

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Select Drug Program®**

<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>New Tier and Edit</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
<b>ADALIMU-BWWD INJ 40/0.4ml</b>	NPD/SP* + QL (2 per 28 days)	No Change (New Drug)		No Change	No Change	12/22/25
amphetamine tab <b>3.1mg ER, 6.3mg ER, 9.4mg ER, 12.5mg ER, 15.7mg ER, 18.8mg ER</b> (Brand: <b>Adzenys XR®</b> )	G + QL (Max Daily Dose 1)	No Change (New Generic)		No Change	No Change	12/15/25
budesonide er tab extended release 24 hour 9mg oral (Brand: <b>UCERIS®</b> )	G	G + QL (60 per 180 days)		No Change	QL Addition	07/01/26
carb/levo ER cap 23.75-95mg, 36.25mg, 48.75mg, 61.25mg (Brand: <b>Rytary®</b> )	NPD	No Change (New Authorized Generic)	Generic carbidopa/levodopa	No Change	No Change	10/27/25
<b>Cardamyst™ Spr</b>	NPD	NPD + QL (6 doses per 365 days)		No Change	QL Addition	07/01/26
cimetidine hcl solution 300mg/5ml oral (Brand: <b>Tagamet®</b> )	G	G	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change		07/01/26

*(continued)*

\*= for Specialty plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(7/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
cipro/hydroc sus 0.2/1% <b>(Brand: Cipro HC®)</b>	G	No Change (New Generic)		No Change	No Change	12/08/25
cladribine pak 10mg(10), 10mg(9), 10mg(8), 10mg(7), 10mg(6), 10mg(5), 10mg(4) <b>(Brand: Mavenclad®)</b>	G/SP*	No Change (New Drug)	One of the following: <b>Avonex®</b> , <b>Betaseron®</b> , generic glatiramer, <b>Vumerity®</b> , <b>Bafiertam®</b> , dimethyl fumarate, <b>Kesimpta®</b> , <b>Mayzent®</b> , <b>Zeposia®</b> OR continuation of therapy with the requested agent	No Change	No Change	12/08/25
conj estrogn tab 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg <b>(Brand: Premarin®)</b>	G	No Change (New Generic)		No Change	No Change	10/27/25
<b>Delstrigo® Tab 100-300-300mg</b>	NPD	PB		Brand Downtier	No Change	07/01/26
<b>Desloratadin sol 0.5mg/ml</b>	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	11/24/25
<b>Dovato® Tab 50-300mg Oral</b>	NPB	PB		Brand Downtier	No Change	07/01/26
<b>Ekterly® Tab 300mg</b>	NPD/SP*	NPD/SP* + QL (12 per 30 days)		No Change	QL Addition	07/01/26
<b>Enbumyst® Sol 0.5/0.1</b>	NPD	NPD + QL (120 units per 180 days)		No Change	QA Addition	07/01/26
<b>Evexithroid® Tab 45mg, 75mg</b>	NPD	No Change (New Drug)		No Change	No Change	10/27/25

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(continued)

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<b>Exxua™ Tab</b> 18.2mg, 36.3mg, 54.5mg, 72.6mg	NPD	NPD + QL (Max Daily Dose 1)	2 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.) OR continuous therapy with requested agent for a minimum of 2 weeks	No Change	QL Addition	07/01/26
<b>Forzinity™ Inj</b> 280/3.5	NPD/SP*	No Change (New Drug)		No Change	No Change	10/13/25
gabap 1 daily tab 450mg, 750mg, 900mg (Brand: <b>Gralise®</b> )	G	No Change (New Drug)		No Change	No Change	10/20/25
glycerol phe liq 1.1gm/ml (Brand: <b>Ravicti®</b> )	G/SP*	G/SP* + QL (Max Daily Dose 17.5ml)		No Change	QL Addition	07/01/26
<b>Hyrnuo® Tab</b> 10mg	NPD/SP*	No Change (New Drug)		No Change	No Change	12/08/25
<b>Inluriyo™ Tab</b> 200mg	NPD/SP*	No Change (New Drug)		No Change	No Change	10/06/25
<b>Jascayd® Tab</b> 9mg, 18mg	NPD/SP* + QL (Max Daily Dose 2)	No Change (New Drug)		No Change	No Change	10/13/25
<b>Javadin™ Sol</b> 0.02/ml	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	12/01/25

*(continued)*

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(7/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Jaythari™ Sus 22.75/ml	G/SP*	No Change (New Drug)		No Change	No Change	12/22/25
Komzifti™ Cap 200mg	NPD/SP*	No Change (New Drug)		No Change	No Change	11/24/25
Koselugo® Cap 5mg, 7.5mg	NPD/SP*	No Change (New Drug)		No Change	No Change	10/13/25
Lasix® Onyu Inj 80mg	NPD	No Change (New Drug)		No Change	No Change	11/17/25
Iomustine cap 10mg, 40mg, 100mg (Brand: Gleostine®)	G/SP*	No Change (New Drug)		No Change	No Change	11/24/25
Lynkuet® Cap 60mg	NPD	No Change (New Drug)		No Change	No Change	11/03/25
meloxicam capsule 5mg, 10mg (Brand: Vivlodex®)	G	NPD	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam tabs, etc.)	Brand Uptier		07/01/26
Miebo® Solution 1.338gm/ml	PB + QL (12 ml per 30 days)	PB + QL (3 ml/1 bottle per 30 days)		No Change	QL Change	07/01/26
Minimed™ Inst Mis Sensor	NPD + QL (2 per 28 days)	No Change (New Drug)		No Change	No Change	07/01/26
Nemlurio® Auto-Injector 30mg	NPD/SP*	PB/SP*		Brand Downtier	No Change	07/01/26
Omlonti® Dro 0.002%	NPD	No Change (New Drug)	ONE of the following generics: latanoprost, bimatoprost, travoprost AND Lumigan®	No Change	No Change	12/08/25

(continued)

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(7/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Omvoh™ Inj 200/2ml</b>	PB/SP*	No Change (New Drug)		No Change	No Change	12/15/25
<b>Opzelura® Cream 1.5%</b>	PB + QL (240 grams per 28 days)	PB + QL (3.34 gram per day; 540 grams per 365 days)		No Change	QL Change	07/01/26
<b>Palsonify™ Tab 20mg, 30mg</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	10/06/25
pazopanib tab 400mg (Brand: <b>Votrient®</b> )	G/SP*	No Change (New Drug)		No Change	No Change	11/10/25
perampanel sus 0.5mg/ml (Brand: <b>Fycompa®</b> )	NPD	No Change (New Drug)	<b>Fycompa®</b>	No Change	No Change	12/22/25
<b>Pifeltro® Tab 100mg</b>	NPD	PB		Brand Downtier	No Change	07/01/26
<b>Pokonza™ Pow 15meq</b>	NPD	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc.)	No Change	No Change	12/15/25
potassium pow 40meq	NPD	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc.)	No Change	No Change	12/29/25
prednisone tab	NPD	No Change (New Drug)	Three generic immediate-release oral corticosteroids (e.g., hydrocortisone, dexamethasone, prednisone, methylprednisolone, prednisolone, etc.)	No Change	No Change	12/29/25
prednisone tab 2mg DR	NPD	No Change (New Drug)	Three generic immediate-release oral corticosteroids (e.g., hydrocortisone, dexamethasone, prednisone, methylprednisolone, prednisolone, etc.)	No Change	No Change	12/22/25

(continued)

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Premarin® Tab 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	PB	NPD		Brand Uptier	No Change	07/01/26
Prevymis® Packet 20mg	NPD	NPD + QL (4800 packets per 365 days)		No Change	QL Addition	07/01/26
Prevymis® Packet 120mg	NPD	NPD + QL (800 packets per 365 days)		No Change	QL Addition	07/01/26
Prevymis® Tab 240mg, 480mg	NPD	NPD + QL (Max Daily Dose 1; 210 tablets per 365 days)		No Change	QL Addition	07/01/26
Prezcobix® Tab 675-150mg, 800-150mg	NPD	PB		Brand Downtier	No Change	07/01/26
ranitidine tab 150mg, 300mg (Brand: Zantac®)	NPD	No Change (New Generic)		No Change	No Change	12/15/25
Ravicti® Liquid 1.1gm/ml	NPD/SP*	NPD/SP* + QL (Max Daily Dose 17.5ml)		No Change	QL Addition	07/01/26
Redempro® Sol 25/0.5ml	NPD/SP*	No Change (New Drug)		No Change	No Change	07/01/26
Rhapsido® Tab 25mg	NPD/SP*	No Change (New Drug)		No Change	No Change	07/01/26
Selarsdi™ Inj 45/0.5ml	NPD/SP*	No Change (New Drug)		No Change (New Drug)	No Change (New Drug)	10/27/25
Starjemza™ Inj 45/0.5ml, 90mg/ml	NPD/SP*	No Change (New Drug)		No Change (New Drug)	No Change (New Drug)	11/03/25

(continued)

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(7/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Subvenite® Sus 10mg/ml</b>	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change (New Drug)	No Change (New Drug)	11/17/25
<b>Tarpeyo® Cap Delayed Release 4mg</b>	NPD/SP* + QL (Max Daily Dose 4)	NPD/SP* + QL (Max Daily Dose 4; 1080 tablets per 24 months/2 years)		No Change	QL Change	07/01/26
<b>Tonmya™ Sub 2.8mg</b>	NPD	No Change (New Drug)	Generic cyclobenzaprine tablet AND one of the following: amitriptyline, duloxetine, gabapentin, pregabalin immediate-release	No Change	No Change	11/03/25
<b>Tracleer® Tab Soluble 32mg</b>	PB/SP*	NPD/SP*		Brand Uptier	No Change	07/01/26
<b>Tyvaso® DPI Pow 80mcg</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	11/17/25
<b>Tyvaso® DPI Pow Main Kit</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	11/24/25
<b>Uceris® Tab Extended Release 24 Hour 9mg</b>	NPD	NPD + QL (60 per 180 days)		No Change	QL Addition	07/01/26
ustekin-aauz inj 45/0.5ml, 90mg/ml	NPD/SP*	No Change (New Drug)		No Change	No Change	11/10/25

*(continued)*

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Voquezna® Tab 10mg</b>	NPD + QL (Max Daily Dose 1)	NPD + QL (Max Daily Dose 1, 180 tablets per 365 days)		No Change	QL Change	07/01/26
<b>Voquezna® Tab 20mg</b>	NPD + QL (Max Daily Dose 2)	NPD + QL (Max Daily Dose 2, 60 tablets per 365 days)		No change	QL Change	07/01/26
<b>Voyxact® Inj 400/2ml</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	12/08/25
<b>Vyscoxa™ Sus 10mg/ml</b>	NPD	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam tabs, etc.)	No Change	No Change	10/27/25
<b>Xpovio® Pak 80mg</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	12/29/25
<b>Zoryve® Cre 0.05%</b>	NPD	No Change (New Drug)	One of the following: one generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.) or one generic topical calcineurin inhibitor	No Change	No Change	10/13/25
<b>Zoryve® Foam 0.3%</b>	NPD	PB		Brand Downtier	No Change	07/01/26

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**Abbreviation Key**

<b>G</b>	Generic
<b>LCG</b>	Low Cost Generic. Benefit may vary; not all plans provide this incentive.
<b>ACA</b>	Affordable Care Act preventative drugs
<b>PB</b>	Preferred Brand
<b>NPD</b>	Non-Preferred Drug
<b>SP</b>	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
<b>MME</b>	Morphine Milligram Equivalent
<b>D/S</b>	Days Supply Limit
<b>QL</b>	Quantity Limit
<b>AL</b>	Age Limit
<b>Generic Addition</b>	A generic drug that recently became available in the marketplace
<b>Generic Downtier</b>	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
<b>Generic Uptier</b>	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Authorized Generic Addition</b>	An authorized generic drug that recently became available in the marketplace
<b>Authorized Generic Uptier</b>	Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs.
<b>Brand Downtier</b>	These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing.
<b>Brand Uptier</b>	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Brand Addition</b>	Coverage was added to this drug.
<b>Brand/Authorized Generic/ Generic Deletion</b>	Coverage was removed from this drug. Formulary alternatives are available.

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