

AUM Updates to Drug Quantity Management

The Drug Quantity Management program is designed to support safe, effective, and economic use of medications while giving patients access to quality care through per rx and per days limits. Per rx limits ensure optimal quantities of medication are dispensed per prescription or copay. Per days limits ensure quantities are limited according to a defined number of days.

Effective Date	AUM List	Drug Product	Therapy Class	Limit (per days in gray)	New	30 Day Supply	Exception Criteria
01-30-2026	Advantage DQM	Rinvoq ER 45 mg	Inflammatory Conditions – Specialty	56 tablets 84 tablets	Limit	365 days	Yes
01-30-2026	Limited DQM	Wegovy 1.5 mg	Weight Management	30 tablets	Dosage	Yes	No
01-30-2026	Limited DQM	Wegovy 25 mg	Weight Management	30 tablets	Dosage	Yes	No
01-30-2026	Limited DQM	Wegovy 4 mg	Weight Management	30 tablets	Dosage	Yes	No
01-30-2026	Limited DQM	Wegovy 9 mg	Weight Management	30 tablets	Dosage	Yes	No

AUM Updates to Prior Authorization

Prior Authorization is a program that monitors certain prescription medications and their costs to get patients the medication they require while reducing costs. Prior Authorization ensures the medication is being used to treat the appropriate indications and to prevent misuse.

Effective Date	AUM List	Drug Product	Therapy Class
01-01-2026	OPM Gender Transition New Rule	Aldactone, Androderm, Androgel, Aveed, Avodart, Azmiro, Bicalutamide, Camcevi, Carospir, Casodex, Climara, Delestrogen, Depo-Estradiol, Depo-Provera, Depo-Subq Provera, Depo-Testosterone, Divigel, Dotti, Dutasteride, Elestrin, Eligard, Estrace, Estradiol, Estradiol Valerate, Estrogel, Evamist, Fensolvi, Finasteride, Fortesta, Jatenzo, Kyzatrex, Leuprolide Acetate, Leuprolide Depot, Lupron Depot, Lupron Depot-Ped, Lutrate Depot, Lyllana, Medroxyprogesterone Acetate, Menest, Menostar, Minivelle, Natesto, Premarin, Progesterone, Prometrium, Propecia, Proscar, Provera, Spironolactone, Supprelin La, Synarel, Testim, Testone Cik, Testopel, Testosterone, Testosterone Cypionate, Testosterone Enanthate, Tlando, Trelstar, Triptodur, Undecatrex, Vabrinty, Vivelle-Dot, Vogelxo, Xyosted, Zoladex	Gender Transition
01-01-2026	Optional PA	Eliquis Rule Retired	Anticoagulants
01-01-2026	Optional PA	Pradaxa Rule Retired	Anticoagulants

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Effective Date	AUM List	Drug Product	Therapy Class
01-01-2026	Optional PA	Savaysa Rule Retired	Anticoagulants
01-01-2026	Optional PA	Weight Loss - Alternate Rule Retired	Weight Management
01-01-2026	Optional PA	Xarelto Rule Retired	Anticoagulants
01-06-2026	Advantage PA	Exdensur	Asthma - Specialty
01-06-2026	Advantage Plus PA	Cardamyst	High Blood Pressure
01-06-2026	Nonessential Therapy PA	Wegovy (oral) Added to Weight Loss Drugs PA	Weight Management
01-16-2026	Adjunctive Specialty PA	Enoby Added to Prolia and Biosimilars PA	Bone Conditions
01-16-2026	Oncology Package PA	Xtrenbo Added to Xgeva and Biosimilars PA	Oncology
01-19-2026	Low Clinical Quality PA	Relyvrio Rule Retired	Mental/Neurological Disorders
01-21-2026	Advantage Plus PA	Myqorzo Added to Camzyos PA	Heart Conditions
01-21-2026	Pharmacogenomics PA	Itvisma Added to Zolgensma PA	Metabolic, Immune Disorders or Inherited Rare Disease
01-21-2026	Proactive PA	Yartemlea	Transplant
02-01-2026	Limited PA	Aqvesme	Blood Disorders
02-06-2026	Proactive PA Nonessential Therapy PA	Omlonti Added to Ophthalmic Prostaglandins PA	Eye Conditions
04-01-2026	Adjunctive Specialty PA Advantage PA	Prolia and Biosimilars PA	Bone Conditions

AUM Updates to Step Therapy

Step Therapy is a program that directs patients taking prescription medications to the lowest cost option. Step-one medications are generic and sometimes lower-cost brand medications proven to be safe, effective and affordable. Most patients should try these first because they'll have the same effect as the more expensive medications but cost a lot less. Step-two and step-three medications are medications only a small number of patients typically need and usually cost more than step-one medications.

Effective Date	AUM List	Program Name	Therapy Class	Category	Step 1 – Preferred	Step 2 – Non-Preferred
01-01-2026	Basic Formulary	Phosphate Binders	Renal Disease	Preferred	Velphoro chewable tablets (DELETE)	Velphoro chewable tablets (ADD)
01-01-2026	Basic Formulary	Pulmonary - Inhaled Corticosteroid	Asthma/COPD	Preferred	No Change	fluticasone Ellipta - authorized generic to Arnuity Ellipta (ADD)
01-01-2026	Limited ST	Topical Antifungals	Anti-fungal	Generic	Generic ciclopirox 8% treatment kit (DELETE)	Generic ciclopirox 8% treatment kit (ADD)
01-01-2026	PSM	Hemophilia (Recombinant Factor IX) - Extended Half-Life Products Rule Retired	Hemophilia	NPF/Basic/HPF/NPF Flex		
01-01-2026	PSM	Infertility - Chorionic Gonadotropin	Infertility	Basic	Novarel (DELETE) Pregnyl (ADD)	Novarel (ADD) Pregnyl (DELETE)
01-01-2026	PSM	Inflammatory Conditions	Inflammatory Conditions	NPF/Basic/HPF/NPF Flex	Psoriatic Arthritis Otezla XR (ADD) Psoriasis Otezla XR (ADD)	Rheumatoid Arthritis Step 2a: Actemra SC (DELETE) Step 3b: Actemra SC (ADD) Juvenile Idiopathic Arthritis Step 2a: Actemra SC (DELETE) Step 3b: Actemra SC (ADD) Psoriatic Arthritis Step 2a: Xeljanz oral solution (ADD)
01-01-2026	PSM	Inflammatory Conditions Rule Retired	Inflammatory Conditions	Legacy - NPF, Basic, HPF		

Effective Date	AUM List	Program Name	Therapy Class	Category	Step 1 – Preferred	Step 2 – Non-Preferred
01-01-2026	PSM	Inflammatory Conditions Rule Retired	Inflammatory Conditions	Choice Alternate - HPF		
01-01-2026	PSM	Inflammatory Conditions	Inflammatory Conditions	HPF	Skyrizi (DELETE) Psoriatic Arthritis, Psoriasis, Crohn’s Disease, Ulcerative Colitis only	Step 2a: Rinvoq (DELETE) Step 3a: Rinvoq (ADD) Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Nonradiographic Axial Spondyloarthritis, Psoriatic Arthritis, Crohn’s Disease, Ulcerative Colitis only Step 2a: Rinvoq LQ (DELETE) Step 3a: Rinvoq LQ (ADD) Juvenile Idiopathic Arthritis & Psoriatic Arthritis only Step 3a: Skyrizi (ADD) Psoriatic Arthritis, Psoriasis, Crohn’s Disease, Ulcerative Colitis only
01-01-2026	PSM	Inflammatory Conditions - Adalimumab	Inflammatory Conditions	NPF/Basic/HPF/NPF Flex	No Change	Adalimumab-ryvk [NDCs starting with 51759] (ADD)
01-01-2026	PSM	Inflammatory Conditions - Adalimumab	Inflammatory Conditions	Choice Alternate - NPF, Basic HPF	Cyltezo (DELETE)	Cyltezo (ADD)
01-01-2026	PSM	Inflammatory Conditions - Ustekinumab	Inflammatory Conditions	Choice - NPF, Basic HPF	Stelara SC (DELETE)	Stelara SC (ADD)
01-01-2026	PSM	Ophthalmology - VEGF Inhibitors New Rule	Eye Conditions	NPF/Basic/HPF/NPF Flex	Pavblu	Eylea, Eylea HD

Effective Date	AUM List	Program Name	Therapy Class	Category	Step 1 – Preferred	Step 2 – Non-Preferred
01-01-2026	PSM	Trastuzumab	Oncology	NPF/Basic/HPF/NPF Flex	Hercessi, Ogivri (ADD) Kanjinti, Trazimera (DELETE)	Hercessi, Ogivri (DELETE) Kanjinti, Trazimera (ADD)
01-06-2026	PSM	Interleukin (IL)-5 Antagonists	Asthma - Specialty	NPF/Basic/HPF/NPF Flex	ADDED AS PA ONLY – Exdensur	No Change
01-16-2026	PSM	Inflammatory Conditions - Adalimumab	Inflammatory Conditions	NPF/Basic/HPF/NPF Flex	No Change	Adalimumab-bwwd [Must try ALL preferred products] (ADD)
01-16-2026	PSM	Inflammatory Conditions - Ustekinumab	Inflammatory Conditions	NPF/Basic/HPF/NPF Flex	No Change	Starjemza, Ustekinumab-aaaz [Must try ALL preferred products] (ADD)
01-16-2026	PSM	Phenylbutyrate Products	Metabolic, Immune Disorders or Inherited Rare Disease	NPF/Basic/HPF/NPF Flex	Glycerol phenylbutyrate (ADD)	No Change
01-19-2026	Basic Formulary	Insulins, Rapid-acting	Diabetes	Preferred	No Change	Kirsty vials & pen (ADD)
01-19-2026	PSM	Sprycel	Oncology	NPF/Basic/HPF/NPF Flex	No Change	Phyrago (ADD)
02-01-2026	Basic Formulary	Insulins, Rapid-acting	Diabetes	Preferred	Merilog (ADD)	Merilog (DELETE)
02-01-2026	PSM	Revlimid New Rule	Oncology	NPF/Basic/HPF/NPF Flex	Generic lenalidomide capsules	Revlimid capsules
02-06-2026	PSM	Deflazacort	Muscular Dystrophy	NPF/Basic/HPF/NPF Flex	Jaythari tablets, Kymbee (ADD)	Jaythari oral suspension, Pyquvi (ADD)
02-13-2026	PSM	Idiopathic Pulmonary Fibrosis & Related Lung Disease – Pirfenidone New Rule	Respiratory Conditions	NPF/Basic/HPF/NPF Flex	Generic pirfenidone, Ofev	Jascayd
03-02-2026	PSM	Hereditary Angioedema (HAE) - Prophylaxis New Rule	Hereditary Angioedema	NPF/Basic/HPF/NPF Flex	Andembry, Cinryze, Haegarda, Takhzyro	Dawnzera
04-01-2026	PSM	Prolia and Biosimilars New Rule	Bone Conditions	NPF/Basic/HPF/NPF Flex	Bildyos	Conexence, Jubbonti, Ospomyv, Prolia, Stoboclo
04-01-2026	PSM	Xgeva and Biosimilars New Rule	Oncology	NPF/Basic/HPF/NPF Flex	Bilprevda, Osenvelt, Xgeva	Bomynta, Wyost