

November 24, 2025

JANUARY 1st, 2026 FORMULARY UPDATE

A. The following products will have tiering updates:

1. Moved from Tier 3 to Tier 2
 - a. Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT
2. Moved from Tier 3 to Tier 2 with Step Therapy Removed
 - b. Toujeo SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML
 - c. Toujeo Max SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML
 - d. Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT

B. The following products will have a prior authorization added:

1. Danazol Oral Capsule 50 MG, 100 MG, 200 MG

C. The following products will have a prior authorization added when used by males:

1. Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG
2. Estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR
3. Estradiol Transdermal Patch Twice Weekly 0.0375 MG/24HR
4. Estradiol Transdermal Patch Twice Weekly 0.05 MG/24HR
5. Estradiol Transdermal Patch Twice Weekly 0.075 MG/24HR
6. Estradiol Transdermal Patch Twice Weekly 0.1 MG/24HR
7. Estradiol Transdermal Patch Weekly 0.025 MG/24HR
8. Estradiol Transdermal Patch Weekly 0.0375 MG/24HR
9. Estradiol Transdermal Patch Weekly 0.05 MG/24HR
10. Estradiol Transdermal Patch Weekly 0.06 MG/24HR
11. Estradiol Transdermal Patch Weekly 0.075 MG/24HR
12. Estradiol Transdermal Patch Weekly 0.1 MG/24HR
13. Estradiol Valerate Intramuscular Oil 10 MG/ML, 20 MG/ML, 40 MG/ML
14. medroxyPROGESTERone Acetate Oral Tablet 2.5 MG, 5 MG, 10 MG
15. Megestrol Acetate Oral Suspension 625 MG/5ML
16. Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG
17. Norethindrone Acetate Oral Tablet 5 MG
18. Premarin Oral Tablet 0.3 MG, 0.9 MG, 0.45 MG, 0.625 MG, 1.25 MG
19. Progesterone Oral Capsule 100 MG, 200 MG

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D. The following products will have a prior authorization added when used by females:

1. Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML
2. Testosterone Enanthate Intramuscular Solution 200 MG/ML

E. The following products will have quantity limits added:

1. Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT
2. Repatha Pushtronex System Subcutaneous Solution Cartridge 420 MG/3.5ML
3. Repatha Subcutaneous Solution Prefilled Syringe 140 MG/ML
4. Repatha SureClick Subcutaneous Solution Auto-injector 140 MG/ML

F. The following products will have step therapy updated:

1. Darifenacin Hydrobromide ER Oral Tablet Extended Release 24 Hour 7.5 MG, 15 MG
2. Tolterodine Tartrate ER Oral Capsule Extended Release 24 Hour 2 MG, 4MG
3. Trosipium Chloride ER Oral Capsule Extended Release 24 Hour 60 MG

G. The following products will have step therapy removed:

1. Fesoterodine Fumarate ER Oral Tablet Extended Release 24 Hour 4 MG, 8MG

H. The following products will be added to the formulary:

1. Added to Tier 4 with PA
 - a. Andembry Subcutaneous Solution Auto-injector 200 MG/1.2ML
 - b. Bildyos Subcutaneous Solution Prefilled Syringe 60 MG/ML
 - c. Dawnzera Subcutaneous Solution Auto-injector 80 MG/0.8ML
 - d. Ekterly Oral Tablet 300 MG
 - e. Livdelzi Oral Capsule 10 MG
2. Added to Tier 3 (Delaware Only)
 - a. Auranofin Oral Capsule 3 MG
 - b. Ridaura Oral Capsule 3 MG
3. Added to Tier 2 with PA and QL
 - a. Journavx Oral Tablet 50 MG
 - b. Praluent Subcutaneous Solution Auto-injector 150 MG/ML
 - c. Praluent Subcutaneous Solution Auto-injector 75 MG/ML
4. Added to Tier 2 ST and QL
 - a. Trulance Oral Tablet 3 MG
5. Added to Tier 2
 - a. Zurnai Injection Solution Auto-injector 1.5 MG/0.5ML

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I. The following products will be removed from the formulary:

1. Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %
2. Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML
3. Insulin Glargine-yfgn Subcutaneous Solution Pen-injector 100 UNIT/ML
4. Jynneos Subcutaneous Suspension 0.5 ML (Louisiana Only)
5. Na Sulfate-K Sulfate-Mg Sulf Oral Solution 17.5-3.13-1.6 GM/177ML
6. Ocaliva Oral Tablet 5 MG, 10 MG
7. PEG-KCl-NaCl-NaSulf-Na Asc-C Oral Solution Reconstituted 100 GM
8. Prolia Subcutaneous Solution Prefilled Syringe 60 MG/ML
9. Rezvoglar KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML
10. Sajazir Subcutaneous Solution Prefilled Syringe 30 MG/3ML
11. SymlinPen 120 Subcutaneous Solution Pen-injector 2700 MCG/2.7ML
12. SymlinPen 60 Subcutaneous Solution Pen-injector 1500 MCG/1.5ML
13. Symproic Oral Tablet 0.2 MG

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department for your state.

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