

Premera Formulary Newsletter

Latest monthly pharmacy news

Pharmacy Formulary and Medical Policy Changes for January 2027

Beginning January 2027, some drugs will experience a formulary drug list change. Read more about [formulary drug list changes](#).

Also, starting in January 2027, the following drugs will require a new prior authorization:

Condition	Drugs requiring a new prior authorization	Preferred alternatives
Cancer	Kanjinti (trastuzumab-anns)	- Ogivri (trastuzumab-dkst) - Trazimera (trastuzumab-qyyp)
Cancer and autoimmune conditions	Truxima (rituximab-abbs)	- Riabni (rituximab-arrx) - Ruxience (rituximab-pvvr)
Diabetes	- Farxiga (dapagliflozin) - Jardiance (empagliflozin) - Synjardy (empagliflozin-metformin) - Synjardy XR (empagliflozin-metformin extended-release) - Xigduo XR (dapagliflozin-metformin extended-release)	- Dapagliflozin - Dapagliflozin-metformin extended-release
Diabetes	- Januvia (sitagliptin) - Janumet (sitagliptin-metformin) - Janumet XR (sitagliptin-metformin extended-release) - Jentadueto (linagliptin-metformin) - Jentadueto XR (linagliptin-metformin extended-release) - Tradjenta (linagliptin)	- Sitagliptin - Sitagliptin-metformin - Sitagliptin-metformin extended-release - Saxagliptin

How we're notifying members

Impacted members will receive a letter in November 2026 notifying them of the change or the member's provider was notified of the change in our October 2026 issue of Provider News.

If you have any questions about these formulary and prior authorization changes, please contact your Premera representative.

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	
JIDEYTRO (zidesamtinib tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	25 mg strength: 30/30 100 mg strength: 90/30	For ROS1-positive non-small cell lung cancer
prednisone enteric coated tablet	1	1	1	Non-formulary	Non-formulary	Non-formulary	No	No	No	No	Generic for RAYOS
ZENBEXUS (iberdomide capsule)	3	4	2	Non-formulary	Non-formulary	Non-formulary	No	No	No	21/28	For multiple myeloma
RIZAFILM (rizatriptan benzoate oral film)	3	3	2	Non-formulary	Non-formulary	Non-formulary	No	Yes	No	18/30	New film formulation for rizatriptan

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

[Tudriqev \(vusolimogene oderparepvec-wtpg\)](#)

FDA APPROVAL DATE: August 6, 2026

INDICATION: Genetically modified oncolytic viral therapy indicated in combination with nivolumab for the treatment of adult patients with unresectable advanced cutaneous melanoma who experienced disease progression with a programmed death receptor-1 (PD-1)-blocking antibody-based regimen.

DOSAGE FORM: Suspension for intratumor injection.

COST: \$\$\$\$

TAKEAWAY: Fills an unmet need as the first FDA-approved oncolytic viral immunotherapy for anti-PD-1-refractory advanced melanoma.

[Genglycos \(pariglasgene breca parvovec-opnr\)](#)

FDA APPROVAL DATE: August 19, 2026

INDICATION: Adeno-associated virus (AAV) vector-based gene therapy indicated to reduce daily cornstarch intake as an adjunct to nutritional management in adult and pediatric patients 8 years of age and older with glycogen storage disease type Ia (GSDIa).

DOSAGE FORM: Suspension for intravenous infusion

COST: \$\$\$\$

TAKEAWAY: One-time non-curative gene therapy for a rare genetic condition.

[Rasonque \(daraxonrasib\)](#)

FDA APPROVAL DATE: August 26, 2026

INDICATION: Inhibitor of the RAS GTPase family, indicated for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.

DOSAGE FORM: Oral tablets

COST: \$\$\$\$

TAKEAWAY: First-in-class oral targeted therapy for metastatic pancreatic adenocarcinoma.

Lisraya (brepocitinib)

FDA APPROVAL DATE: August 27, 2026

INDICATION: Janus kinase (JAK) and tyrosine kinase 2 (TYK2) inhibitor indicated for the treatment of dermatomyositis in adult patients.

DOSAGE FORM: Oral tablets

COST: \$\$\$\$

TAKEAWAY: First FDA-approved targeted therapy for dermatomyositis.

Mimrylo (rusfertide)

FDA APPROVAL DATE: August 28, 2026

INDICATION: Hepcidin mimetic indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV).

DOSAGE FORM: Vial for subcutaneous injection

COST: \$\$\$\$

TAKEAWAY: First in class therapy provides a new option for erythrocytosis in individuals with PV.

Zanvastro (zilganersen)

FDA APPROVAL DATE: September 3, 2026

INDICATION: Glial fibrillary acidic protein (GFAP)-directed antisense oligonucleotide indicated for the treatment of Alexander disease in pediatric and adult patients.

DOSAGE FORM: Vial for intrathecal use

COST: \$\$\$\$

TAKEAWAY: First FDA-approved treatment for Alexander disease.

Etcamah (camizestrant)

FDA APPROVAL DATE: September 4, 2026

INDICATION: Selective estrogen receptor degrader (SERD) indicated in combination with a CDK4/6 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 upon detection of ESR1 mutation during aromatase inhibitor and CDK4/6 inhibitor therapy, based on an FDA authorized test.

DOSAGE FORM: Oral tablets

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

TAKEAWAY: The first FDA-approved oral SERD for use in the first-line setting of this type of breast cancer.

Isembyld (apitegromab-mstn)

FDA APPROVAL DATE: September 11, 2026

INDICATION: Recombinant monoclonal antibody targeting proforms of myostatin, indicated for the treatment of spinal muscular atrophy (SMA) in adults and pediatric patients 2 years of age and older who are currently receiving a survival motor neuron 2 (SMN2)-targeted treatment.

DOSAGE FORM: Vial for intravenous injection

COST: \$\$\$\$

TAKEAWAY: The first FDA-approved muscle-targeting treatment for SMA.

Fayuvi (rebisufligene etisparvovec-hopf)

FDA APPROVAL DATE: September 17, 2026

INDICATION: Adeno-associated virus (AAV) vector-based gene therapy indicated for the treatment of neurologic manifestations of mucopolysaccharidosis type IIIA (MPS IIIA, Sanfilippo syndrome type A) in pediatric patients with preserved neurodevelopmental function.

DOSAGE FORM: One-time intravenous gene therapy

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

TAKEAWAY: The first FDA-approved treatment for a rare genetic condition.

Questions?

Please contact your Premiera representative for more information.