Premera Formulary Newsletter

Latest monthly pharmacy news

Mapping Employer Priorities to GLP-1 Solutions

How different strategies can balance affordability and access

Weight management continues to be one of the most dynamic and closely watched areas of healthcare. As interest in GLP-1 medications grows, many organizations are asking a practical question: What is the right weight management strategy for our population?

The answer is often not straightforward as it requires balancing affordability, member access, workforce wellbeing, and long-term health outcomes. Rather than approaching GLP-1s as a choice between broad coverage and no coverage, there is an opportunity to think more strategically about what approach will provide the desired outcome.

This leads to the following question:

How can coverage be aligned with the desired outcomes?

Start with strategy, not coverage

There is no single weight management strategy that is right for every employer. Organizations have different populations, financial considerations, workforce priorities, and philosophies about their health benefits.

Three Employer Approaches to GLP-1 Weight Management Benefits

Cost Control + Clinical Access

Goal: Improve cost predictability while providing access for medical needs

- Provide access to GLP-1s for FDA-approved medical indications, such as cardiovascular disease
- Maintain position to not cover GLP-1s for weight management
- Increase predictability of financial impact

Solution: GLP-1 Clinical Select

Balanced Cost & Access

Goal: Balance affordability with access for members with greater need

- Targeted weight management coverage for members with a BMI of 35 or greater, or a BMI of 27-34 with two or more weight-related health conditions
- Concentrate coverage among members with increased clinical risk
- Balanced access with affordability

Solution: GLP-1 Access Select

Broad Access

Goal: Maximize member access and support

- Broader weight management coverage eligibility for members with a BMI of 30 or greater, or a BMI of 27-34 with one or more weight-related health conditions
- Strong emphasis on engagement and wellbeing
- Greater investment in access and support resources

Solution: Standard Weight Management

Across all three approaches, employers can strengthen outcomes by pairing coverage decisions with Premera Health Hub for member support, digital engagement tools, education, and clinical guidance.

Different priorities can lead to different strategies

Employers with a greater focus on cost management may prefer targeted approaches that emphasize clinical criteria, utilization management, and greater financial impact predictability. These strategies can help support appropriate use while giving employers tighter financial controls and offering a middle ground between broad access and full exclusion.

As the evidence, market demands, pricing environment, FDA approved indications, and employer experience with GLP-1 medications continue to advance, employers can revisit their strategy to match their evolving priorities.

GLP-1 coverage is only one part of the equation

GLP-1 coverage is only one component of weight management. Weight is influenced by a complex combination of clinical, behavioral, environmental, and lifestyle factors. Members may benefit from support that extends beyond their medications, including education, nutrition, lifestyle resources, behavioral support, and other clinical care. Weight management is a complex journey, and prescription coverage alone may not address all the factors that contribute to success. This is where employers can think beyond the pharmacy benefit and consider how their broader health and well-being ecosystem supports members throughout their journey.

Digital weight management programs and clinical support services through Premera Health Hub can complement an employer's overall strategy by connecting eligible members with additional resources for weight management and related health conditions. These foundational supports can strengthen any approach, regardless of whether the goal is cost control, balanced access, or broad coverage.

Looking ahead

The weight management treatment landscape will continue to evolve as new evidence, new indications, emerging new therapies, and employer experience continue to shape how organizations approach weight management.

As employers evaluate their options, we encourage them to begin with a simple question:

What is the desired outcome?

Once that goal is clear, coverage and support solutions can be aligned to help bring that strategy to life.

Call to Action

Whether your organization is focused on cost predictability, balancing affordability and access, or expanding support for members pursuing weight management, Premera's pharmacy and account teams can help your organization evaluate the tradeoffs, understand available solutions, and design a strategy that aligns with your unique population, health objectives, and budget considerations.

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	
BESREMI PEN (ropeginterferon alfa-2b-njft)	3	4	2	Non-Formulary	Formulary Tier 3	Formulary Tier 3	Yes	Yes	No	2 pens every 28 days	New formulation. To treat polycythemia vera.
dextromethorphan/ quinidine capsules	1	1	1	Non-Formulary	Non-Formulary	Non-Formulary	No	Yes	No	60 capsules per 30 days	Generic for NUDEXTA
LIPFENDRA (enlicitide decanoate)	3	3	2	Non-Formulary	Non-Formulary	Non-Formulary	No	Yes	No	30 tablets per 30 days	To treat heterozygous familial hypercholesterolemia
sitagliptin/metformin extended release tablets	1	1	1	Formulary Tier 1	Formulary Tier 1	Formulary Tier 1	No	Yes	No	No	Generic for JANUMET XR
LEQEMBI IQLIK (lecanemab-irmb) 2 x 250 mg/1.25 mL	3	4	2	Non-formulary	Formulary Tier 1	Formulary Tier 1	Yes	Yes	No	4 cartons per 28 days	New strength for initial dosing.

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

Lytenava (bevacizumab-vikg)

FDA APPROVAL DATE: July 24, 2026

INDICATION: A vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with neovascular (wet) age-related macular degeneration (nAMD).

DOSAGE FORM: Vials for intravitreal (eye) use

COST: $ (anticipated)

TAKEAWAY: The first and only FDA-approved ophthalmic bevacuzimab for nAMD.

Simtriyo (centanafadine)

FDA APPROVAL DATE: July 24, 2026

INDICATION: Norepinephrine-dopamine-serotonin reuptake inhibitor (NDSRI) and central nervous system stimulant indicated for the treatment of ADHD in adults and pediatric patients 6 years of age and older weighing at least 20 kg.

DOSAGE FORM: Oral extended-release capsules

COST: $ (anticipated)

TAKEAWAY: First in class NDSRI provides a new option for the treatment of ADHD.

Orzeyful (oveporexton)

FDA APPROVAL DATE: August 5, 2026

INDICATION: Orexin receptor 2 (OX2R) agonist indicated for the treatment of narcolepsy type 1 (narcolepsy with cataplexy) in adult patients.

DOSAGE FORM: Oral tablets

COST: $$$$ (anticipated)

TAKEAWAY: First in class drug provides a new option for the treatment of narcolepsy with cataplexy.

Tauklarify (florquinitau F 18)

FDA APPROVAL DATE: August 13, 2026

INDICATION: Radioactive diagnostic drug indicated for positron emission tomography (PET) of the brain in adults with cognitive impairment who are being evaluated for Alzheimer's disease to identify patients with tau neurofibrillary tangle (NFT) pathology.

DOSAGE FORM: Intravenous drug for use in PET

COST: $ (anticipated)

TAKEAWAY: A new option to help identify NFT pathology which is a hallmark feature of Alzheimer's disease.

Zenbexus (iberdomide)

FDA APPROVAL DATE: August 13, 2026

INDICATION: Cereblon-modulating protein degrader indicated in combination with daratumumab and hyaluronidase-fihj and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including a proteasome inhibitor and an immunomodulatory agent.

DOSAGE FORM: Oral capsules

COST: $$$ (anticipated)

TAKEAWAY: First in class drug provides a new option for second-line and later relapsed or refractory multiple myeloma.

Pasatru (garetosmab-grts)

FDA APPROVAL DATE: August 19, 2026

INDICATION: Activin signaling inhibitor indicated to reduce formation of new heterotopic ossification (HO) lesions and clinician-assessed flare-ups in adults with fibrodysplasia ossificans progressiva (FOP).

DOSAGE FORM: Single-dose vial for intravenous infusion

COST: $$$$ (anticipated)

TAKEAWAY: The second drug approved for this rare genetic disorder and will compete with Sohonos (palovarotene).

Questions?

Please contact your Premera representative for more information.