | 1/1/2026 | tofacitinib, adalimumab, Starjemza, Selarsdi, Rinvoq, Skyrizi, Taltz, Otezla, 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 |
| Sancuso transdermal patch                             | Tier 3, ST | NF | 7/1/2026  | ondansetron and granisetron (multiple formulations)                  | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Relistor 12mg/0.6mL injection solution                | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Relistor 8mg/0.4mL injection solution                 | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Relistor 12mg/0.6mL prefilled syringe                 | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Relistor 8mg/0.4mL prefilled syringe                  | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Relistor 15mg tablets                                 | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Symproic 0.2mg tablets                                | Tier 3, PA | NF | 7/1/2026  | Movantik tablets                                                     | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Xarelto 2.5mg tablets                                 | Tier 2     | NF | 7/1/2026  | rivaroxaban 2.5mg tablets                                            | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| ciprofloxacin-hydrocortisone suspension               | Tier 3, PA | NF | 10/1/2026 | ofloxacin, ciprofloxacin, neomycin-polymyxin-hydrocortisone          | Drug Formulary I                                        |
| bromfenac 0.09%                                       | Tier 1     | NF | 10/1/2026 | bromfenac 0.07%                                                      | Drug Formulary I                                        |
| bromfenac 0.09%                                       | Tier 2     | NF | 10/1/2026 | bromfenac 0.07%                                                      | Drug Formulary II & Drug Formulary III                  |
| Maxidex 0.1%                                          | Tier 3     | NF | 10/1/2026 | dexamethasone 0.1%, prednisolone 1%, diclofenac 0.1%, ketorolac 0.5% | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Inveltys 1%                                           | Tier 3     | NF | 10/1/2026 | loteprednol etabonate 0.5%                                           | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| bepotastine 1.5%                                      | Tier 3, ST | NF | 10/1/2026 | azelastine, cromolyn, ketotifen, olopatadine                         | Drug Formulary I                                        |
| epinastine 0.05%                                      | Tier 1     | NF | 10/1/2026 | azelastine, cromolyn, ketotifen, olopatadine                         | Drug Formulary I                                        |
| Alocril 2%                                            | Tier 3, ST | NF | 10/1/2026 | azelastine, cromolyn, ketotifen, olopatadine                         | Drug Formulary I                                        |

|                        |        |    |           |                     |                                                         |
|------------------------|--------|----|-----------|---------------------|---------------------------------------------------------|
| Zirgan 0.15%           | Tier 2 | NF | 10/1/2026 | trifluridine 1%     | Drug Formulary I                                        |
| Zirgan 0.15%           | Tier 3 | NF | 10/1/2026 | trifluridine 1%     | Drug Formulary II & Drug Formulary III                  |
| Savella 12.5mg tablets | Tier 2 | NF | 10/1/2026 | milnacipran tablets | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Savella 25mg tablets   | Tier 2 | NF | 10/1/2026 | milnacipran tablets | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Savella 50mg tablets   | Tier 2 | NF | 10/1/2026 | milnacipran tablets | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Savella 100mg tablets  | Tier 2 | NF | 10/1/2026 | milnacipran tablets | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Savella Titration Pack | Tier 2 | NF | 10/1/2026 | milnacipran tablets | 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                                      |
|---------------------------------|-----------------|-------------|----------------|---------------------------------------------------------|
| Vyndamax 61mg                   | Tier 3, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Opsynvi 10-20                   | Tier 3, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Opsynvi 10-40                   | Tier 3, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| chorionic gonadotropin          | Tier 1, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Actemra Actpen                  | Tier 2, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Actemra PFS                     | Tier 2, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Yesintek 45/0.5mL               | Tier 2, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Yesintek 45/.05ml PFS           | Tier 2, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Yesintek 90/mL                  | Tier 2, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Cycloserine                     | Tier 3          | NF          | 1/1/2027       | Drug Formulary I                                        |
| Cycloserine                     | Tier 2          | NF          | 1/1/2027       | Drug Formulary II & Drug Formulary III                  |
| Bethkis                         | Tier 3, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Kitabis                         | Tier 3, PA      | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Azelex cream                    | Tier 3          | NF          | 1/1/2027       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| cephalexin 750mg                | Tier 3          | NF          | 1/1/2027       | Drug Formulary I                                        |

## Tier Changes

| Drug Name / Strength /Dose form   | Change Type | Date of Change | Current Tier | New Tier   | Alternative(s)     | Impacted Formulary                                      |
|-----------------------------------|-------------|----------------|--------------|------------|--------------------|---------------------------------------------------------|
| 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 |
| erythromycin base 250mg delayed release capsule        | Tier | 7/1/2026  | Tier 1 | Tier 3 | erythromycin base immediate release tablets | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| doxylamine-pyridoxine delayed release tablet           | Tier | 7/1/2026  | Tier 1 | Tier 3 | N/A                                         | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| NP thyroid tablet 15mg                                 | Tier | 10/1/2026 | Tier 1 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| NP thyroid tablet 30mg                                 | Tier | 10/1/2026 | Tier 1 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| NP thyroid tablet 60mg                                 | Tier | 10/1/2026 | Tier 1 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| NP thyroid tablet 90mg                                 | Tier | 10/1/2026 | Tier 1 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| NP thyroid tablet 120mg                                | Tier | 10/1/2026 | Tier 1 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 15mg                             | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 30mg                             | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets      | Drug Formulary I, Drug Formulary II, Drug Formulary III |

|                                    |      |           |        |        |                                              |                                                         |
|------------------------------------|------|-----------|--------|--------|----------------------------------------------|---------------------------------------------------------|
| Armour Thyroid tablet 60mg         | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 90mg         | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 120mg        | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 180mg        | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 240mg        | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Armour Thyroid tablet 300mg        | Tier | 10/1/2026 | Tier 2 | Tier 3 | levothyroxine and liothyronine tablets       | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| timolol gel forming solution 0.25% | Tier | 10/1/2026 | Tier 1 | Tier 3 | timolol 0.5% solution                        | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| timolol gel forming solution 0.5%  | Tier | 10/1/2026 | Tier 1 | Tier 3 | timolol 0.5% solution                        | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| brinzolamide 1%                    | Tier | 10/1/2026 | Tier 1 | Tier 3 | dorzolamide 2%                               | Drug Formulary I                                        |
| brinzolamide 1%                    | Tier | 10/1/2026 | Tier 2 | Tier 3 | dorzolamide 2%                               | Drug Formulary II & Drug Formulary III                  |
| brimonidine 0.1%                   | Tier | 10/1/2026 | Tier 1 | Tier 3 | brimonidine 0.2%                             | Drug Formulary I                                        |
| brimonidine 0.15%                  | Tier | 10/1/2026 | Tier 1 | Tier 2 | brimonidine 0.2%                             | Drug Formulary I                                        |
| epinastine 0.05%                   | Tier | 10/1/2026 | Tier 1 | Tier 3 | azelastine, cromolyn, ketotifen, olopatadine | 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                     |
|----------------------------------------------------------|-------------|----------------|------------------------------------|------------------------------------|----------------------------------------|
| nitazoxanide                                             | Tier        | 1/1/2027       | Tier 1, PA <i>except specialty</i> | Tier 3, PA <i>except specialty</i> | Drug Formulary I                       |
| nitazoxanide                                             | Tier        | 1/1/2027       | Tier 2, PA <i>except specialty</i> | Tier 3, PA <i>except specialty</i> | Drug Formulary II & Drug Formulary III |
| pyrimethamine                                            | Tier        | 1/1/2027       | Tier 1, PA <i>except specialty</i> | Tier 3, PA <i>except specialty</i> | Drug Formulary I                       |
| pyrimethamine                                            | Tier        | 1/1/2027       | Tier 2, PA <i>except specialty</i> | Tier 3, PA <i>except specialty</i> | Drug Formulary II & Drug Formulary III |
| Cefpodoxime Proxetil Suspension Reconstituted 100 MG/5ML | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Cefpodoxime Proxetil Suspension Reconstituted 50 MG/5ML  | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Cefpodoxime Proxetil 100 MG                              | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Cefpodoxime Proxetil 200 MG                              | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Debacterol Solution 30-50 %                              | Tier        | 1/1/2027       | Tier 2, PA                         | Tier 3, PA                         | Drug Formulary II                      |
| Dihydroergotamine Mesylate Solution Nasal Solution       | Tier        | 1/1/2027       | Tier 2, PA                         | Tier 3, PA                         | Drug Formulary II                      |
| Meclofenamate Sodium 100 MG                              | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Meclofenamate Sodium 50 MG                               | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Methscopolamine Bromide 2.5 MG                           | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Methscopolamine Bromide 5 MG                             | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | Drug Formulary III                     |
| Nitroglycerin Solution 0.4 MG/SPRAY                      | Tier        | 1/1/2027       | Tier 1                             | Tier 2                             | 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.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439]。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

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

বদি আগনি, অথবা আগনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health এঁর। 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 angisang 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.