

Premier Base

Formulary Changes April 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
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FORMULARY CHANGES EFFECTIVE: 04/01/2026

APREPITANT CAP THERAPY PACK	Added with B/D PA and QL of 6 per 30 days
NURTEC TAB 75MG ODT	Added with PA and QL of 18 per 30 days
RILPIVIRINE TAB 25MG	Added with QL of 30 per 30 days
LAGEVRIO CAP 200MG	Added with QL of 40 per 5 days

FORMULARY CHANGES EFFECTIVE: 03/01/2026

CONJ ESTROGN TAB 0.3MG	Added
CONJ ESTROGN TAB 0.45MG	Added
CONJ ESTROGN TAB 0.625MG	Added

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

Formulary ID: 26256_Version 11
 Last Updated: 4/1/2026

Drug Name	Formulary Change Description
CONJ ESTROGN TAB 0.9MG	Added
CONJ ESTROGN TAB 1.25MG	Added
TOLVAPTAN TAB 15MG	Added with PA and QL of 120/30
TOLVAPTAN TAB 30MG	Added with PA and QL of 120/30
STOBOCLO INJ 60MG/ML	Added with QL of 2/365
OSENVELT INJ 120/1.7	Added with PA

FORMULARY CHANGES EFFECTIVE: 02/01/2026

ADAPAL/BEN P GEL 0.1-2.5%	Added
AMPICILLIN INJ 2GM	Added
CLINDAMY/BEN GEL 1.2-5%	Added
DEXMETHYLPH TAB 2.5MG	Added with QL of 60/30
DEXMETHYLPH TAB 5MG	Added with QL of 60/30
DEXMETHYLPH TAB 10MG	Added with QL of 60/30
FENTANYL DIS 12MCG/HR	Added
FESOTERODINE TAB 4MG ER	Added
FESOTERODINE TAB 8MG ER	Added
HYRNUO TAB 10MG	Added with PA
KOMZIFTI CAP 200MG	Added with PA
PAZOPANIB TAB 400MG	Added with PA
SUBVENITE SUS 10MG/ML	Added

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QL = Quantity Limit.

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