FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
1/1/2026	Adalimumab-fkjp	Smart PA for SB135	Added new Dx Codes to diagnosis list
1/1/2026	Pyzchiva	Smart PA for SB135	Added new Dx Codes to diagnosis list
1/1/2026	Yesintek	Smart PA for SB135	Added new Dx Codes to diagnosis list
1/1/2026	Gel-One	Add to formulary, PA required	
1/1/2026	Hymovis	Add to formulary, PA required	
1/1/2026	Orthovisc	Add to formulary, PA required	
1/1/2026	Monovisc	Add to formulary, PA required	
1/1/2026	Durolane	Add to formulary, PA required	
1/1/2026	Gelsyn-3	Add to formulary, PA required	
1/1/2026	Euflexxa	Add to formulary, PA required	
1/1/2026	Visco-3	Add to formulary, PA required	
1/1/2026	Norethindrone 5mg	QL Update	QL of 3 tablets daily
1/1/2026	Fluticasone HFA 110Mcg	QL Update	Allow 2 MDI's per 30 days
1/1/2026	Fluticasone HFA 110Mcg	Age Update	Term minimum age of 11
1/1/2026	Fluticasone HFA 44Mcg	Age Update	Term minimum age of 11
1/1/2026	*Anorexiants Non-Amphetamine**	Custom Messaging added	EPDST members 21 years and under, may request for medical necessity.
1/1/2026	*Anti-Obesity Agents**	Custom Messaging added	EPDST members 21 years and under, may request for medical necessity.
1/1/2026	Synagis	Remove from formulary	
1/1/2026	Bausch Products	Custom Messaging added	Products no longer rebate eligible
1/1/2026	Flu Vaccine	Age Update	Update minimum age to Zero