

# Premier Five Tier

Formulary Changes March 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: 03/01/2026**

CONJ ESTROGN TAB 0.3MG	Added to Tier 4
CONJ ESTROGN TAB 0.45MG	Added to Tier 4
CONJ ESTROGN TAB 0.625MG	Added to Tier 4
CONJ ESTROGN TAB 0.9MG	Added to Tier 4
CONJ ESTROGN TAB 1.25MG	Added to Tier 4
TOLVAPTAN TAB 15MG	Added to Tier 5 with PA and QL of 120/30
TOLVAPTAN TAB 30MG	Added to Tier 5 with PA and QL of 120/30
STOBOCLO INJ 60MG/ML	Added to Tier 4 with QL of 2/365

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 10  
 Last Updated: 3/1/2026

## Drug Name

## Formulary Change Description

OSENVELT INJ 120/1.7

Added to Tier 5 with PA

### 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

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 10  
Last Updated: 3/1/2026



50 Whitecap Drive  
North Kingstown, RI 02852  
retireerxcarepd.com