

**Date:** January 2026

**Subject:** Notice of Q1 2026 TherapySelect Per Diem Formulary Updates

Enclosed please find the summary of per diem formulary changes made to your account in Q1 2026. Per Diem Formulary Exclusion changes may include new medications and medications with a cost of greater than \$25/day. These provisions are referred to in your agreement with PharMerica.

**Changes to Per Diem Formulary Inclusions**

Items Added to INCLUSIONS			Basis of Change
BRENZAVVY IYUZEH KYZATREX QDOLO	SCENESSE TEMBEXA UPNEEQ	VOQUEZNA XENOVIEW	Medications no longer considered New Brand Exclusion
CORTISPORIN SUS -TC OTIC ENOXAPARIN INJ 60/0.6ML METFORMN MOD TAB 1000 ER METFORMN MOD TAB 500MG ER	PALIPERIDONE TAB ER 3MG POSACONAZOLE TAB 100MG DR SUCRALFATE SUS 1GM/10ML	VANCOMYCIN CAP 125MG VANCOMYCIN SOL 50MG/ML VORICONAZOLE TAB 200MG	Medications that are now less than \$25/day

**Changes to Per Diem Formulary Exclusions**

Items Added to EXCLUSIONS			Basis of Change
CLOTIC ENBUMYST EPIOXA HD FORZINITY HYRNUO INLEXZO INLURIYO	JAVADIN JAYSCAYD KEYTRUDA QLEX KOMZIFTI KOSELUGO KYGEEVI LASIX ONYU	LYNKUET PALSONIFY QIVIGY RHAPSIDO REDEMPLO SUBVENITE VOYXACT ZOLYMBUS	Newly approved brand name drugs are excluded per contract
NIMODIPINE SOL 60/20ML RISPERIDONE INJ 25MG ER	RYTARY CAP 145MG	RYTARY CAP 195MG	Medications that are now greater than \$25/day

Please distribute this notice to all relevant parties within your organization and file a copy with your PharMerica contract. Thank you, and as always, we appreciate your business.

Sincerely,

**PharMerica Clinical Services**