Formulary Updates for Healthy Workers HMO

Effective date: January 1, 2027

Please review the attached list for a summary of upcoming changes to the Healthy Workers HMO formulary. Members currently on the medications will be authorized to continue their medication.

When an interchangeable biosimilar medication becomes preferred on the formulary, members may receive a letter letting them know they must change medications to the preferred medication.

If you have any questions or concerns, please contact SFHP at 1(415) 547-7800 or toll free at 1(800) 288-5555 and ask to speak to the pharmacy department.

MEDPERFORM PREMIER UPDATES

Formulary Updates for MedPerform Premier Effective January 1, 2027

Below is a summary of changes to the MedPerform Premier formulary, or drug list. MedImpact manages this list to help members get safe, affordable medicines. The list is updated regularly for several reasons, including:

- New medicines become available
- New generic versions become available
- Coverage changes for medicines already on the list

The changes below will begin on **January 1, 2027**. This is not a complete list of changes to the MedPerform Premier formulary. It highlights changes that may affect members.

Types of Formulary Changes

- **Some drugs may move to the Preferred tier**, which usually has a lower copay. If your drug moves to this tier, you may pay less. Your cost depends on your Plan's copay rules.
- **Some drugs may move to the Non-Preferred tier**, which usually has a higher copay. If your drug moves to this tier, you may pay more. Ask your doctor if a lower-cost preferred drug may work for you.
- **Some drugs may be added to the Non-Essential Drug List**, which means they are no longer covered. A covered option may be a lower-cost version of the same medicine or a different medicine for the same condition. Ask your doctor if a covered option may work for you.
- **Some drugs may move to the Excluded List.** These drugs are not covered by your Plan unless your doctor provides information showing that covered options do not work for you. Ask your doctor if you can switch to a covered drug.

Non-Preferred to Preferred Tier

These drugs were previously covered at a higher tier but are now covered at a lower, preferred copay tier.

Therapeutic Category	Preferred Drugs
Hair Loss Treatments (Alopecia Areata)	**Litfulo** (ritlecitinib)

Preferred to Non-Preferred Tier

These drugs were previously covered at a preferred tier but are now covered at a higher, non-preferred, copay tier. Look for a preferred alternative for a lower copay.

Therapeutic Category	Preferred to Non-Preferred	Covered Alternatives
Autoimmune & Inflammatory Condition Treatments	**Trexall** (methotrexate)	Generic methotrexate

**Alternative options are listed when available. Some drugs do not have a preferred alternative. In these cases, the drugs are covered at a non-preferred copay tier. Members should talk with their doctor about the best treatment option.

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MEDPERFORM PREMIER UPDATES

Covered to Excluded

These drugs were previously covered but have been moved to the Excluded Drug List and are no longer covered. Look for a covered alternative.

Therapeutic Category	Excluded Drugs	Covered Alternatives
Attention Deficit Hyperactivity Disorder (ADHD) Treatments	**Arynta** (lisdexamfetamine dimesylate) **Zenzedi** (dextroamphetamine sulfate)	Generic lisdexamfetamine, dextroamphetamine, amphetamine-dextroamphetamine, methylphenidate products
Allergy & Asthma Treatments	**Xolair** (omalizumab)	Omlyclo (omalizumab-igec)
Behavioral Health Treatments	**Rykindo** (risperidone) injection	Generic risperidone ER injection or Uzedy (risperidone) injection
Blood Cell Recovery Treatments	**Ziextenzo** (pegfilgrastim-bmez)	Fulphila (pegfilgrastim-jmdb)
Blood Thinner Treatments	**Fragmin** (dalteparin sodium, porcine)	Generic enoxaparin
Cushing Syndrome Treatments	**Recorlev** (levoketoconazole)	Isturisa, Korlym
Eye Inflammation Treatments	**Acuvail** (ketorolac tromethamine) **Ilevro** (nepafenac)	Generic ketorolac and diclofenac ophthalmic drops
Glaucoma Treatments	**Rhopressa** (netarsudil mesylate) **Rocklatan** (netarsudil mesylate/latanoprost) **Simbrinza** (brinzolamide/brimonidine tartrate) **Vyzulta** (latanoprostene bunod) **Xelpros** (latanoprost)	Generic latanoprost, dorzolamide, dorzolamide/timolol ophthalmic drops
Hepatitis C Treatments	**Sovaldi** (sofosbuvir)	Epclusa, Harvoni, Mavyret
Hormone Replacement Therapy Treatments	**Evamist** (estradiol)	Generic estradiol transdermal patch, estradiol gel
Immune Thrombocytopenia (ITP) Treatments	**Wayrilz** (rilzabrutinib)	Generic eltrombopag, Alvaiz, Doptelet, Tavalisse
Kidney Disease & Phosphate Control Treatments	**Fosrenol** (lanthanum carbonate) **Velphoro** (sucroferric oxyhydroxide) **Xphoza** (tenapanor HCl)	Generic sevelamer HCl, sevelamer carbonate, calcium acetate, or lanthanum carbonate
Mental Health Treatments	**Zyprexa Relprevv** (olanzapine pamoate)	Abilify Maintena, Aristada, or Invega Sustenna
Migraine Treatments	**Reyvow** (lasmiditan)	dihydroergotamine mesylate; Nurtec ODT; triptans; Ubrelvy
Multiple Sclerosis (MS) Treatments	**Mavenclad** (cladribine)	Generic cladribine

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MEDPERFORM PREMIER UPDATES

Covered to Excluded

These drugs were previously covered but have been moved to the Excluded Drug List and are no longer covered. Look for a covered alternative.

Therapeutic Category	Excluded Drugs	Covered Alternatives
Multiple Sclerosis (MS) Treatments	**Tascenso ODT** (fingolimod lauryl sulfate)	Generic fingolimod, Mayzent, Zeposia, Kesimpta, glatiramer acetate, dimethyl fumarate
Movement Disorder & Restless Legs Syndrome Treatments	**Neupro** (rotigotine)	Generic pramipexole or ropinirole; generic gabapentin or pregabalin for restless legs syndrome
Opioid-Induced Constipation Treatments	**Relistor** (methylnaltrexone bromide)	Movantik, Symproic
Pulmonary Hypertension Treatments	**Tyvaso/Tyvaso DPI** (inhaled treprostinil)	Yutrepia
Resistant High Blood Pressure Treatments	**Tryvio** (aprocitentan)	Generic spironolactone, eplerenone, chlorthalidone, or indapamide
Rheumatoid Arthritis & Autoimmune Disease Treatments	**Tyenne** (tocilizumab-aazg)	Avtozma (tocilizumab-anoh)
Testosterone Replacement Treatments	**Aveed** (testosterone undecanoate)	Generic testosterone cypionate, testosterone gel

**Covered alternatives are listed when available. Treatment options may depend on a member's diagnosis, treatment history, and plan benefits. Members should talk with their healthcare provider about the option that is right for them.

Non-Essential Drug List Exclusions

These drugs were previously covered but have been moved to the Non-Essential Drug List and are no longer covered. Look for a covered alternative.

Therapeutic Category	Non-Essential Exclusions	Covered Alternatives
Behavioral Health Conditions	**Opipza** (aripiprazole) oral film **Versacloz** (clozapine) oral suspension	Generic aripiprazole and generic clozapine products
Chest Pain Prevention Treatments	**Nitro-Dur** (nitroglycerin) patch	Generic nitroglycerin transdermal patch
Cholesterol and Triglyceride Treatments	Fenofibrate 50 mg, 150 mg capsule Fenofibrate 40 mg, 120 mg tablet	Generic fenofibrate
Constipation	**Vibrant** capsule; **Vibrant Starter Kit**	polyethylene glycol 3350, lactulose, senna, bisacodyl, lubipristone, Linzess, Trulance
Dry, Rough Skin Conditions	Urea 20% cream	Generic urea cream

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Non-Essential Drug List Exclusions

These drugs were previously covered but have been moved to the Non-Essential Drug List and are no longer covered. Look for a covered alternative.

Therapeutic Category	Non-Essential Exclusions	Covered Alternatives
Nausea, Vomiting & Appetite Loss Treatments	**Syndros** (dronabinol) oral solution	Generic dronabinol capsules or generic megestrol acetate oral suspension
Pain and Inflammation Treatments	Meloxicam 7.5 mg/5mL oral suspension	Generic meloxicam tablets
Rare Kidney Condition Treatments (Cystinosis)	**Procysbi** (cysteamine bitartrate) delayed-release capsules and delayed-release oral granules	Cystagon (cysteamine bitartrate)

Medical Only Drug Exclusions

These drugs were previously covered on the pharmacy benefit but have been moved to the Medical Only Drug List and are available through your medical benefit.

Therapeutic Category	Medical Only Drugs
Rheumatoid Arthritis and Other Inflammatory Conditions	**Actemra** (tocilizumab) 80 mg, 200 mg, 400 mg vial
Pompe Disease (a Rare Muscle Disorder)	**Nexviazyme** (avalglucosidase alfa-ngpt) 100 mg vial
Pompe Disease (a Rare Muscle Disorder)	**Pombiliti** (cipaglucosidase alfa-atga) 105 mg vial

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