



2026 Formulary Changes

EFFECTIVE DATE: 06/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
BRIVIACT 75 MG ORAL TABLET	BRIVARACETAM 75 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
BRIVIACT 100 MG ORAL TABLET	BRIVARACETAM 100 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
BRIVIACT 50 MG ORAL TABLET	BRIVARACETAM 50 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
BRIVIACT 25 MG ORAL TABLET	BRIVARACETAM 25 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
BRIVIACT 10 MG ORAL TABLET	BRIVARACETAM 10 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
TEFLARO 400 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
TEFLARO 600 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
BRIVIACT 10 MG/ML ORAL SOLUTION	BRIVARACETAM 10 MG/ML ORAL SOLUTION-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 05/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP	TOBRAMYCIN-LOTEPREDNOL 0.3%- 0.5% OPHTHALMIC DROPS SUSP-2	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER
TEFLARO 600 MG INTRAVERN. VIAL	CEFTAROLINE FOSAMIL 600 MG INTRAVERN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER
TEFLARO 400 MG INTRAVERN. VIAL	TOBRAMYCIN-LOTEPREDNOL 0.3%- 0.5% OPHTHALMIC DROPS SUSP-2	BRAND DELETION, ADD FRF GENERIC	CEFTAROLINE FOSAMIL 400 MG INTRAVERN. VIAL-5

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

GENERIC DRUG AVAILABLE AT LOWER TIER

EFFECTIVE DATE: 04/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
FYCOMPA 0.5 MG/ML ORAL ORAL SUSP	PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
XGEVA 120 MG/1.7 SUBCUTANE. VIAL		DELETION OF DRUG FROM FORMULARY	REMOVAL OF DRUG FROM FORMULARY DUE TO NEW CLINICAL GUIDELINES
RIVAROXABAN 2.5 MG ORAL TABLET		QL ADD	ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES
BRILINTA 90 MG ORAL TABLET	TICAGRELOR 90 MG ORAL TABLET-2	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

**BRAND DELETION, ADD FRF GENERIC
DELETION OF DRUG FROM FORMULARY
QL ADD**

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC
EQUIVALENT
ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES**

EFFECTIVE DATE: 03/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
STELARA 45MG/0.5ML SUBCUTANE. VIAL	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 130MG/26ML INTRAVERN. VIAL	SELARSDI 130MG/26ML INTRAVERN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 90 MG/ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 130MG/26ML INTRAVERN. VIAL	SELARSDI 130MG/26ML INTRAVERN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 02/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
GLEOSTINE 40 MG ORAL CAPSULE	LOMUSTINE 40 MG ORAL CAPSULE-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 1.25 MG ORAL TABLET	CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-2	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
GLEOSTINE 100 MG ORAL CAPSULE	LOMUSTINE 100 MG ORAL CAPSULE-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
GLEOSTINE 10 MG ORAL CAPSULE	LOMUSTINE 10 MG ORAL CAPSULE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
DIFICID 200 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.9 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-6	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.625 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-7	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.45MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-8	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.3 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-9	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC
EQUIVALENT**