

# Premier Plus Four 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
<b>FORMULARY CHANGES EFFECTIVE: 02/01/2026</b>	
AQVESME TAB 100MG	Added to Tier 4 with PA and QL of 56/28
BLENREP INJ 70MG	Added to Tier 4 with PA
CARDAMYST SPR	Added to Tier 4 with PA
DAYBUE STIX POW 5000MG	Added to Tier 4 with QL of 120/30
DAYBUE STIX POW 6000MG	Added to Tier 4 with QL of 120/30
DAYBUE STIX POW 8000MG	Added to Tier 4 with QL of 60/30
FAMOTIDINE INJ 20MG/5ML	Added to Tier 3
FAMOTIDINE INJ 40/10ML	Added to Tier 3

1 = Generic;

PA = Prior Authorization;

Formulary ID: 26257\_Version 9

2 = Preferred Brand;

PA BvD = Medicare Part B vs. Part D;

Last Updated: 1/29/2026

3 = Non-Preferred Drug;

QL = Quantity Limit;

4 = Specialty;

ST = Step Therapy.

Drug Name	Formulary Change Description
FAMOTIDINE INJ 200/50ML	Added to Tier 3
HALCINONIDE SOL 0.1%	Added to Tier 1
HYRNUO TAB 10MG	Added to Tier 4 with PA
JAVADIN SOL 0.02/ML	Added to Tier 3 with PA
KOMZIFTI CAP 200MG	Added to Tier 4 with PA
LASIX ONYU INJ 80MG	Added to Tier 3 with PA
LYMPHIR INJ 300 MCG	Added to Tier 4 with PA
LYNKUET CAP 60MG	Added to Tier 3 with PA and QL of 60/30
MIDAZOLAM INJ 10/0.7ML	Added to Tier 1
MYQORZO TAB 5MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 10MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 15MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 20MG	Added to Tier 4 with PA and QL of 30/30
OMLONTI DRO 0.002%	Added to Tier 3 with ST and QL of 2/25
OMVOH INJ 200/2ML	Added to Tier 4 with QL of 2/28
OPDIVO INJ QVANTIG	Added to Tier 4 with PA
PAZOPANIB TAB 400MG	Added to Tier 4 with PA
POKONZA POW 15MEQ	Added to Tier 4
POTASSIUM POW 40MEQ	Added to Tier 4
REDEMPLO SOL 25/0.5ML	Added to Tier 4 with PA and QL of 0.5/84
RYBREVANT INJ FASPRO	Added to Tier 4 with PA
SUBVENITE SUS 10MG/ML	Added to Tier 3
TONMYA SUB 2.8MG	Added to Tier 4 with PA
TYVASO DPI POW 80MCG	Added to Tier 4 with PA and QL of 112/28

1 = Generic;

2 = Preferred Brand;

3 = Non-Preferred Drug;

4 = Specialty;

PA = Prior Authorization;

PA BvD = Medicare Part B vs. Part D;

QL = Quantity Limit;

ST = Step Therapy.

Formulary ID: 26257\_Version 9

Last Updated: 1/29/2026

Drug Name	Formulary Change Description
VOYXACT INJ 400/2ML	Added to Tier 4 with PA and QL of 2/28
VRAYLAR CAP 0.5MG	Added to Tier 4 with QL of 30/30
YARTEMLEA INJ 370/2ML	Added to Tier 4 with PA and QL of 16/28

1 = Generic;

2 = Preferred Brand;

3 = Non-Preferred Drug;

4 = Specialty;

PA = Prior Authorization;

PA BvD = Medicare Part B vs. Part D;

QL = Quantity Limit;

ST = Step Therapy.

Formulary ID: 26257\_Version 9

Last Updated: 1/29/2026