Pharmacy

Premera Formulary Newsletter

The latest monthly pharmacy news and announcements

February 2026

Latest News

GLP-1 Medications – Still Making Headlines

Glucagon-like peptide-1 (GLP-1) receptor agonists continue to be one of the most closely watched therapy classes in 2026. Originally developed for type 2 diabetes, these medications have seen rapid expansion into weight management and broader cardiometabolic conditions. Their ability to improve satiety, reduce blood glucose, and deliver sustained weight loss has driven ongoing demand.

Recent updates include the FDA approval of oral Wegovy (semaglutide) tablets, rise of direct-to-consumer channels, and federal government actions that may impact the overall market.

Newer agents—including combination therapies, next-generation multi-agonists, and upcoming oral GLP-1s—are expected to further accelerate growth throughout 2026 and beyond.

How Premera Covers GLP-1 Medications

Premera uses two distinct policy pathways for GLP-1 coverage, depending on indication and employer group benefit design.

1. GLP-1s for Type 2 Diabetes (Covered Across All Plans)

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GLP-1 medications approved for type 2 diabetes follow the standard diabetes medical policy. Coverage requires:

- A documented diagnosis of type 2 diabetes
- Meeting all medical necessity criteria

Updated quantity limits went into effect on January 1, 2026, to support consistent, appropriate utilization.

2. GLP-1s for Weight Management (Employer-Elected Benefit)

Weight-management GLP-1s are reviewed under the weight-loss drug policy and are only covered when an employer group has elected this benefit.

For those groups:

- FDA-approved weight-loss GLP-1s (e.g., Wegovy, Zepbound) require prior authorization
- Clinical criteria, dose checks, and utilization safeguards apply
- Quantity limits are in place to help ensure safe and appropriate use

If a group does not elect weight-loss drug coverage, GLP-1s for obesity are not covered.

Key Takeaways

- Expect continued growth in utilization
- Maintain strong utilization management to ensure clinically appropriate prescribing
- Monitor for mid-year benefit and pricing updates as new products enter the market

Premera will continue providing updates as the GLP-1 landscape evolves.

Formulary Updates

Premera regularly makes standard drug list updates to ensure that drug lists provide the best value for the dollar, bringing the best net cost, access and experience for members. These decisions are based on information and recommendations from Premera's Pharmacy & Therapeutics Committee, a group of independent clinicians and providers.

The following are notable decisions to drug lists that may include new brand launches, new generic launches, and updates to products on the market today. Copays and/or coinsurance, benefits, and coverage may differ based on selected plan designs. Refer to your benefit plan documents for additional information.

Name	Formulary						Programs				Notes
	Preferred 3 Tier (B3)	Preferred 4 Tier (B4)	Open (A2)	Metallic (M4)	Essentials 3 Tier (E3)	Essentials 4 Tier (E4)	Specialty	PA	ST	QL	
amphetamine ER orally disintegrating tablet	1	1	1	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	No	No	No	First Time Generic for ADZENYS XR-ODT
EMFLAZA (deflazacort oral suspension)	3	4	2	Non-Formulary Tier 4	Non-Formulary Tier 3	Non-Formulary Tier 4	Yes	Yes	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*
GRALISE (gabapentin ER tablet)	3	3	2	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	Yes	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*
ENDOMETRIN (micronized progesterone vaginal insert)	3	4	2	Non-Formulary Tier 4	Non-Formulary Tier 3	Non-Formulary Tier 4	No	No	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*

Name	Formulary						Programs				Notes
	Preferred 3 Tier (B3)	Preferred 4 Tier (B4)	Open (A2)	Metallic (M4)	Essentials 3 Tier (E3)	Essentials 4 Tier (E4)	Specialty	PA	ST	QL	
METOPROLOL TARTRATE 12.5 MG TABLET	3	3	2	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	No	No	1 tablet per day	Generics are available. Preferred alternative: metoprolol tartrate 25 mg tablets.
PREMARIN (conjugated estrogens)	3	3	2	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	No	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*
SANDOSTATIN LAR DEPOT (octreotide acetate microspheres vial for IM injection)	3	4	2	Non-Formulary Tier 4	Non-Formulary Tier 3	Non-Formulary Tier 4	Yes	Yes	No	No	Generics are now available. Products have changed from SSB to MSB. Note: Medical Benefit Only. *Change effective 4/1/26.*
SAXENDA (liraglutide pen injector)	3	3	2	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	Yes	No	5 pens per 30 days	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*
tobramycin-loteprednol 0.3%-0.5%	1	1	1	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	No	No	No	First Time Generic for ZYLET. Added to HCLV. Preferred alternatives include dexamethasone-neomycin-polymycin (generic MAXITROL), sulfacetamide-prednisolone (generic VASOCIDIN), & tobramycin-dexamethasone (generic TOBRADEX)

Name	Formulary						Programs				Notes
	Preferred 3 Tier (B3)	Preferred 4 Tier (B4)	Open (A2)	Metallic (M4)	Essentials 3 Tier (E3)	Essentials 4 Tier (E4)	Specialty	PA	ST	QL	
TRACLEER (bosentan oral tablet for suspension)	3	4	2	Non-Formulary Tier 4	Non-Formulary Tier 3	Non-Formulary Tier 4	Yes	Yes	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*
VUITY (pilocarpine 1.25% eye drops)	3	3	2	Non-Formulary Tier 3	Non-Formulary Tier 3	Non-Formulary Tier 4	No	Yes	No	No	Generics are now available. Products have changed from SSB to MSB. *Change effective 4/1/26.*

Brand drugs are capitalized. Generic drugs are in lower case. PA = Prior Authorization, ST = Step Therapy, QL = Quantity Limit, HCLV = High-Cost Low Value, SSB = Single-Source Brand, MSB = Multi-Source Brand.

Formulary Name	Tier
Preferred 3 Tier (B3)	1 = Generic, 2 = Preferred Brand, 3 = Non-Preferred Brand
Preferred 4 Tier (B4)	1 = Generic, 2 = Preferred Brand, 3 = Non-Preferred Brand, 4 = Specialty
Open (A2)	1 = Generic, 2 = Brand
Metallic (M4)	1 = Preferred Generic, 2 = Preferred Brand, 3 = Non-Preferred Drugs (Brand or Generic), 4 = Specialty
Essentials 3 Tier (E3)	1 = Preferred Generic, 2 = Preferred Brand, 3 = Non-Preferred Drugs
Essentials 4 Tier (E4)	1 = Preferred Generic, 2 = Preferred Brand, 3 = Preferred Specialty, 4 = Non-Preferred Drugs

Note that this is a summary only, as formularies may also undergo additional positive changes (example: moving to a lower cost tier). More details are available here: https://www.premera.com/visitor/drug-list-changes.

PRIOR AUTHORIZATION

Prior authorization may be required for certain medications to ensure medical necessity criteria is met. Providers will need to provide additional clinical information. Prior authorization in addition to other utilization management edits, such as quantity limits.

Drug Name	Update	Effective Date	Notes
ENOBY (denosumab-qbde)	Add	Release date	
EXDENSUR (depemokimab-ulaa)	Add	Release date	Medical benefit only
FILKRI (filgrastim-laha)	Add	Release date	
XTRENBO (denosumab-qbde)	Add	Release date	Medical benefit only

STEP THERAPY

No new step therapies.

QUANTITY LIMITS

Quantity limits may be added or removed from time to time that limits the amount of medication permitted per prescription or within a specified timeframe. Quantity limits are in addition to other utilization management edits, such as prior authorization or step therapy.

Drug Name	Update	Quantity Limit	Effective Date
AQVESME (mitapivat sulfate) tablets	Add	2 tablets per day	Release date
CARDAMYST (etripamil) nasal spray	Add	2 cartons (4 spray devices) per Rx	Release date
DAYBUE STIX (trofinetide) packets	Add	5gm & 6gm: 4 packets per day 8gm: 2 packets per day	Release date
METOPROLOL 12.5mg tablets	Add	1 tablet per day	Release date
WEGOVY (semaglutide) tablets	Add	1 tablet per day	Release date

NEW DRUGS

Zycubo (copper histidinate)

FDA APPROVAL DATE: January 12, 2026

INDICATION: A copper replacement product indicated for the treatment of Menkes disease in pediatric patients. It is not indicated for the treatment of Occipital Horn Syndrome.

The recommended dosage in pediatric patients:

- Less than 1 year of age - 1.45 mg twice daily (8-12 hours between injections)
- 1 year of age to less than 17 years of age: 1.45 mg once daily

STUDY INFORMATION: Efficacy was evaluated in pediatric patients with Menkes disease (age at treatment initiation ranges 0.1 to 31.4 months) receiving 3 years of copper histidinate treatment in two open label, single-arm clinical trials. Data from copper histidinate-

treated patients in these two trials were compared to data from an untreated contemporaneous external control cohort as collected under a protocol amendment of Trial 2.

A total of 83 pediatric patients (66 copper histidinate; 17 external control) were in the pooled efficacy population. Overall survival was evaluated in a subset of the pooled population; this efficacy population included only patients with Menkes disease who carried a severe pathogenic variant of the ATP7A gene. In patients with early treatment, median survival time was 177.1 months in the copper histidinate cohort vs. 17.6 months in the external control cohort (hazard ratio [HR] 0.22, 95% CI: 0.10, 0.49). In patients with late treatment, median survival time was 62.4 months in the copper histidinate cohort vs. 20.7 months in the external control cohort (HR 0.27, 95% CI: 0.12, 0.57).

NEW BIOSIMILARS

Filkri (filgrastim-laha)

FDA APPROVAL DATE: January 15, 2026

INDICATION: A leukocyte growth factor indicated to:

- Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever
- Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)
- Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)
- Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia
- Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

STUDY INFORMATION: Approved under the 351(k) pathway, Filkri is a biosimilar to Neupogen (filgrastim). The approval of Filkri is based on review of a comprehensive data package and totality of evidence demonstrating a high degree of similarity to its reference product, Neupogen. Filkri does not have interchangeability status with Neupogen.

Enoby (denosumab-qbde)

FDA APPROVAL DATE: January 19, 2026

INDICATION: A RANK ligand (RANKL) inhibitor indicated for treatment:

- of postmenopausal women with osteoporosis at high risk for fracture
- to increase bone mass in men with osteoporosis at high risk for fracture
- of glucocorticoid-induced osteoporosis in men and women at high risk for fracture
- to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer
- to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer

STUDY INFORMATION: Approved under the 351(k) pathway, Enoby is a biosimilar to Prolia (denosumab). The approval of Enoby is based on review of a comprehensive data package and totality of evidence demonstrating a high degree of similarity to its reference product, Prolia. Enoby has interchangeability status with Prolia.

Xtrenbo (denosumab-qbde)

FDA APPROVAL DATE: January 19, 2026

INDICATION: A RANK ligand (RANKL) inhibitor indicated for:

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

STUDY INFORMATION: Approved under the 351(k) pathway, Xtrenbo is a biosimilar to Xgeva (denosumab). The approval of Xtrenbo is based on review of a comprehensive data package and totality of evidence demonstrating a high degree of similarity to its reference product, Xgeva. Xtrenbo has interchangeability status with Xgeva.

FIRST TIME GENERICS

besifloxacin hydrochloride suspension

Bausch + Lomb launched an authorized generic version of Besivance (besifloxacin hydrochloride) ophthalmic suspension for the treatment of bacterial conjunctivitis on January 12, 2026.

loteprednol etabonate/tobramycin

Alembic launched an authorized generic version of Zylet (loteprednol/tobramycin) ophthalmic suspension for the treatment of bacterial conjunctivitis on January 13, 2026. B&L Americas launched an authorized generic alternative on the same day. Zylet is a combination of loteprednol (a corticosteroid) and tobramycin (an aminoglycoside antibacterial) for steroid-responsive inflammatory ocular conditions for which a corticosteroid is indicated and where superficial bacterial ocular infection or a risk of bacterial ocular infection exists

NEW INDICATIONS

Cerezyme (imiglucerase)

FDA APPROVAL DATE: January 12, 2026

INDICATION: For the treatment of Type 3 Gaucher disease in adult and pediatric patients and for expansion of the Type 1 Gaucher disease patient population to pediatric patients less than two years of age.

STUDY INFORMATION: The expanded indication approval was based on an observational study, using data from the International Collaborative Gaucher Group (ICGG) Gaucher Disease Registry in patients with Type 1 and Type 3 Gaucher disease. After two years (1 to 3 years) of imiglucerase treatment, mean changes from baseline showed improvement in hemoglobin (Hgb), platelet (Plt) count, liver volume, spleen volume, and height Z-score. Among Type 1 GD patients (N=1052), mean baseline Hgb was 11.8 g/dL and mean increase from baseline was 1.5 g/dL (95% CI: 1.4, 1.5). Among Type 1 GD patients (N=1053), mean baseline Plt count was 128×103 /mm3 and mean increase from baseline was 64×103 /mm3 (95% CI: 59.6, 67.9). Mean baseline Hgb levels were 10 g/dL and mean increase from baseline was 1.8 g/dL (95% CI: 1.5, 2.1) in Type 3 GD patients (N=118). Among GD patients (N=116), mean baseline Plt count was 149×103/mm3 and mean increase from baseline was 105×103 /mm3 (95% CI: 87.4, 122.4).

Zycubo (copper histidinate)

FDA APPROVAL DATE: January 12, 2026

INDICATION: For the treatment of Menkes disease (MD) in pediatric patients. MD is a rare neurodegenerative disorder that impairs the ability to absorb copper. Less than 5,000 patients are estimated to have MD in the United States.

STUDY INFORMATION: The efficacy of copper histidinate was supported by results from two open-label, single-arm studies in 83 pediatric patients with MD (NCT00001262 and NCT00811785). The studies demonstrated a statistically significant improvement in overall survival with a 78% reduction in the risk of death in those who received early treatment with copper histidinate compared to those who did not receive treatment (hazard ratio 0.22, 95% CI: 0.10, 0.49). Those received late treatment also experienced a 73% reduction in the risk of death compared to those who did not receive treatment (hazard ratio 0.27, 95% CI: 0.12, 0.57).

Implanon (etonogestrel) implant

FDA APPROVAL DATE: January 16, 2026

INDICATION: For the extension of the duration of use of Nexplanon (etonogestrel) implant from 3 years to 5 years. It is a progestin indicated for prevention of pregnancy in women of reproductive potential.

STUDY INFORMATION: Approved under the 505(b) pathway.

Nexplanon (etonogestrel) implant

FDA APPROVAL DATE: January 16, 2026

INDICATION: For the extension of the duration of use of Nexplanon (etonogestrel) implant from 3 years to 5 years. It is a progestin indicated for prevention of pregnancy in women of reproductive potential.

STUDY INFORMATION: Approved under the 505(b) pathway.

SAFETY UPDATES

FDA Requests Removal of Suicidal Behavior/Ideation Warning from GLP-1 Ras

FDA DATE: January 13, 2026

The asked manufacturers several glucagon-like peptide-1 receptor agonists (GLP-1 RAs) manufacturers to remove warnings about suicidal ideation and behavior from product labeling after a comprehensive review found no evidence linking the medications to such risks. The request applies to Saxenda (liraglutide), Wegovy (semaglutide) and Zepbound (tirzepatide), all are approved for weight management. The FDA said earlier warnings were based on reports associated with older weight-loss drugs, but current data, including analyses of adverse event reports, clinical trials and observational studies, do not indicate an increased risk with GLP-1 medications. Products used to treat type 2 diabetes do not carry suicidality warnings.

RECALLS

None

DRUG DISCONTINUATIONS

None

Questions?

Please contact your Premera representative for more information.