Pharmacy

Premera Formulary Newsletter

The latest monthly pharmacy news and announcements

July 2026

Latest News

New High Blood Pressure Drugs Highlight the Importance of Connected Pharmacy, Medical, and Dental Care

High blood pressure is a common and sometimes costly chronic condition. For many people, blood pressure can be managed with lifestyle changes and commonly used medications. But for others, blood pressure remains above goal even after taking multiple medications. This is called resistant hypertension. Members with resistant hypertension may be at higher risk for serious cardiovascular events and kidney disease. They may also have other chronic conditions such as diabetes, obesity, or cardiovascular disease, which can make care more complex.

Recent drug pipeline activity are bringing new attention to resistant hypertension. Newer therapies are being developed to target aldosterone, a hormone that can contribute to fluid retention, sodium retention, and elevated blood pressure. For employers, this also an opportunity to think about cardiovascular health more broadly. Pharmacy benefits, medical management, and preventive dental care can work together to support members with chronic conditions and help address health risks earlier.

What is resistant hypertension?

Resistant hypertension generally refers to blood pressure that remains above goal despite treatment with three or more blood pressure medications at the same time. These members may already be taking multiple drugs, including what is known as a diuretic, and may still need additional support to lower their blood pressure to at or below goal to reduce their cardiovascular risk. This can create challenges for members, providers, and employers:

- Members may face a more complex medication regimen.
- Providers may need to evaluate adherence, lifestyle factors, medication interactions, and underlying conditions.
- Employers may see higher costs as time goes on if resistant hypertension is not resolved from emergency visits, hospitalizations, heart failure, stroke, kidney disease, and other complications.

New treatments are emerging

A new class of medications, called aldosterone synthase inhibitors or ASIs, is receiving increased attention. These drugs are designed to reduce production of aldosterone, a hormone involved in blood pressure regulation. Baxfendy (baxdrostat) is a newly approved drug for adults with hypertension whose blood pressure is not adequately controlled on other agents and is meant to be used in combination with other antihypertensive drugs. Other ASIs, including lorundrostat and vicadrostat, are also being studied for resistant hypertension and related cardio-kidney conditions. These therapies may provide new options for certain members, but they will also require a careful review to assess their clinical effectiveness, safety, and value.

As with all new drugs, Premera will continue to evaluate these new medications through our established evidence-based review process. This includes reviewing:

- Strength and quality of clinical evidence
- Comparative effectiveness
- Safety considerations
- Appropriate use
- Cost and overall value
- Available lower-cost alternatives

The goal is to support access to medically necessary care while helping employer groups manage their pharmacy trend responsibly.

Generic dapagliflozin is now available

A generic version of Farxiga, called dapagliflozin, is now available. SGLT2 inhibitor medications are commonly used across several cardio-kidney-metabolic conditions, including type 2 diabetes and heart failure. For some members, generic dapagliflozin may offer a more affordable option, depending on their condition, benefit design, and current medication(s). Members who take Farxiga should talk with their provider or pharmacist about whether switching to generic dapagliflozin is clinically appropriate.

Why this matters now

Cardiovascular, kidney, and metabolic conditions are increasingly being treated as connected conditions rather than separate diseases. For employers, this means future cost and care strategies will need to look across benefit lines. A member with resistant hypertension may also have diabetes, kidney disease, heart failure risk, or more oral health needs. Managing those risks separately can create gaps in care. A connected strategy can identify those gaps earlier.

Dental care is part of the whole-person health story

Dental care may not be the first thing that comes to mind when you think about high blood pressure. But oral health is closely connected to overall health, especially for members with chronic conditions. Periodontal disease has been associated with conditions such as cardiovascular disease and diabetes. The relationship is complex, however oral inflammation, gum disease, and delayed preventive dental care can affect a member's overall health.

Oral health matters for members with chronic conditions, including:

- Cardiovascular disease
- Diabetes and gestational diabetes
- Chronic obstructive pulmonary disease
- Oral cancer

Members with these conditions may benefit from more consistent dental engagement, preventive cleanings, periodontal maintenance, and education about the connection between oral health and overall health. For employers, dental benefits can do more than support oral health. When connected with medical and pharmacy data, dental benefits can become part of a broader strategy to improve engagement, reduce avoidable complications, and support total cost of care.

Enhanced Dental Care supports high-risk members

Premera's Enhance Dental Care benefit is designed to help eligible members with certain chronic conditions receive additional dental support. For eligible large groups that include dental benefits, the benefit can provide additional covered dental services for members with qualifying chronic conditions. These may include services such as:

- Oral evaluations
- Additional cleanings or periodontal maintenance
- Topical fluoride
- Periodontal scaling and root planing
- Full mouth debridement

The value of Enhanced Dental Care is not only the additional dental coverage, but also the Medical-Dental integration. Having both medical and Enhanced Dental Care benefits with Premera connects medical and dental information to support more coordinated, whole-person care. Premera's integrated approach helps close that gap by using medical and dental data to support education, engagement, and care coordination. This can help:

- Identify members with chronic conditions who may benefit from additional dental support.
- Give care managers more complete information when working with members.
- Support targeted outreach to members who have not seen a dentist.
- Reinforce the role of preventive dental care in whole-person health.
- Give employers better visibility into engagement and dental benefit utilization over time.

The goal is to reduce barriers to preventive dental care for members whose medical conditions may put them at higher risk. A member may be actively managing medications through the pharmacy benefit and seeing medical providers for chronic

condition management, but still not using preventive dental care. Enhanced Dental Care helps create another pathway to engage those members and provide them with additional oral health support.

Looking Ahead

The hypertension treatment landscape is continuing to evolve with new therapies in development for members whose blood pressure remains difficult to control. Resistant hypertension highlights the importance of looking at cardiovascular risk more broadly. Pharmacy benefits, medical care, and the right preventive dental care can all help members manage chronic conditions and reduce future health risks.

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	
JAKAFI XR (ruxolitnib phosphate)	3	4	2	Non-Formulary	Non-Formulary	Non-Formulary	Yes	Yes	No	30 tablets per 30 days	Extended-release formulation of JAKAFI
NEREUS (tradipitant)	3	4	2	Non-Formulary	Non-Formulary	Non-Formulary	Yes	Yes	No	8 capsules per 30 days	To treat motion sickness
BYSANTI (milsaperidone)	3	3	2	Non-Formulary	Non-Formulary	Non-Formulary	No	Yes	No	60 tablets per 30 days	To treat schizophrenia and bipolar disorder

macitentan	3	4	2	Non-Formulary	Non-Formulary	Non-Formulary	Yes	Yes	No	No	Generic for OPSUMIT

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

Veppanu (vepdegestrant)

FDA APPROVAL DATE: May 1, 2026

INDICATION: Heterobifunctional protein degrader indicated for the treatment of adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *estrogen receptor-1* (*ESR1)*-mutated advanced or metastatic breast cancer, as detected by an FDA-authorized test, with disease progression following at least one line of endocrine therapy.

DOSAGE FORM: Oral tablet taken once daily.

COST: $$$$ (anticipated)

TAKEAWAY: The first FDA-approved oral proteolysis-targeting chimera (PROTAC) estrogen receptor degrader.

Beqalzi (sonrotoclax)

FDA APPROVAL DATE: May 13, 2026

INDICATION: BCL-2 inhibitor indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton's tyrosine kinase (BTK) inhibitor.

DOSAGE FORM: After a four-week initiation phase, an oral tablet is taken once daily.

COST: $$$$ (anticipated)

TAKEAWAY: The first FDA-approved BCL-2 inhibitor for mantle cell lymphoma.

Baxfendy (baxdrostat)

FDA APPROVAL DATE: May 18, 2026

INDICATION: Aldosterone synthase inhibitor indicated for the treatment of hypertension in combination with other antihypertensive drugs, to lower blood pressure in adults who are not adequately controlled on other agents.

DOSAGE FORM: Oral tablet taken once daily

COST: $

TAKEAWAY: A new option for patients with uncontrolled hypertension despite trying existing therapies.

Hepcludex (bulevirtide-gmod)

FDA APPROVAL DATE: May 22, 2026

INDICATION: Sodium taurocholate co-transporting polypeptide (NTCP)-directed HDV attachment inhibitor indicated for the treatment of chronic HDV infection in adults without cirrhosis or with compensated cirrhosis.

DOSAGE FORM: Single-dose vials for subcutaneous injection and administered once daily.

COST: $$$$

TAKEAWAY: The first FDA-approved treatment for chronic hepatitis delta (HDV) virus.

Decnupaz (pivekimab sunirine-pvzy)

FDA APPROVAL DATE: May 27, 2026

INDICATION: CD123-directed antibody and alkylating agent conjugate indicated for the treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN).

DOSAGE FORM: Single-dose vial for intravenous injection once every 3 weeks.

COST: $$$$ (anticipated)

TAKEAWAY: The second FDA-approved therapy for BPDCN, an ultra-rare condition .

Questions?

Please contact your Premera representative for more information.