Pharmacy

Premera Formulary Newsletter

The latest monthly pharmacy news and announcements

May 2026

Latest News

Medical vs. Pharmacy Benefit: Understanding How Drugs Are Managed

Members may receive medications through either their medical benefit or their pharmacy benefit—and while the drug itself may look the same, how it is covered and managed can be very different. Understanding these differences helps employers, providers, and members set expectations around access, cost sharing, and care coordination.

How drugs are covered

- Pharmacy benefit drugs are typically medications that members fill at a retail pharmacy, specialty pharmacy, or through home delivery. These are most often self-administered, such as oral tablets, injections, or inhalers.
- Medical benefit drugs are usually medications administered by a healthcare professional in a clinical setting, such as a hospital, infusion center, or provider's office. These are often provider-administered therapies.

How coverage decisions are made

Drugs covered under each benefit follow different review and approval pathways:

- Pharmacy benefit

    - Managed using formulary drug lists
    - Reviewed for clinical effectiveness, safety, and value
    - May include tools like prior authorization, step therapy, or quantity limits
    - Cost sharing is typically based on formulary tier (copay or coinsurance)
- Medical benefit
    - Managed under medical policy
    - Coverage is based on medical necessity and clinical criteria
    - Prior authorization is commonly required before treatment
    - Cost sharing generally follows the medical benefit structure (deductible and coinsurance)

Why the benefit assignment matters

Where a drug is covered can affect:

- Member cost sharing – Pharmacy and medical benefits often have different deductibles and cost-sharing rules
- Site of care – Some therapies may be available in multiple settings, and coverage rules help guide appropriate use
- Utilization management – Pharmacy and medical benefits apply different clinical review processes
- Care coordination – Aligning the right benefit with the right setting supports safe, effective treatment

Supporting safe and appropriate use

Across both benefits, drug management decisions are designed to:

- Promote evidence-based treatment
- Encourage the use of clinically appropriate and cost-effective therapies

- Maintain access to medically necessary medications
- Ensure consistency with regulatory and accreditation requirements

What members should do

Members are encouraged to:

- Review their benefit documents to understand how a medication is covered
- Talk with their provider if they have questions about treatment options
- Contact customer service before starting a new therapy if coverage is unclear

Clear benefit design helps ensure medications are covered in the most appropriate way—supporting better health outcomes while managing costs responsibly.

Premera Preferred Denosumab Biosimilars Update

Premera continues to advance the use of biosimilars as a way to improve affordability while maintaining access to clinically appropriate treatments. Beginning August 7, 2026, Premera will update preferred products within the denosumab class.

New preferred denosumab biosimilars

The following biosimilars will be designated as preferred:

- Enoby (denosumab-qbde)
- Xtrenbo (denosumab-qbde)
- Bildyos (denosumab-nxxp)
- Bilprevda (denoxumab-nxxp)

These products are FDA-approved biosimilars to reference denosumab products and meet Premera's clinical and safety standards.

What this means for members and providers

- Clinical criteria will remain consistent with current denosumab coverage and medical necessity requirements.
- For members currently using a reference product, there will be advance notifications and alignment of authorizations where applicable.
- Both pharmacy and medical benefit workflows are included in this update to support continuity of care.

Why Premera promotes biosimilars

Biosimilars are rigorously reviewed by the FDA and shown to be highly similar to their reference products with no clinically meaningful differences in safety or effectiveness. Premera's biosimilar strategy focuses on:

- Encouraging market competition
- Reducing drug costs for employers and members
- Preserving access to medically necessary biologic therapies

Providers are encouraged to review upcoming communications for detailed guidance prior to the effective date. Members with questions about coverage are encouraged to contact customer service for support.

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	
YUVEZZI (carbachol/brimonidine tartrate ophthalmic drops)	3	3	2	Non-Formulary	Formulary Tier 3	Formulary Tier 4	No	Yes	No	No	To treat presbyopia
TAPENTADOL EXTENDED RELEASE TABLET	3	3	2	Non-Formulary	Non-Formulary	Non-Formulary	No	Yes	No	60 tablets per 30 days	
KYGEVVI (doxecitine/doribtimine packet)	3	4	2	Formulary Tier 4	Formulary Tier 3	Formulary Tier 4	Yes	Yes	No	16 packets per day	To treat thymidine kinase 2 deficiency (TK2d)

LEROCHOL (lerodalcibep-liga injection)	3	4	2	Non-Formulary	Formulary Tier 3	Formulary Tier 4	No	Yes	No	1 syringe per 30 days	To reduce low-density lipoprotein cholesterol (LDL-C)
milnacipran tablet	1	1	1	Formulary Tier 3	Formulary Tier 1	Formulary Tier 1	No	Yes	No	60 tablets per 30 days	First time generic for SAVELLA
bimatoprost 0.01% ophthalmic drops	1	1	1	Formulary Tier 3	Formulary Tier 3	Formulary Tier 4	No	Yes	No	No	First time generic for LUMIGAN
ICOTYDE (icotrokinra tablet)	3	4	2	Non-Formulary	Non-Formulary	Non-Formulary	Yes	Yes	No	30 tablets per 30 days	To treat moderate-to-severe plaque psoriasis
WEGOVY HD (semaglutide pen injector)	3 (OPT)	3 (OPT)	2 (OPT)	Non-Formulary	Formulary Tier 3 (OPT)	Formulary Tier 3 (OPT)	No	Yes	No	4 pens per 28 days	High-dose 7.2 mg per injection
nintedanib capsule	1	4	1	Formulary Tier 4	Formulary Tier 3	Formulary Tier 3	Yes	Yes	No	30 tablets per 30 days	First time generic for OFEV

dapagliflozin tablet	1	1	1	Formulary Tier 1	Formulary Tier 1	Formulary Tier 1	No	No	No	No	First time generic for FARXIGA
dapagliflozin/metformin extended release tablet	1	1	1	Formulary Tier 1	Formulary Tier 1	Formulary Tier 1	No	No	No	No	First time generic for XIGDUO XR

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, OPT = Optional Benefits.

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.

NEW DRUGS

Lynavoy (linerixibat)

FDA APPROVAL DATE: March 17, 2026

INDICATION: To treat cholestatic pruritus associated with primary biliary cholangitis (PBC).

DOSAGE FORM: 40 mg oral tablet taken twice daily

COST: $$$$ (anticipated)

TAKEAWAY: The first ileal bile acid transporter (IBAT) inhibitor to treat PBC. Existing options include peroxisome proliferator-activated receptor (PPAR) agonists Livdelzi (seladelpar) and Iqirvo (elafibranor).

Avlayah (tividenofusp alfa-eknm)

FDA APPROVAL DATE: March 24, 2026

INDICATION: A hydrolytic lysosomal glycosaminoglycan (GAG)-specific enzyme to treat certain individuals with Hunter syndrome (Mucopolysaccharidosis type II or MPS II).

DOSAGE FORM: Lyophilized powder in single-dose vials for intravenous infusion (weight-based dosing) administered once weekly

COST: $$$$

TAKEAWAY: Another option to treat a rare condition. Avlayah crosses the blood-brain barrier while Elaprase (idursulfase) does not.

Lifyorli (relacorilant)

FDA APPROVAL DATE: March 25, 2026

INDICATION: To treat platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer after one to three prior systemic treatment regimens, at least one of which included bevacizumab.

DOSAGE FORM: Oral capsules taken the day before, the day of, and the day after each nab-paclitxel infusion every 28 days until progression or unacceptable toxicity.

COST: $$$$

TAKEAWAY: Provides another treatment option that does not require biomarker testing.

Kresladi (marnetegragene autotemcel)

FDA APPROVAL DATE: March 26, 2026

INDICATION: Treatment of pediatric patients with severe leukocyte adhesion deficiency I (LAD-I) due to biallelic variants in ITGB2 without an available human leukocyte antigen (HLA)-matched sibling donor for allogeneic hematopoietic stem cell transplant.

DOSAGE FORM: Autologous, ex vivo gene therapy

COST: $$$$ (anticipated)

TAKEAWAY: The first therapy to treat LAD-I, an ultra-rare condition. Anticipated to be available Q4 2026.

Awiqli (insulin icodec-abae)

FDA APPROVAL DATE: March 26, 2026

INDICATION: To improve glycemic control in adults with type 2 diabetes mellitus.

DOSAGE FORM: Single-use pens administered subcutaneously and once weekly

COST: $$ (anticipated)

TAKEAWAY: A unique, once weekly option amongst a crowded and well-established long-acting insulin market.

Foundayo (orforglipron)

FDA APPROVAL DATE: April 1, 2026

INDICATION: To reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition, in combination with a reduced-calorie diet and increased physical activity.

DOSAGE FORM: Oral tablet taken once daily

COST: $$

TAKEAWAY: Another oral option that may be taken with or without food.

Questions?

Please contact your Premera representative for more information.