

Essential 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							
New Exclusion	Cetrotide				Tier 4 PA	EXC	Generic cetrorelix acetate
New Exclusion	Prolensa				Tier 3 QL	EXC QL	Generic bromfenac ophthalmic solution
Uptier, Traditional to Specialty	mifepristone 300 mg				Tier 3 PA	Tier 4 PA SP	antidiabetes medication (e.g. insulin, metformin)
PA Addition*	Amvuttra	Tier 5 SP	Tier 5 PA SP				

Positive Changes

January 1, 2026 - April 1, 2026

Change Type	Drug Name	Previous Tier / UM	New Tier / UM
Addition to Formulary	Brivaracetam	NF	Tier 1 ST QL
Addition to Formulary	Bromfenac ophthalmic solution	EXC QL	Tier 1 QL
Addition to Formulary	Carbidopa-Levodopa ER capsule	NF	Tier 3 ST
Addition to Formulary	Cetorelix Acetate	EXC SP	Tier 4 PA SP
Addition to Formulary	Cladribine tablet	EXC SP	Tier 4 PA SP
Addition to Formulary	Doxylamine-Pyridoxine tablet	EXC QL	Tier 1 QL
Addition to Formulary	Estradiol gel	EXC QL	Tier 1 QL
Addition to Formulary	Conjugated estrogens tablet	NF	Tier 1 QL
Addition to Formulary	Hizentra	EXC SP	Tier 5 PA SP
Addition to Formulary	Lomustine	NF	Tier 1
Addition to Formulary	Lunsumio Velo	NF	Tier 5 PA SP
Addition to Formulary	Ofloxacin tablet	NF	Tier 1 QL
Addition to Formulary	Opdivo Qvantig	NF	Tier 5 PA QL SP
Addition to Formulary	Orladeyo	NF	Tier 5 PA SP
Addition to Formulary	Pomalidomide	NF	Tier 4 PA QL SP
Addition to Formulary	Rilpivirine	NF	Tier 1
Addition to Formulary	Rybrevant Faspro	NF	Tier 5 PA SP
Addition to Formulary	Shingrix prefilled syringe	NF	Tier 2
Addition to Formulary	Tapentadol HCl immediate release	NF	Tier 1 QL
Addition to Formulary	Topiramate ER	EXC	Tier 1 ST
Addition to Formulary	Tyruko	NF QL	Tier 4 SP PA QL
Addition to Formulary	Wegovy tablet	NF QL	Tier 2 PA QL