

Formulary, Medical & Utilization Management updates

Changes for JAN. 1, 2026

Wellmark Blue Cross and Blue Shield and a statewide committee of pharmacists and physicians review the Wellmark Drug List several times a year. This review enables us to identify drugs that are the safest and most effective, while reducing costs and ensuring members have access to the drugs they need.

DRUG	FORMULARY/UTILIZATION MANAGEMENT CHANGE
Continuous glucose monitors (CGMs)	<p>Add prior authorization</p> <p>Preferred: Dexcom®, Freestyle Libre®</p> <p>Non-Preferred: Guardian™, Simplera™, Instinct</p>
Baraclude®	Move from Tier 4 to Non-Formulary
Scemblix®	Remove prior authorization
OneTouch® blood glucose test strips	<p>Add prior authorization</p> <p>Move from Tier 2 to Tier 3</p>
True Metrix® blood glucose test strips	<p>Remove prior authorization</p> <p>Move from Tier 3 to Tier 2</p>
Orenitram® ER	Add quantity limit
Omnitrope™	Move from Specialty Non-Preferred to Specialty Preferred
Humatrope®	Move from Specialty Preferred to Specialty Non-Preferred
Simponi®	Move from Specialty Non-Formulary to Specialty Preferred
Tyenne® subcutaneous	Move from Specialty Non-Formulary to Specialty Non-Preferred

DRUG	MEDICAL PREFERRED DRUG DETAILS/UTILIZATION MANAGEMENT CHANGE
Pegfilgrastim	<p>Preferred: Neulasta®, Fulphila®, Neulasta Onpro®</p> <p>Non-Preferred: Nyvepria®, Fylnetra®, Rolvedon®, Stimufend®, Udenyca®, Udenyca Onbody®, Ryzneuta®, Ziextenzo®</p>
Rituximab	<p>Preferred: Riabni®, Truxima®</p> <p>Non-Preferred: Rituxan®, Rituxan Hycela®, Ruxience®</p>
Trastuzumab	<p>Preferred: Kanjinti®, Trazimera®, Ogivri®</p> <p>Non-Preferred: Herceptin®, Herceptin Hylecta®, Hecessi™ Herzuma®, Ontruzant®</p>
Denosumab	<p>Add prior authorization to Non-Preferred drugs</p> <p>Preferred: Jubbonti®, Wyost®, Stoboclo®, Osenvell®</p> <p>Non-Preferred: Prolia®, Xgeva®, all other biosimilars</p>

DRUG	MEDICAL PREFERRED DRUG DETAILS/UTILIZATION MANAGEMENT CHANGE
Vascular Endothelial Growth Factor Inhibitors for Ophthalmic Use	Preferred: Byooviz[®], Lucentis[®], Vabysmo[®], Eylea[®], Eylea HD[®] Non-Preferred: Beovu[®], Cimerli[®], Pavblu[™], Susvimo[®]
Eculizumab	Preferred: Epysqli[®] Non-Preferred: Bkempv[™], Soliris[®]
Multiple Sclerosis	Preferred: Briumvi[®], Ocrevus[®], Ocrevus Zunovo[®], Tyruko[®] Non-Preferred: Lemtrada[®], Tysabri[®]