

Global Formulary Update

KEY

EXC – Excluded

NF – Non-Formulary

PA – Prior Authorization

QL – Quantity Limit

SP – Specialty

ST – Step Therapy

UM – Utilization Management

*Existing Users are Grandfathered

Negative Changes

Effective April 1, 2026

Change Type	Drug Name	Previous Tier / UM	New Tier / UM	Alternative(s) / ST Requirement(s)			
Age Limit Addition*	Citalopram						
	Celexa						
	Cymbalta						
	Duloxetine						
	Desvenlafaxine						
	Drizalma Sprinkle						
	Effexor						
	Escitalopram						
	Fetzima						
	Fluoxetine	Not applicable	At least 6 years of age	Not applicable			
	Fluvoxamine						
	Lexapro						
	Paroxetine						
	Paxil						
	Pexeva						
Pristiq							
Prozac							
Sertraline							
Venlafaxine							
Zoloft							
Uptier	Cetrotide				Tier 4 PA	Tier 5 PA	Generic cetorelix
Uptier, PA Addition	Prolensa				Tier 2 QL	Tier 3 PA QL	Generic bromfenac ophthalmic solution
Uptier, Traditional to Specialty	Imcivree				Tier 3 PA	Tier 5 PA SP	
Uptier, Traditional to Specialty	mifepristone 300 mg				Tier 3 PA	Tier 4 PA SP	antidiabetes medication (e.g. insulin, metformin)

Positive Changes

January 1, 2026 - April 1, 2026

Change Type	Drug Name	Previous Tier / UM	New Tier / UM
Downtier	Cetorelix Acetate	Tier 5 PA SP	Tier 4 PA SP
Downtier, PA Removal	Bromfenac ophthalmic solution	Tier 3 PA QL	Tier 1 QL