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JANUARY 2026
SELECT HM FORMULARY CHANGES

The tables below summarize changes to the Select HM Formulary that will go into effect as of January 1, 2026. **Not all products listed may be covered under your pharmacy benefit program.**

KEY: (PA)= Prior Authorization Required, (SP)=Specialty Medication

TABLE 1: FORMULARY ADDITIONS

THERAPEUTIC CLASS	PRODUCTS ADDED TO FORMULARY
TUMOR NECROSIS FACTOR INHIBITORS	Adalimumab-aacf (PA) (SP), Adalimumab-adbm (PA) (SP), Adalimumab-fkjp (PA) (SP), Hadlima (PA) (SP), Simlandi (PA) (SP)
ANTIMIGRAINE AGENTS	EMGALITY 120MG/ML (PA)

TABLE 2: FORMULARY EXCLUSIONS

THERAPEUTIC CLASS	FORMULARY EXCLUSIONS	PREFERRED ALTERNATIVE(S) (Additional alternatives may be available)
ANTIMIGRAINE AGENTS	AJOVY (PA)	AIMOVIG (PA), EMGALITY (PA)
PLATELET AGGREGATION INHIBITOR	BRILINTA®	ticagrelor (generic BRILINTA®)
MULTIPLE SCLEROSIS AGENTS	COPAXONE 40MG/ML (PA)	glatiramer acetate (generic COPAXONE)
CORTICOSTEROID/LONG-ACTING BETA-2 AGONIST	fluticasone/salmeterol inhalation aerosol (ST)	ADVAIR HFA (tier-1 copay), breyna, budesonide-formoterol fumarate, fluticasone-salmeterol diskus, wixela inhub
TUMOR NECROSIS FACTOR INHIBITORS	HUMIRA (PA)	adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-fkjp, HADLIMA, SIMLANDI, YUFLYMA, YUSIMRY (ALL REQUIRE PA)
ANTI-ALZHEIMER AGENTS	NAMZARIC	memantine HCl/donepezil HCl ER (generic NAMZARIC)
INTERLEUKIN INHIBITORS	STELARA (PA)	STEQEYMA (PA), YESINTEK (PA)
GONADOTROPIN-RELEASING HORMONE AGONIST	SUPPRELIN LA (PA)	LUPRON DEPOT (PA), LUPRON DEPOT-PED (PA)
PEDIATRIC VITAMINS	DAVIMET-FL, FLORAFOL FE PEDIATRIC, FLORAFOL PEDIATRIC, FLORIVA, FLORIVA PLUS, FLOTREX, MULTIVITAMIN W/FLUORIDE, QUFLORA FE PEDIATRIC LIQ, QUFLORA PEDIATRIC CHEW, TRI-VI-FLOR SUS, tri-vi-floro sus, tri-vitamin w/FL sus	tri-vitamin/fluoride solution, tri-vite/fluoride solution, multivitamin/fluoride chew, multi-vitamin/fluoride solution, multi-vitamin/fluoride/iron solution

TABLE 2: FORMULARY EXCLUSIONS (CONTINUED)

THERAPEUTIC CLASS	FORMULARY EXCLUSIONS	PREFERRED ALTERNATIVE(S) (Additional alternatives may be available)
PRENATAL VITAMINS	altrixa ob, CITRANATAL B-CALM, folatexcel, jenliva , kosher prenatal plus iron, MATERNACEL, matervia, natal pnv, neomaterna, neonatal + dha, neonatal 19, neonatal complete, neonatal FE, NEONATAL PLUS, neo-vital rx, NESTABS, OB COMPLETE, OB COMPLETE DHA, pnv tabs 20-1, pnv-select, pregen DHA, PREMESIS RX, prena1, prena1 true, PRENA1 PEARL, prenaissance, PRENATE AM, prenate max, PRENATOL-M, prenavite complete, prenavite plus, prenavite rx, relnate DHA, tristart DHA, VINATE DHA RF, vitalara, VITAMEDMD ONE RX/QUATREFOLIC, VIVA DHA, ziphex	c-nate DHA, complete natal DHA, completenate chewable, m-natal plus, multi-mac, pnv prenatal plus multivitamin 27-1 mg, pregenna 20-1 mg, prenatal 19, prenatal plus 27-1 mg, se-natal 19, thrivite rx, trinatal rx 1, virt-pn DHA, wesnatal DHA, westab plus
MULTIVITAMINS	activite, AFLORA, altrixa, cobalefol, DAVIMET-IRON, dayavite, DERMACINRX MULTIVITAMIN, DIATROL, FINAZOL, FLORRAVITE, FLORRAXYL, folagent dha, folamax, folamed dha, folaprime, folawise, FOLCYTEINE, foletra, hylavite, hylazinc, INFLAMEX, keyfolic, KEYLOSA, LIVITA ADULTS, MENATROL, micronex, mincora, mi-vite rx, multipro, MULTITOL-M, NEOVITE, nicotinamide, novite, NUTRALYN, OCUVEL, ONEVITE, paxlyte, prev-rx, PRO HERS RX, PRO HIS RX, PRO PCOS RX, profola, relcare, STROVITE ONE, tm-vite rx, triphrocaps, trivia complete, tronvite, VITACORE, vitasure, wellfola	V-C forte, B-plex plus, biocel, medi tab, wescaps, virt-caps, B-plex

Important information to note:

- Member specific overrides for any of the products changing to non-formulary status will expire January 20, 2026.
- Beginning January 21, 2026, the new prior authorization criteria or step therapy requirements will take effect.
- Members may want to contact their providers to determine if a formulary alternative would be appropriate.

If it is medically necessary for a member to remain on one of the nonformulary products, a coverage exception request can be made. To request a coverage exception:

- Providers may complete and fax a prior authorization form to FairosRx at 866-816-2136.
- Providers may give verbal information by calling FairosRx at 833-464-9600.
- Members may contact FairosRx at 833-464-9600 to initiate the exception process.

Note: if a coverage exception is approved, a higher copay may be required depending on your prescription drug plan.