

Premier Five Tier

Formulary Changes February 2026



Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions to a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective.

There are two exceptions to the 60-day advance member notification requirement:

1. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.
2. When the FDA approves a first time generic for a brand name drug, we may immediately allow a brand to generic substitution. Notification to the member will be made but can occur after the substitution is made.

Drug Name	Formulary Change Description
FORMULARY CHANGES EFFECTIVE: 02/01/2026	
ADAPAL/BEN P GEL 0.1-2.5%	Added to Tier 3
AMPICILLIN INJ 2GM	Added to Tier 3
CLINDAMY/BEN GEL 1.2-5%	Added to Tier 2
CLOBETASOL E CRE 0.05%	Lowered to Tier 2
CLOTRIMAZOLE SOL 1%	Lowered to Tier 2
DEXMETHYLPH TAB 2.5MG	Added to Tier 3 with QL of 60/30
DEXMETHYLPH TAB 5MG	Added to Tier 3 with QL of 60/30
DEXMETHYLPH TAB 10MG	Added to Tier 3 with QL of 60/30

1 = Preferred Generic;
2 = Generic;
3 = Preferred Brand;
4 = Non-Preferred Drug;

5 = Specialty;
PA = Prior Authorization;
PA BvD = Medicare Part B vs. Part D;
QL = Quantity Limit.

Formulary ID: 26256_Version 9
Last Updated: 1/29/2026

Drug Name	Formulary Change Description
FENTANYL DIS 12MCG/HR	Added to Tier 4
FESOTERODINE TAB 4MG ER	Added to Tier 4
FESOTERODINE TAB 8MG ER	Added to Tier 4
HYRNUO TAB 10MG	Added to Tier 5 with PA
KOMZIFTI CAP 200MG	Added to Tier 5 with PA
PAZOPANIB TAB 400MG	Added to Tier 5 with PA
SUBVENITE SUS 10MG/ML	Added to Tier 4

1 = Preferred Generic;

2 = Generic;

3 = Preferred Brand;

4 = Non-Preferred Drug;

5 = Specialty;

PA = Prior Authorization;

PA BvD = Medicare Part B vs. Part D;

QL = Quantity Limit.

Formulary ID: 26256_Version 9

Last Updated: 1/29/2026