



WELCOME TO YOUR 2026 PRESCRIPTION COVERAGE

Changes to the MultiCare Employee Health Plan formulary take effect January 1st, 2026. A description of the new formulary can be found by visiting www.fchn.com/multicare. Click under the Pharmacy section to view the updated documents.

Our formulary has been developed by a team of physicians and pharmacists to ensure coverage of safe, cost-effective drug therapy. We recommend you review the new formulary carefully with your prescribing provider as you may be taking products affected by changes in coverage.

Key differences between your 2025 and 2026 Ventegra formulary are listed below with some suggested alternatives. Please contact your prescribing provider to discuss transitioning to a covered product if necessary.

Effective January 1st, 2026, coverage changes will affect the following medications.

The following medications will be removed from the formulary and will no longer be a covered benefit (excluded). Possible alternative medications are listed.

Name of Affected Medication	Possible Alternative Medication
Aspirin Tablet 325 mg	OTC aspirin 325 mg tablet
Aspirin Tablet 325 mg EC	OTC aspirin 325 mg EC tablet
Auvi-Q 0.3 mg	Generic epinephrine injection 0.3 mg
Auvi-Q 0.15 mg	Generic epinephrine injection 0.15 mg
Clotrimazole with Betamethasone Lotion 1%-0.05%	Generic betamethasone dipropionate 0.05% lotion and generic clotrimazole 1% cream, as separate products
Colchicine Capsule 0.6 mg	Generic colchicine tablet 0.6 mg
Retin-A Microsphere Gel	Generic tretinoin cream or gel
Tretinoin Microsphere Gel 0.08%	Generic tretinoin cream or gel

*OTC = Over The Counter (available without prescription).



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The following medications will be removed from the specialty drug list and will no longer be a covered benefit (excluded). Possible alternative medications are listed.

No Longer Covered (Starting 1/1/2026)	Possible Alternatives
Enbrel	Adalimumab- aaty, Adalimumab- aacf, Tocilizumab,
Simponi/Simponi Aria	Adalimumab- aaty, Adalimumab- aacf, Steqeyma, Tocilizumab,
Jubbonti Injection 60 mg/L	Stoboclo Injection 60 mg/mL
Prolia Injection 60 mg/mL	Stoboclo Injection 60 mg/mL
Turalio Capsule	Romvimza Capsule
Wyost Injection 120 mg/1.7 mL	Osenvelt Injection 120 mg/1.7mL
Xgeva Injection 120 mg/1.7mL	Osenvelt Injection 120 mg/1.7mL

The following medications will move to a higher tier. Possible alternative medications are listed.

Drugs Moving to a Higher Tier/Copay	Covered Alternatives
Freestyle Libre Kit 2 Sensor	Freestyle Libre Kit 2 Plus Sensor
Freestyle Libre Kit 3 Sensor	Freestyle Libre Kit 3 Plus Sensor
Natroba Suspension 0.9% , Spinosad Suspension 0.9%	Generic permethrin cream
Qtern Tablet 5-5 mg	Farxiga plus generic saxagliptin
Qtern Tablet 10-5 mg	Farxiga plus generic saxagliptin



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The following medication will move to a higher tier and have updated restrictions.

Drugs Moving to a Higher Tier/Copay and Prior Authorization	Clinical Edit
Cromolyn sodium concentrate 100 mg/5 mL	Quantity Limit

The following medications will have updated restrictions.

Name of Affected Medication	Clinical Edit
Colchicine tablet 0.6 mg	Quantity Limit
Deferasirox tablet 360 mg	Quantity Limit
Lubiprostone capsule 8 mcg	Quantity Limit
Voriconazole tablet 50 mg	Quantity Limit

The following medication will require prior approval to determine coverage. Possible alternative medications that do not require prior approval are listed.

Name of Affected Medication	Possible Alternative Medication
Lumigan Ophthalmic Solution 0.01 %	Generic bimatoprost ophthalmic solution 0.03%

Medications below will move to the new lower tier noted in the table.

Name of Affected Medications	New Tier
Bepotastine Op Sol 1.5%	1
Breztri Aero Sphere	2
Bromfenac Sodium Op Sol 0.09 %	1
Bromfenac Sodium Op Sol 0.07%	1
Cefixime Oral Capsule 400 Mg	1
Chloroquine Tab 500 Mg	1



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Chlorzoxazone Tab 375 Mg	1
Chlorzoxazone Tab 750 Mg	1
Cromolyn Sol Neb 20 Mg/2MI	1
Darunavir Tab 600 Mg	1
Darunavir Tab 800 Mg	1
Dihydroergotamine Mesylate Nasal Spray 4 Mg/MI	1
Dimethyl Fumarate Cap 120 Mg Dr	1
Dimethyl Fumarate Capsule Dr Starter Pack 120 Mg & 240 Mg	1
Droxidopa Cap 100 Mg	1
Droxidopa Cap 200 Mg	1
Efavirenz Tab 600 Mg	1
Eslicarbazep Tab 200 Mg	1
Eslicarbazep Tab 400 Mg	1
Eslicarbazep Tab 600 Mg	1
Eslicarbazep Tab 800 Mg	1
Fiasp Flex Inj Touch	2
Fiasp Penfil Inj U-100	2
Fiasp Subcutaneous Solution 100 Unit/MI	2
Fingolimod Cap 0.5 Mg	1
Frovatriptan Tab 2.5 Mg	1
Hyoscyamine, Atropine, Scopolamine, And Phenobarbital Tab 16.2 Mg	1
Isosorbide Dinitrate-Hydralazine Hcl Tab 20-37.5 Mg	1
Loteprednol Gel 0.5% Op	1



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Meclizine Tab 50 Mg	1
Memantine Sol 10 Mg/5 MI	1
Moxifloxacin Op Sol 0.5 %	1
Naproxen Sus 125 Mg/5MI	1
Paroxetine Mesylate Cap 7.5 Mg	1
Prucalopride Tab 1 Mg	1
Prucalopride Tab 2Mg	1
Sacubitril-Valsartan Tab 49-51 MG	1
Sacubitril-Valsartan Tab 97-103 MG	1
Sevelamer Packet 0.8 Gm	1
Sevelamer Packet 2.4 Gm	1
Temozolomide Cap 100 Mg	1
Temozolomide Cap 180 Mg	1
Temozolomide Cap 250 Mg	1
Ticagrelor Tab 90 Mg	1
Tresiba Flextouch 100 U	2
Zoledronic Acid Iv Sol 5 Mg/100MI	1

The following medications will move from plan exclusion to a covered pharmacy benefit.

Name of Affected Medications	Tier
Anagrelide Cap 0.5 Mg	1
Cyanocobalamin 1000 Mcg/MI	1
Cyanocobalamin 2000 Mcg/MI	1



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The following medications will be removed from specialty, move to formulary and continue to require prior authorization.

Name of Affected Medications	Tier	Clinical Edit
Dasatinib Tab 20 Mg	2*	PA
Esbriet Cap 267 Mg	3	PA
Esbriet Tab 267 Mg	3	PA
Esbriet Tab 801 Mg	3	PA
Forteo Inj 560 Mcg/2.24 Ml	3	PA
Pirfenidone Cap 267 Mg	2*	PA
Pirfenidone Tab 267 Mg	2*	PA
Pirfenidone Tab 801 Mg	2*	PA
Sirolimus Sol 1 Mg/MI	2*	PA
Sirolimus Tab 0.5 Mg	2*	PA
Sirolimus Tab 1 Mg	2*	PA
Sirolimus Tab 2 Mg	2*	PA
Sprycel Tab 20 Mg	3	PA
Teriparatide Inj 560 Mcg/2.24 Ml	2*	PA
Teriparatide Inj 560 Mcg/2.24 Ml	3	PA



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The following medications will move to preferred specialty and will continue to require prior authorization.

Name of Affected Medications	Tier	Clinical Edit
Adbry	4	PA
Kisqali	4	PA

*Members enrolled in the high deductible health plan (HDHP) will not be authorized to utilize manufacturer assistance coupons when paying for their medications. The use of such programs to offset an individual's responsibility prior to meeting the out-of-pocket deductible may disqualify an individual to receive any employer contribution or make their own contribution to a Health Savings Account (HSA). Enrollment in the Benefits Preservation Program or the individual use of such patient support programs is not available for high deductible health plan enrollees. It is advisable for members to consider evaluating alternative plan options to ensure they align with their expected healthcare needs for the year.

Questions?

Please contact Ventegra Customer Care Team.

by phone

1-833-393-0445

- Mon – Fri: 5:00 AM to 9:00 PM (PT)
- Saturday: 7:00 AM to 7:00 PM (PT)
- Sunday: 7:30 AM to 4:00 PM (PT)



If you reach us outside these hours, you can leave us a voicemail. We will respond to your question within the next business day.

by email

Our Customer Care Team is available via email at:

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