Pharmacy

# Premera Formulary Newsletter

The latest monthly pharmacy news and announcements

August 2026

## Latest News

*Preparing for the 2026-2027 Respiratory Virus Season*

As employers prepare for the upcoming respiratory virus season, several updates to influenza (flu), Coronavirus disease 2019 (COVID-19), and respiratory syncytial virus (RSV) vaccine recommendations may affect benefit planning. While some recommendations have evolved, the overall goal remains the same: ensuring members have access to evidence-based preventive care while minimizing disruption to coverage. A series of procedural shifts at the federal level, along with active legal challenges, has created a rare disconnect between official federal recommendations and the clinical "best practices" advocated by major, independent medical societies like the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

To manage utilization, maintain compliance, and avoid member disruption, here is the streamlined state of play for the upcoming flu, COVID-19, and RSV season.

*Influenza: The "Thimerosal-Free" Dilemma*

The Advisory Committee on Immunization Practices (ACIP) has recommended that for this season, children, pregnant individuals, and all adults receive only single-dose, thimerosal-free formulations of the flu vaccine.

- The Federal Rationale: Single-dose prefilled syringes are natively preservative-free and emphasizing them aligns with long-term goals of minimizing mercury-based preservatives.
- The Clinical Counterpoint: Major medical groups, including the AAFP, have expressed logistical concerns regarding a strict thimerosal-free preference. Many local family clinics still rely on multi-dose vials (which contain trace thimerosal as a preservative) to manage high patient volumes and avoid supply bottlenecks.

*COVID-19: Divergent Universal Recommendations*

The most pronounced divergence between federal guidelines and major medical associations centers on who should routinely receive the updated COVID-19 vaccine (updated to target the JN.1-lineage).

- Federal Strategy: Recent updates to the federal vaccine schedule moved COVID-19 vaccines for healthy individuals under age 65 into a "shared clinical decision-making" (SCDM) framework rather than a routine universal recommendation.
- Medical Association Best Practice: Independent bodies like the AAP and AAFP have explicitly broken away from this downgrading. Their current schedules strongly recommend routine, universal vaccination for all infants aged 6 to 23 months, pregnant individuals, and anyone in high-risk categories. They also continue to recommend the vaccine for any child or adult "desiring protection."

*RSV: Simplified Risk-Tiers & Pediatric Expansion*

Fortunately, there is solid, unified alignment between federal agencies and independent medical associations regarding RSV protocols. Keep in mind that adult RSV vaccines are not annual; if a member received one in a prior season, they do not need another.

- Adult Tiers (Ages 50–74): Aligning with both federal and clinical associations, RSV vaccines can be given to seniors aged 75+ years of age universally, and ages 50–74 on a risk-stratified basis (e.g., those with chronic heart/lung diseases or advanced diabetes).
- Pediatric Expansion: To prevent supply chain bottlenecks during peak winter months, Premera covers both available infant monoclonal antibody options: Nirsevimab (Beyfortus) and the newer, fixed-dose clesrovimab (Enflonsia). Both the CDC and pediatric societies recommend either product with no preference.

Premera remains committed to supporting vaccines as an essential part of preventive care. We continue to cover recommended preventive vaccines, including COVID-19 and influenza vaccines, consistent with evidence-based medical guidance and applicable federal and state requirements. Our approach is guided by recommendations from public health and clinical experts, including the Advisory Committee on Immunization Practices (ACIP), and we will continue to monitor evolving guidance to ensure our members have access to recommended preventive services. As always, members should consult with their healthcare providers to determine which vaccinations are appropriate for their individual health needs.

*Sources*


- *Centers for Disease Control and Prevention (CDC). "ACIP Influenza Recommendations Summary."* cdc.gov/flu
- *Kaiser Family Foundation (KFF). "The New Federal Vaccine Schedule: Implications and Insurance Pledges."* kff.org
- *American Academy of Family Physicians (AAFP). "Primary Care Office Vaccine Update."* aafp.org
- *American Academy of Pediatrics (AAP). "Recommended Child and Adolescent Immunization Schedule."* publications.aap.org
- *U.S. Food and Drug Administration (FDA). "Enflonsia (clesrovimab) Approval and Clinical Summaries."* fda.gov

# 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 | |
| sitagliptin tablet | 1 | 1 | 1 | Formulary Tier 1 | Formulary Tier 1 | Formulary Tier 1 | No | No | No | No | Generic for JANUVIA |
| sitagliptin/metformin tablet | 1 | 1 | 1 | Formulary Tier 1 | Formulary Tier 1 | Formulary Tier 1 | No | No | No | No | Generic for JANUMET |
| HEPCLUDEX (bulevirtide acetate-gmod) | 3 | 4 | 2 | Non-Formulary | Formulary Tier 3 | Formulary Tier 4 | Yes | Yes | No | 30 vials per 30 days | To treat Hepatitis D |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| tofacitinib tablet | 1 | 4 | 1 | Formulary Tier 4 | Formulary Tier 1 | Formulary Tier 3 | Yes | Yes | No | 60 tablets per 30 days | Generic for XELJANZ |
| tofacitinib extended-release tablet | 1 | 4 | 1 | Formulary Tier 4 | Formulary Tier 1 | Formulary Tier 3 | Yes | Yes | No | 30 tablets per 30 days | Generic for XELJANZ XR |
| tofacitinib oral solution | 1 | 4 | 1 | Formulary Tier 4 | Formulary Tier 1 | Formulary Tier 3 | Yes | Yes | No | Two 240 mL bottles per 30 days | Generic for XELJANZ ORAL SOLUTION |
| LYNAVOY (linerixibat) | 3 | 4 | 2 | Non-Formulary | Non-Formulary | Non-Formulary | Yes | Yes | No | 60 tablets per 30 days | To treat cholestatic pruritic associated with primary biliary cholangitis (PBC) |
| VEPPANU (vepdegestrant) | 3 | 4 | 2 | Non-Formulary | Non-Formulary | Non-Formulary | Yes | Yes | No | 30 tablets per 30 days | To treat breast cancer |
| AWIQLI FLEXTOUCH (insulin icodec) | 3 | 3 | 2 | Non-Formulary | Non-Formulary | Non-Formulary | No | Yes | No | No | Once weekly insulin |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TRUTAKNA (atacicept) | 3 | 4 | 2 | Non-Formulary | Non-Formulary | Non-Formulary | Yes | Yes | No | 4 pens per 28 days | To treat immunoglobulin A nephropathy (IgAN) |

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

## Zaynich (cefepime and zidebactam)

**FDA APPROVAL DATE:** May 29, 2026

**INDICATION:** Combination of a cephalosporin antibacterial and a beta-lactamase inhibitor and non-beta-lactam antibacterial indicated for the treatment of adult patients with complicated urinary tract infections (cUTI) including pyelonephritis caused by designated susceptible microorganisms

**DOSAGE FORM:** Vials for intravenous use

**COST:** $$ (anticipated)

**TAKEAWAY:** A new option to treat cUTI.

## Xocova (ensitrelvir)

**FDA APPROVAL DATE:** May 29, 2026

**INDICATION:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) main protease inhibitor indicated for post-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and adolescents 12 years of age and older following contact with an individual who has COVID-19.

**DOSAGE FORM:** Oral tablets

**COST:** $

**TAKEAWAY:** The first treatment for post-exposure prophylaxis of COVID-19.

## Utebzi (tebipenem pivoxil)

**FDA APPROVAL DATE:** June 17, 2026

**INDICATION:** Penem antibacterial indicated for the treatment of complicated urinary tract infections (cUTI), including pyelonephritis.

**DOSAGE FORM:** Oral tablets

**COST:** $

**TAKEAWAY:** The first non-intravenous carbapenem for cUTI.

## Lumvoa (veligrotug-vvze)

**FDA APPROVAL DATE:** June 26, 2026

**INDICATION:** Insulin-like growth factor-1 receptor inhibitor indicated for the treatment of thyroid eye disease

**DOSAGE FORM:** Vial for intravenous use

**COST:** $$$$

**TAKEAWAY:** A new option to treat thyroid eye disease – will compete with Tepezza.

## Tregzi (allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq)

**FDA APPROVAL DATE:** June 30, 2026

**INDICATION:** To improve chronic graft-versus-host disease (cGVHD)-free survival for those undergoing the process of hematopoietic stem cell transplantation (HSCT) in the treatment of adults with blood cancers.

**DOSAGE FORM:** Cell therapy

**COST:** $$$$

**TAKEAWAY:** The first cell therapy for this indication.

## Trutakna (atacicept-vymj)

**FDA APPROVAL DATE:** July 7, 2026

**INDICATION:** B-lymphocyte stimulator (BLyS)-specific inhibitor and A Proliferation Inducing Ligand (APRIL) blocker indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for disease progression.

**DOSAGE FORM:** Autoinjector for subcutaneous use

**COST:** $$$$

**TAKEAWAY:** The first dual BAFF and APRIL inhibitor to treat IgAN.

## Revtorpyk (gedatolsib)

**FDA APPROVAL DATE:** July 14, 2026

**INDICATION:** Kinase inhibitor indicated in combination with fulvestrant, with or without palbociclib, for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer without a PIK3CA mutation detected following progression on or after treatment with at least one line of endocrine therapy in the metastatic setting

**DOSAGE FORM:** Vial for intravenous use.

**COST:** $$$$ (anticipated)

**TAKEAWAY:** The first P13K/mTOR pathway inhibitor option for a specific breast cancer patient population.

## Lipfendra (enlicitide decanoate)

**FDA APPROVAL DATE:** July 15, 2026

**INDICATION:** Proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor indicated as an adjunct to diet and exercise to reduce low density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).

**DOSAGE FORM:** Tablet taken orally once daily.

**COST:** $$ (anticipated)

**TAKEAWAY:** The first oral PCSK9 inhibitor – will compete with Repatha and Praluent.

## Jideytro (zidesamtinib)

**FDA APPROVAL DATE:** July 22, 2026

**INDICATION:** Kinase inhibitor indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) who received a prior ROS1 kinase inhibitor.

**DOSAGE FORM:** Oral tablet

**COST:** $$$$ (anticipated)

**TAKEAWAY:** A new option designed for better targeting to treat ROS1-positive NSCLC.

# Questions?

Please contact your Premera representative for more information.