

September 8, 2026

October 15th, 2026 Formulary Update

A. The following products will have quantity limit updates:

1. Adefovir Dipivoxil Oral Tablet 10 Mg
2. Entecavir Oral Tablet 0.5 Mg
3. Entecavir Oral Tablet 1 Mg
4. Baraclude Oral Solution 0.05 Mg/ML
5. Pegasys® (peginterferon alfa-2a) 180 mcg/0.5 mL SQ syringe
6. Pegasys® (peginterferon alfa-2a) 180 mcg/mL SQ solution
7. fluticasone propionate (Flonase® Allergy Relief) 50 mcg nasal spray
8. mometasone furoate (Nasonex®) 50 mcg nasal spray
9. flunisolide 25 mcg (0.025 %) nasal spray

B. The following products will be added to the formulary:

1. Tier 1 (AC Next Delaware Only)
 - a. Pivot Insulin Pump Starter Kit
 - b. Pivot Supply Kit
 - c. Tandem Mobi AutoSoft30 10PK23" Miscellaneous
 - d. Tandem Mobi TruSteel 10PK23" Miscellaneous
 - e. Tandem Mobi AutoSoftXC 10PK5" Miscellaneous
 - f. Tandem Mobi AutoSoftXC 10PK23" Miscellaneous
2. Tier 2
 - a. Idvynso Oral Tablet 100-0.25 MG (with quantity limit of #30/30)

C. The following products will be removed from the formulary:

1. Gonal-f RFF Rediject Solution Pen-Injector 300 UNT/0.48ML Subcutaneous
2. Gonal-f RFF Rediject Solution Pen-Injector 450 UNT/0.72ML Subcutaneous
3. Gonal-f RFF Rediject Solution Pen-Injector 900 UNT/1.44ML Subcutaneous
4. Gonal-f SOLUTION RECONSTITUTED 450 UNIT INJECTION
5. Rybelsus Oral Tablet 3 MG, 7 MG, 14 MG
6. Nutropin AQ NuSpin 10 Subcutaneous Solution Pen-injector 10 MG/2ML

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact Provider Services or your Provider Network Account Executive.

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