

Quarterly Formulary Changes Announced (First Quarter 2026)

Quarterly changes to the Independent Health Drug formularies are summarized below and are currently in effect unless otherwise noted.

NPG/NPB - Non-Preferred Generic/Brand
 PG/PB - Preferred Generic/Brand
 NF - Non-Formulary
 SP - Specialty Pharmacy
 PA - Prior Authorization
 ST - Step Therapy

QL - quantity Limits
 SC - subcutaneous
 IM - intramuscular
 inj - injection
 tab - tablet
 cap - capsule
 oph - ophthalmic

soln - solution
 susp - suspension
 MDI - metered-dose inhalation aerosol
 ODT - orally-disintegrating tablet
 LA - available only at certain pharmacies
 G - Generic (T2) for Medicare

| Changes to Drug Formulary I (DF1), FEHB Formulary, and Pharmacy Benefit Dimensions Formulary | | |
|---|---|---|
| Medications Added to Formulary 5/1/2026 | Medications Non-Formulary 5/1/2026 | Changes to Formulary 5/1/2026 |
| Cardamyst (etripamil) nasal spray NPB, PA Hymuo (sevabertinib) tabs NPB, PA Voyxact (sibeprenlimab-szsi) SC injection NPB, PA | Wegovy (semaglutide) tabs Lerochol (lerodalcibep-liga) SC injection Redemplo (plozasiran) SC injection Myqorzo (aficamten) tabs Nuzolvence (zolfiflodacin) oral granules for suspension Blujepa (gepotidacin) tabs Adquey (difamilast) ointment Nereus (tradipitant) caps Jascayd (nerandomilast) tablets Aqvesme (mitapivat) tablets Yuvezzi (carbachol/brimonidine) ophthalmic solution Zycubo (copper histidinate) SC injection | alosecron tabs T3 PA to T3 Ocaliva tabs T3 PA to NF 3/1/26 Anzemet tabs T3 ST to NF 3/1/26 Varubi tabs T3 PA to NF 3/1/26 Ergomar tans T2 to NF 3/1/26 Ponvory tabs T3 to NF 2/1/26 Velphoro chewable tab T3 PA to NF 2/1/26 Symproic tabs T3 PA to NF 7/1/26 Relistor tabs/inj T3 PA to NF 7/1/26 Sancuso patch T3 ST to NF 7/1/26 doxylamine-pyridoxine DR tabs T1 to T3 7/1/26 erythromycin base DR cap T1 to T3 7/1/26 |

| Changes to Drug Formulary II (DF2), Drug Formulary III (DF3), and Essential Plan Formulary (EPF) | | |
|---|---|---|
| Medications Added to Formulary 5/1/2026 | Medications Non-Formulary 5/1/2026 | Changes to Formulary 5/1/2026 |
| Cardamyst (etripamil) nasal spray NPB, PA Hymuo (sevabertinib) tabs NPB, PA Voyxact (sibeprenlimab-szsi) SC injection NPB, PA | Wegovy (semaglutide) tabs Lerochol (lerodalcibep-liga) SC injection Redemplo (plozasiran) SC injection Myqorzo (aficamten) tabs Nuzolvence (zolfiflodacin) oral granules for suspension Blujepa (gepotidacin) tabs Adquey (difamilast) ointment Nereus (tradipitant) caps Jascayd (nerandomilast) tablets Aqvesme (mitapivat) tablets Yuvezzi (carbachol/brimonidine) ophthalmic solution Zycubo (copper histidinate) SC injection | alosecron tabs T3 PA to T3 Ocaliva tabs T3 PA to NF 3/1/26 Anzemet tabs T3 ST to NF 3/1/26 Varubi tabs T3 PA to NF 3/1/26 Ergomar tans T2 to NF 3/1/26 Ponvory tabs T3 to NF 2/1/26 Velphoro chewable tab T3 PA to NF 2/1/26 Symproic tabs T3 PA to NF 7/1/26 Relistor tabs/inj T3 PA to NF 7/1/26 Sancuso patch T3 ST to NF 7/1/26 doxylamine-pyridoxine DR tabs T1 to T3 7/1/26 erythromycin base DR cap T1 to T3 7/1/26 |

| Changes to Child Health Plus Formulary | | |
|---|--|-----------------------------|
| Medications Added to Formulary 5/1/2026 | Medications Non-Formulary 5/1/2026 | Changes to Formulary 5/1/26 |
| | Wegovy (semaglutide) tabs Cardamyst (etripamil) nasal spray Lerochol (lerodalcibep-liga) SC injection Redemplo (plozasiran) SC injection Myqorzo (aficamten) tabs Nuzolvence (zolfiflodacin) oral granules for suspension Blujepa (gepotidacin) tabs Adquey (difamilast) ointment Nereus (tradipitant) caps Jascayd (nerandomilast) tablets Hymuo (sevabertinib) tabs Aqvesme (mitapivat) tablets Voyxact (sibeprenlimab-szsi) SC injection Yuvezzi (carbachol/brimonidine) ophthalmic solution Zycubo (copper histidinate) SC injection | |

| Changes to Medicare Formulary | | |
|--|---|-------------------------------|
| Medications Added to Formulary 5/1/2026 | Medications Non-Formulary 5/1/2026 | Changes to Formulary 5/1/2026 |
| Cardamyst (etripamil) nasal spray NPB, PA Hymuo (sevabertinib) tabs NPB, PA Voyxact (sibeprenlimab-szsi) SC injection NPB, PA Starjemza SC injection PB | Wegovy (semaglutide) tabs Lerochol (lerodalcibep-liga) SC injection Redemplo (plozasiran) SC injection Myqorzo (aficamten) tabs Nuzolvence (zolfiflodacin) oral granules for suspension Blujepa (gepotidacin) tabs Adquey (difamilast) ointment Nereus (tradipitant) caps Jascayd (nerandomilast) tablets Aqvesme (mitapivat) tablets Yuvezzi (carbachol/brimonidine) ophthalmic solution Zycubo (copper histidinate) SC injection | |

Medical: (effective 5/1/2026)

1. Waskyra (etuvetidigene autotemecel)- Medical, PA
2. Itvisma (onasemnogene abeparvovec-brve)- Medical, PA
3. Exdensur (depemokimab-ulaa)- Medical, PA
4. Yartemlea (narsoplumab-wuug)- Medical, PA
5. Uplizna (inebilizumab-cdon)- Medical, PA

Expedited reviews:

| Brand name | Generic name | Indication(s) | Coverage |
|-------------------------------|------------------------------------|--|------------------|
| Vybriq oral film | sildenafil | Erectile dysfunction | NF |
| Rybrevant Faspro SC injection | amivantamab and hyaluronidase-lpuj | adults with advanced or metastatic non-small cell lung cancer (NSCLC) harboring specific EGFR mutations | Medical, PA |
| Lunsumio VELO SC injection | mosunetuzumab-axgb | adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy | Medical, PA |
| Quiofic oral solution | folic acid | megaloblastic anemias due to a folic acid deficiency in adult and pediatric patients | NF |
| Uplizna IV injection | inebilizumab-cdon | generalized myasthenia gravis (gMG) in adults who are anti-acetylcholine receptor (AChR) or anti-muscle-specific kinase (MuSK) antibody (Ab) positive | PA policy update |
| Jascayd tablets | Nerandomilast | progressive pulmonary fibrosis (PPF) in adults | NF |
| Blujepa tablets | Gepotidacin | uncomplicated urogenital gonorrhea in patients 12 years of age and older who weigh at least 45 kg who have limited or no alternative treatment options | NF |

Policy updates of drugs with new indications:

| Brand name | Generic name | New indication(s) | Coverage changes |
|-------------------|---------------------------------|---|-------------------|
| Accrufer | ferric maltol | lower AL to 10 years of age | PA policy changes |
| Addyi | flibanserin | expanded to all women under 65 years of age | n/a |
| Akeega | abiraterone/niraparib | BRCA2-mutated metastatic CSPC | PA policy changes |
| Breyanzi | lisocabtagene maraleucel | R/R MZL after 2+ lines of systemic therapy | PA policy changes |
| Cablivi | caplacizumab-yhdp | lower AL to 12 years of age | PA policy changes |
| Caldolor | ibuprofen IV solution | postoperative pain | n/a |
| Calquence | acalabrutinib | w/venetoclax previously untreated CLL/SLL | PA policy changes |
| Cerezyme | imiglucerase | type 3 Gaucher disease | PA policy changes |
| Darzalex Faspro | daratumumab/hyaluronidase-fihj | light-chain amyloidosis in combo (accelerated) | PA policy changes |
| Enhertu | fam-trastuzumab deruxtecan-nxki | unresect/metastatic HER2(+) breast Ca w/Perjeta | PA policy changes |
| Epkinly | epcoritamab-bysp | R/R FL w/lenalidomide and rituximab | PA policy changes |
| Eylea HD | aflibercept | macular edema following retinal vein occlusion | PA policy changes |
| Furoscix | furosemide SC injection | can be used in pediatric patients ≥43 kg | PA policy changes |
| iDose TR | travoprost intracameral implant | repeat dosing approved up to once annually | PA policy changes |
| Ilumya | tildrakizumab-asmn | plaque psoriasis of the nails | PA policy changes |
| Imfinzi | durvalumab | gastric and GEJ cancers with standard FLOT chemo | PA policy changes |
| Keytruda | pembrolizumab | w/enfortumab vedotin for MIBC | PA policy changes |
| Keytruda | pembrolizumab | recurrent PD-L1 expressing ovarian Ca w/paclitaxel | PA policy changes |
| Koselugo | selumetinib | neurofibromatosis type 1 in adults | PA policy changes |
| Leqvio | inclisiran | HeFH and HoFH in pediatric patients 12 y.o. and up | PA policy changes |
| Mounjaro | tirzepatide | lower AL to 10 years of age | AL changes |
| Nexplanon | etonogestrel implant | can now be used up to 5 years (was 3) | n/a |
| Noxafil | posaconazole | lower AL to 2 years of age | AL changes |
| Omisirge | omidubicel-onlv | severe aplastic anemia | PA policy changes |
| Opdivo Qvantig | nivolumab/hyaluronidase-nvhy | melanoma and CRC AL down to 12 y.o. | PA policy changes |
| Orladeyo | berotralstat | lower age limit down to 2 years of age | PA policy changes |
| Padcev | enfortumab vedotin-ejfv | w/pembrolizumab for MIBC | PA policy changes |
| Perjeta | pertuzumab | unresect/metastatic HER2(+) breast Ca w/Enhertu | PA policy changes |
| Rapiblyk | landiolol | indication expanded to pediatric patients | n/a |
| Recarbrio | imipenem/cilastatin/relebactam | pediatric patients weighing as little as 2 kg | PA policy changes |
| Tecentriq Hybreza | atezolizumab/hyaluronidase-tqjs | alveolar soft part sarcoma AL down to 12 y.o. | PA policy changes |
| Thrombate III | antithrombin III (human) | hereditary antithrombin deficiency in pediatric pts | PA policy changes |

| | | | |
|-----------|-------------|--|-------------------|
| Venclexta | venetoclax | w/acalabrutinib previously untreated CLL/SLL | PA policy changes |
| Vraylar | cariprazine | lower AL to 13 y.o. in schizophrenia, 10 y.o. in BPD | PA policy updates |
| Wakix | pitolisant | narcolepsy with cataplexy down to 6 years of age | PA policy changes |

New generics:

Brands now non-formulary unless otherwise indicated. For Medicaid, medical drugs will be covered as Commercial unless otherwise specified below.

| Brand name | Generic name | Generic tier placement and utilization management | | | |
|------------|--------------------------------|---|----------------|----------------|-----------------------|
| | | Commercial/ FEHB | Exch/Small/EBP | Medicaid | Medicare Indiv/PDP |
| Adzenys XR | amphetamine ER tablets | NF | NF | NF | NF/NF |
| Besivance | <i>authorized generic only</i> | NF | T3 | NF | NF/NF |
| Cipro HC | ciprofloxacin/dexamethasone | T3 PA exc. ENT | T3 PA exc. ENT | T1 PA exc. ENT | T4/T1 |
| Fycompa | perampanel oral suspension | T3 | T3 | NF | T5/T1 |
| Gleostine | lomustine | T3 | T3 | NF | T5/T1 |
| Mavenclad | cladribine | NPG, PA | NPG, PA | NF | NF/NF |
| Teflaro | ceftaroline | Medical | Medical | Medical | T5/T1 |
| Zylet | <i>authorized generic only</i> | NF | T3 | NF | NF/NF |

Biosimilar drug changes:

| Biosimilar (generic name) | Reference Product | Changes | Effective date |
|--|-------------------|--|----------------|
| Jubereq and Osyvrti (denosumab-desu) | Prolia and Xgeva | Medical, ST (becomes a non preferred agent) | 5/1/26 |
| Boncresta and Oziltus (denosumab-mobz) | Prolia and Xgeva | Medical, ST (becomes a non preferred agent) | 5/1/26 |
| Armlupeg (pegfilgrastim-unne) | Neulasta | Medical, PA w/ ST (second line behind Udenyca) | 5/1/26 |
| Nufymco (ranibizumab-leyk) | Lucentis | Medical, PA w/ ST (second line behind Cimerli) | 5/1/26 |
| Filkri (filgrastim-laha) | Neupogen | Medical, PA w/ ST (second line behind Zarxio) | 5/1/26 |

Products removed from the market:

1. **Ocaliva** (obeticholic acid)- effective 3/1/26