Health Insurance Marketplace (HIM)

Formulary Updates
February, 2026

The changes below are reflective of Prime Therapeutics P&T Committee decisions.

Key
Tier: Tier 1=Preferred Generics, Tier 2=Preferred Brands, Tier 3=Non-Preferred Brands, Tier 4=Specialty, NF=Non-Formulary
Formulary Edits: QL=Quantity Limit, QvT=Quantity Limit over Time, PA=Prior Authorization, ST=Step Therapy, AL=Age Limit,
PV= HDHP Preventive Drugs, ACA= ACA Preventive Drugs, SF= Split Fill Drugs

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

2026 Formulary Changes			
Therapeutic Class	**Medication**	**Formulary Changes**	**Effective Date**
Antipsychotics	VRAYLAR 0.5 MG CAPSULE	NF --> Tier 2 (Preferred Brand) QL (30/30 days)	2/1/2026
Antipsychotics	VRAYLAR 0.75 MG CAPSULE	NF --> Tier 2 (Preferred Brand) QL (30/30 days)	2/1/2026
Central Nervous System Agent	DAYBUE STIX 5000 MG PACKET	NF --> Tier 4 (Specialty), PA QL (120/30 days)	2/1/2026
Central Nervous System Agent	DAYBUE STIX 6000 MG PACKET	NF --> Tier 4 (Specialty), PA QL (120/30 days)	2/1/2026
Central Nervous System Agent	DAYBUE STIX 8000 MG PACKET	NF --> Tier 4 (Specialty), PA QL (60/30 days)	2/1/2026
Dental Agents	PREVIDENT 0.2% SOLUTION	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Dental Agents	PREVIDENT 1.1% GEL	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Dental Agents	PREVIDENT 5000 BOOSTER PLUS 1.1 % PASTE	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026

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Baylor Scott & White Health Plan

2026 Formulary Changes			
Therapeutic Class	**Medication**	**Formulary Changes**	**Effective Date**
Dental Agents	PREVIDENT 5000 DRY MOUTH 1.1 % GEL	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Dental Agents	PREVIDENT 5000 KIDS 1.1 % PASTE	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Dental Agents	PREVIDENT 5000 PLUS 1.1 % CREAM	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
HIV	YEZTUGO 300 MG TABLET	NF --> Tier 2 (Preferred Brand) QLC (4/365 days)	2/1/2026
HIV	YEZTUGO 463.5 MG/1.5ML SOLUTION	NF --> Tier 2 (Preferred Brand)	2/1/2026
Immunological Agents	ANDEMBRY 200 MG/1.2ML AUTO-INJECTOR SOLUTION	NF --> Tier 4 (Specialty), PA QL (1.2/30 days)	2/1/2026
Immunological Agents	DAWNZERA 80 MG/0.8ML SOLN A-INJ	NF --> Tier 4 (Specialty), PA QL (0.8/28 days)	2/1/2026
Miscellaneous	HYPERSAL 7 % NEBULIZER SOLUTION	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Miscellaneous	K-PHOS 500 MG TAB	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Miscellaneous	K-PHOS-NEUTRAL 155-852-130 MG TAB	NF --> Tier 3 (Non-Preferred Brand)	2/1/2026
Oncology	XPOVIO (80 MG ONCE WEEKLY) 80 MG TABLET THERAPY PACK	NF --> Tier 4 (Specialty), PA QL (4/28 days)	2/1/2026
Potassium Binders	sodium polystyrene sulfonate 15 gm/60ml suspension	NF -> Tier 1 (Generics)	2/1/2026

This list does not guarantee coverage.