Premera Formulary Newsletter

Latest monthly pharmacy news

New Year, New Formulary: Introducing the 6-Tier Essentials Formulary

Today's pharmacy market is putting increasing pressure on employers, emphasizing the need for modernized formulary options with the ability to guide members to low cost, high value medications.

With the continued rise of prescription drug costs, largely driven by specialty medications and new therapies, it's time to expand our formulary toolbelt. A traditional 4-tier approach can provide many opportunities for cost management but may lack the ability to distinguish between medications that vary significantly in cost and value.

In 2027, Premera is offering a new 6-Tier Essentials Formulary for large group plans. The redesigned structure modernizes pharmacy benefits by creating more precise alignment between clinical value, medication cost, and member cost share. The result is a formulary that provides employers with greater flexibility to manage pharmacy trend while continuing to support member access to appropriate therapies.

Comparing the 4-Tier and 6-Tier Essentials Formularies

4-Tier Setup	6-Tier Setup
Tier 1: Preferred Generic	Tier 1: Value Generic
Tier 2: Preferred Brand	Tier 2: Preferred Generic
Tier 3: Preferred Specialty	Tier 3: Preferred Brand
Tier 4: All Non-Preferred Drugs	Tier 4: Non-Preferred Generic/Brand
—	Tier 5: Preferred Specialty
—	Tier 6: Non-Preferred Specialty

The new formulary introduces two key changes. First, generic medications are divided into Value Generic and Preferred Generic tiers, allowing lower-cost generic options to receive the most favorable cost share. Second, specialty medications are divided into Preferred Specialty and Non-Preferred Specialty tiers, creating additional opportunities to steer utilization toward lower-net-cost specialty products and preferred biosimilars.

Together, these changes offer three key benefits for employers: better cost management, stronger specialty drug management, and improved member steerage.

Better Cost Management: The additional tiers provide more precision in benefit design and member incentives. Rather than grouping all specialty drugs or all non-preferred products together, employers can better align member cost sharing with the relative value of medications.

Stronger Specialty Drug Management: Specialty drug costs account for a growing share of overall pharmacy spending. The new 6-tier structure separates medications into Preferred Specialty and Non-Preferred Specialty tiers. This distinction helps encourage the use of preferred specialty products and biosimilars when clinically appropriate.

Improved member steerage: Members receive clearer financial incentives to choose the most clinically sound and cost-effective medication. This may help reduce overall pharmacy spend while maintaining access to the highest value treatment options.

The 6-Tier Essentials Formulary enhances pharmacy benefits by providing more precise cost management tools, stronger specialty drug strategies, and greater flexibility for the future. For employers seeking to balance affordability, member experience, and clinical value, it offers a more targeted approach than the traditional 4-tier structure.

Contact your Premera representative to learn how the 6-Tier Essentials Formulary can expand the cost management tools available to your organization.

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	
BIXLENVO (bictegravir/ lenacapavir tablet)	3	3	2	Non-formulary	Non-formulary	Non-formulary	No	No	No	Yes	For HIV treatment
RASONQUE (daraxonrasib tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For metastatic pancreatic adenocarcinoma
ADQUEY (difamilast ointment)	3	3	2	Non-formulary	Non-formulary	Non-formulary	No	Yes	No	No	For atopic dermatitis
ARMLUPEG (pegfilgrastim-unne syringe)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	No	Biosimilar to NEULASTA

LISRAYA (brepocitinib tosylate tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For dermatomyositis
LANGLARA (insulin glargine-aldy pen)	3	3	2	Non-formulary	Non-formulary	Non-formulary	No	Yes	No	No	Biosimilar to LANTUS
NUZOLVENCE (zoliflodacin granules in packet)	3	3	2	Non-formulary	Non-formulary	Non-formulary	No	Yes	No	No	For uncomplicated urogenital bacterial infection
MIMRYLO (rusfertide acetate vial)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For polycythemia vera
BEQALZI (sonrotoclax tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For mantle cell lymphoma
JOENJA (leniolisib phosphate tablet)	3	4	2	4	3	4	Yes	Yes	No	Yes	New 40 mg and 50 mg strengths for pediatric populations
ETCAMAH (camizestrant tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For breast cancer
riociguat tablet	1	4	1	4	3	4	Yes	Yes	No	No	Generic for ADEMPAS
ATEBRIOZ (zilurgisertib fumarate tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For fibrodysplasia ossificans progressiva (rare genetic disorder)
JUVMO (tavapadon tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	No	Yes	Yes	For Parkinson's disease

ZEGFROVY (sunvozertinib tablet)	3	4	2	Non-formulary	Non-formulary	Non-formulary	Yes	Yes	No	Yes	For non-small cell lung cancer

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

Onswik (insulin efsitora alfa-gobe)

FDA APPROVAL DATE: September 23, 2026

INDICATION: Long-acting insulin indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

DOSAGE FORM: Insulin pen for subcutaneous use.

COST: $ (anticipated)

TAKEAWAY: Biosimilar to LANTUS.

Lyrfigtu (lirafugratinib)

FDA APPROVAL DATE: September 23, 2026

INDICATION: Kinase inhibitor indicated for the treatment of adults with previously treated, unresectable, locally advanced or metastatic cholangiocarcinoma harboring a FGFR2 fusion or other rearrangement.

DOSAGE FORM: Oral capsule

COST: $$$$ (anticipated)

TAKEAWAY: New treatment option for this type of cancer.

Juvmo (tavapadon)

FDA APPROVAL DATE: September 25, 2026

INDICATION: Non-ergot dopamine agonist indicated for the treatment of Parkinson's disease in adults.

DOSAGE FORM: Oral tablet

COST: $$$$ (anticipated)

TAKEAWAY: First in class D1/D5 receptor agonist provides a new option for Parkinson's disease.

Atebrioz (zilurgisertib)

FDA APPROVAL DATE: September 25, 2026

INDICATION: Activin receptor-like kinase-2 (ALK2) inhibitor indicated to reduce the volume of total new heterotopic ossification (HO) in adults and pediatric patients aged 12 years and older with fibrodysplasia ossificans progressiva (FOP).

DOSAGE FORM: Oral tablets

COST: $$$$ (anticipated)

TAKEAWAY: A new option to treat HO in individuals with FOP.

Emcitate (tiratricol)

FDA APPROVAL DATE: September 28, 2026

INDICATION: Thyroid hormone receptor agonist indicated for the treatment of peripheral thyrotoxicosis in adults and pediatric patients with monocarboxylate transporter 8 (MCT8) deficiency (Allan-Herndon Dudley syndrome).

DOSAGE FORM: Tablets for oral suspension

COST: $$$$ (anticipated)

TAKEAWAY: First FDA-approved treatment for this rare genetic condition.

Hovilpri (pritelivir)

FDA APPROVAL DATE: October 9, 2026

INDICATION: Herpes simplex virus (HSV) helicase-primase inhibitor indicated in immunocompromised adults for the treatment of mucocutaneous lesions caused by herpes simplex virus (HSV) infection that is refractory (with or without documented resistance) to treatment with acyclovir, valacyclovir, or famciclovir.

DOSAGE FORM: Oral tablet

COST: $$$$

TAKEAWAY: New oral option provides an alternative to intravenous therapy for this condition.

Hibsago (bepirovirsen)

FDA APPROVAL DATE: October 20, 2026

INDICATION: Hepatitis B virus (HBV) mRNA-directed antisense oligonucleotide (ASO) indicated in combination with nucleos(t)ide analog reverse transcriptase inhibitor (NrtI) therapy for treatment of chronic HBV infection in adult patients without cirrhosis.

DOSAGE FORM: Injection for subcutaneous use

COST: $$$$ (anticipated)

TAKEAWAY: A new, first-in-class option with functional cure rates higher than current standard of care.

Questions?

Please contact your Premera representative for more information.