

Pharmacy

Premera Formulary Newsletter

The latest monthly pharmacy news and announcements

June 2026

Latest News

Direct-to-Consumer (DTC) Drug Purchase Programs

Direct-to-consumer (DTC) prescription drug purchase programs are gaining attention as drug manufacturers, government platforms, and third-party vendors expand cash-pay pathways for select medications. These programs may be helpful for some people, especially those who are uninsured, paying cash, or using medications not covered by their benefit. However, they may also create confusion for members and employers because many of these purchases happen outside the pharmacy benefit.

What are DTC drug purchase programs?

DTC programs allow members to access select prescription drugs on a self-pay or cash-pay basis. These programs are often manufacturer-driven and may use third-party vendors, telehealth partners, retail pharmacies, or mail-order pharmacies.

Depending on the program, members may be able to:

- Search for a cash price
- Use a manufacturer-sponsored coupon

- Fill a prescription through a participating retail pharmacy
- Receive a medication through a mail-order pharmacy
- Connect with a telehealth provider, if a prescription is needed

These programs are not new, but they are becoming more visible as drug manufacturers expand cash-pay options and as federal efforts, such as TrumpRx, bring more attention to direct drug purchasing.

What is TrumpRx?

TrumpRx.gov launched in February 2026 as an online platform intended to help cash-paying members find discounted prices on select prescription drugs. TrumpRx does not sell or dispense medications directly. Instead, it refers members to manufacturer-sponsored websites or participating pharmacies where drugs may be purchased at a discounted cash price. For some drugs, the site provides printable or digital coupons that can be used at participating pharmacies. For other drugs, members may be directed to a manufacturer's DTC program or mail-order option.

Why this matters now

The growth of GLP-1 weight loss medication use has made DTC drug access a mainstream topic. These medications have high demand, high list prices, and significant budget impact for employer-sponsored health plans. DTC programs usually are an open-access pathway that does not require that a member meets the plan's medical necessity criteria. When a plan does not cover a medication or when a member does not meet the plan's clinical criteria, members may seek access through DTC programs, telehealth platforms, or other pharmacy channels.

Potential advantages

DTC programs may offer some benefits for members and employers.

They may:

- Provide lower cash prices compared with a drug's list price
- Help members access medications not covered by their plan
- Create more price transparency

- Increase competitive pressure in the prescription drug market

For certain drugs, especially those often paid for out-of-pocket, DTC programs may provide a more affordable option.

Potential concerns

While DTC programs may improve access for some members, they can also create new challenges. Drugs purchased outside the pharmacy benefit may not count toward a member's deductible or out-of-pocket maximum. Members may also pay less through their insurance benefit than through a cash-pay program, depending on their plan design. DTC purchases may also limit visibility for the employer. When prescriptions are filled outside the pharmacy benefit, it may be harder to monitor adherence, duplicate therapy, drug interactions, safety concerns, and overall medication use. These programs may also add complexity for members who are already navigating a complex healthcare system.

Key takeaways

DTC programs are not a replacement for a pharmacy benefit, but another access pathway that may influence how members seek care and how employers think about affordability. DTC drug programs may offer lower cash prices for select medications, but they can also create confusion and reduce medication use visibility. DTC programs may help some members access lower cash prices, but they are not always the lowest cost or best clinical option for the member.

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	
UMECLIDINIUM ELLIPTA INAHLER	3	3	2	Non-Formulary	Non-Formulary	Non-Formulary	No	No	No	No	Authorized Generic for INCRUSE ELLIPTA
CLONIDINE 0.05 MG TABLET	3	3	2	Non-Formulary	Non-Formulary	Non-Formulary	No	No	No	30 tablets per 30 days	New Strength
relgaabi (gabapentin capsule)	1	1	1	Formulary Tier 1	Formulary Tier 1	Formulary Tier 1	No	No	No	No	

OZEMPIC (semaglutide tablet)	2	2	2	Formulary Tier 2	Non- Formulary	Formulary Tier 2	No	Yes	No	30 tablets per 30 days	Available strengths: 1.5, 4, and 9 mg
WIDAPLIK (telmisartan/ amlodipine/ indapamide)	3	3	2	Non- Formulary	Non- Formulary	Non- Formulary	No	Yes	No	No	To treat hypertension
SAPHNELO PEN (anifrolumab-fnia)	3	4	2	Non- Formulary	Non- Formulary	Non- Formulary	Yes	Yes	No	4 pens per 28 days	To treat systemic lupus erythematosus
WAINUA (eplontersen sodium prefilled syringe)	3	4	2	Non- Formulary	Formulary Tier 3	Formulary Tier 4	Yes	Yes	No	1 pen per 28 days	To treat polyneuropathy of hereditary transthyretin mediated amyloidosis (hATTR).

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

Idvynso (doravirine and islatravir)

FDA APPROVAL DATE: April 20, 2026

INDICATION: Combination non-nucleoside reverse transcriptase inhibitor (NNRTI) and nucleoside analog reverse transcriptase inhibitor (NRTI) to treat HIV-1 infection (as a complete regimen) in adults to replace the current antiretroviral regimen in those who are virologically-suppressed on a stable antiretroviral regimen with no history of virologic treatment failure and no known substitutions associated with resistance to doravirine.

DOSAGE FORM: Oral tablet taken once daily.

COST: \$\$-\$\$\$ (anticipated)

TAKEAWAY: Another once daily single-tablet option for treatment.

Otarmeni (lunsotogene parvec)

FDA APPROVAL DATE: April 27, 2026

INDICATION: Treatment of pediatric and adult patients with severe-to-profound and profound sensorineural hearing loss (any frequency >90 dB HL) associated with molecularly confirmed biallelic variants in the OTOF gene, preserved outer hair cell function, and no prior cochlear implant in the same ear.

DOSAGE FORM: Dual adeno-associated virus (AAV) vector-based gene therapy for intracochlear use (one-time treatment).

COST: \$\$\$\$ (anticipated)

TAKEAWAY: First therapy to treat OTOF-related hearing loss.

Questions?

Please contact your Premera representative for more information.