



# Highmark January 2026 Formulary Overview: Prescription Drug Management Updates

Highmark is committed to ensuring our members have access to safe, effective, and cost-efficient treatment options, including prescription drugs. As part of our ongoing review of current research and commitment to clinical excellence we are implementing changes to how we cover select medications. These changes will impact members with Commercial and Healthcare Reform coverage, effective January 1, 2026.

These enhancements involve certain medications becoming subject to either Step Therapy requirements or being added to Highmark's Market Watch Program.

## Here's a brief overview of these changes:

- **Step Therapy:** For certain medications, members will now be required to try a preferred, clinically appropriate alternative before coverage is granted for a non-preferred or "target" agent. This approach helps ensure members start with therapies that have proven efficacy and value.
- **Market Watch Program:** We are expanding our Market Watch Program by adding new drugs to our High Cost Low Value List. Trial with ALL clinically appropriate alternatives is required before coverage of a High Cost Low Value agent is granted.

To ensure a smooth transition and maintain continuity of care, members who have already initiated therapy with targeted agents before these changes are implemented will be grandfathered until their next mailing cycle. This allows for appropriate member notification and discussion with their providers.

Impacted members with Commercial and Healthcare Reform coverage, along with their providers, will receive direct notification letters outlining these changes. We encourage members to discuss their therapy and alternative options with their healthcare providers. For any questions regarding benefits, members can always contact Highmark Member Service using the number on their ID card.

Highmark values the well-being of our members and remains dedicated to providing comprehensive and supportive health coverage.



## Summary:

Highmark Pharmacy Strategies is implementing changes to coverage of select prescription drugs for members with Commercial and Healthcare Reform coverage effective on **January 1, 2026**.

### Changes include:

- Step Therapy (trial with a preferred drug is required)
- Market Watch: High Cost Low Value: Trial with all clinically appropriate alternatives required

Affected members will receive letters and should contact Member Service with benefit-related questions or to discuss alternative treatment options. All formulary changes consider maintaining clinically appropriate therapy access for members while also promoting safe and cost-effective medications.

## What to Do:

Contact your Sales Executive or Client Manager with specific questions.

# Table 1: Prescription Drug Management Updates

MEDICATION CLASS	MEDICATION (IMPACTED DRUGS)	TYPE OF CHANGE	CONDITION TREATED	FORMULARIES AFFECTED	CHANGE DETAILS	COVERED ALTERNATIVES
Allergy/ Antihistamine	Carbinoxamine (CARBINOXAMINE 4 MG/5 ML LIQUID, CARBINOXAMINE ER 4 MG/5ML SUSPENSION, KARBINAL ER 4 MG/5 ML SUSPENSION)	Step Therapy	Symptoms of allergies and allergic reactions	Commercial + HCR	Now requires <b>Step Therapy</b> . Members must try a preferred alternative first.	Carbinoxamine 4mg Tablets, other prescription antihistamine tablets
Cardiovascular	Entresto (ENTRESTO TABLET)	Step Therapy	Symptomatic heart failure	Commercial + HCR	Now requires <b>Step Therapy</b> . Members must try a preferred alternative first.	Sacubitril/Valsartan Tablet (generic for Entresto)
Respiratory	Spiriva Handihaler	Step Therapy	Maintenance treatment of COPD (chronic obstructive pulmonary disease)	Commercial + HCR (excluding HCR Essential, Commercial NSF, and Commercial Core formularies)	Now requires <b>Step Therapy</b> . Members must try a preferred alternative first.	Tiotropium Bromide Inhalation Powder (generic for Spiriva Handihaler), Spiriva Respimat, Incruse Ellipta
Diabetes	All non-preferred blood glucose testing supplies (e.g., Roche Accu-Chek, Ascensia Contour Next, and other products)	Step Therapy	Self-monitoring of blood glucose levels	Commercial + HCR (excluding HCR Essential, Commercial NSF, and Commercial Core formularies)	Members previously obtaining these products through automatic authorization at point of sale will be required to try preferred alternatives.	Trividia (e.g., TrueMetrix, Relion TrueMetrix), Abbott (Freestyle, Precision Xtra)
Autoimmune	Adalimumab Biosimilars (CYLTEZO, ADALIMUMAB-ADBM, ADALIMUMAB-ADAZ, HYRIMOZ, HADLIMA, ADALIMUMAB-FKJP, YUFLYMA, YUSIMRY, AMJEVITA, ADALIMUMAB-AACF)	Step Therapy	Autoimmune conditions (e.g., rheumatoid arthritis, Crohn's disease, ulcerative colitis, psoriasis)	Commercial + HCR	These adalimumab biosimilars will no longer be preferred effective January 1, 2026. Coverage of a non-preferred adalimumab product will not be available. Members will be required to switch to the preferred alternative, Simlandi.  Please note: Simlandi also requires prior authorization.	Simlandi

\*The above table may not reflect all of the changes going into effect.

\*\* Line of Business: Indicates the specific insurance plans to which the change applies. (Commercial + Healthcare Reform Plans) Keep in mind exclusions that pertain to the plan by line in certain categories, for example (EXCLUDING NATIONAL SELECT FORMULARY.).

\*\*\*Market Watch changes are not reflected in the above tables



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