Retiree RxCare

Premier Base

Formulary Changes July 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: 07/01/2026	
AUVELITY TITRATION PACK	Added with QL of 104 per 365 days
AVTOZMA 80 MG/4ML INJ	Added with PA
AVTOZMA 200 MG/10ML INJ	Added with PA
AVTOZMA 400 MG/20ML INJ	Added with PA
AVTOZMA 162 MG/0.9 ML INJ	Added with PA and QL of 3.6 ML per 28 days
EBGLYSS 250 MG/2ML INJ	Added with PA
KYGEVVI 2-2 GM PACK	Added with PA
NINTEDANIB ESYLATE 100 MG CAPS	Added with PA

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

Formulary ID: 26256_Version 14
Last Updated: 7/1/2026

Drug Name	Formulary Change Description
NINTEDANIB ESYLATE 150 MG CAPS	Added with PA
POMALIDOMIDE 1 MG CAPS	Added with PA and QL of 30 per 30 days
POMALIDOMIDE 2 MG CAPS	Added with PA and QL of 30 per 30 days
POMALIDOMIDE 3 MG CAPS	Added with PA
POMALIDOMIDE 4 MG CAPS	Added with PA
FORMULARY CHANGES EFFECTIVE: 06/01/2026	
AUVELITY TAB 45-105MG	ST removed
BRIVARACETAM SOL 10MG/ML	Added to with PA
BRIVARACETAM TAB 100MG	Added to with PA
BRIVARACETAM TAB 10MG	Added to with PA
BRIVARACETAM TAB 25MG	Added to with PA
BRIVARACETAM TAB 50MG	Added to with PA
BRIVARACETAM TAB 75MG	Added to with PA
BYSANTI TAB 1MG	Added with QL of 180 per 30 days and ST
BYSANTI TAB 2MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB 4MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB 6MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB 8MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB 10MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB 12MG	Added with QL of 60 per 30 days and ST
BYSANTI TAB PACK A	Added with a QL of 16 per 365 days and ST
BYSANTI TAB PACK B	Added with a QL of 24 per 365 days and ST
BYSANTI TAB PACK C	Added with a QL of 16 per 365 days and ST
IDVYNSO TAB 100-0.25	Added with QL of 30 per 30 days

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Drug Name	Formulary Change Description
JAKAFI XR TAB 11MG	Added with PA and QL of 30 per 30 days
JAKAFI XR TAB 22MG	Added with PA and QL of 30 per 30 days
JAKAFI XR TAB 33MG	Added with PA and QL of 30 per 30 days
JAKAFI XR TAB 44MG	Added with PA and QL of 30 per 30 days
JAKAFI XR TAB 55MG	Added with PA and QL of 30 per 30 days
MIEBO 1.338 GM/ML SOLN	Added with QL of 12 ML per 30 days
MOVANTIK TAB 12.5 MG	Added with a QL of 30 per 30 days
MOVANTIK TAB 25 MG	Added with a QL of 30 per 30 days
NITROGLYCER OIN 2%	Added
OZEMPIC TAB 1.5MG	Added with PA and QL of 60 per 365 days
OZEMPIC TAB 4MG	Added with PA and QL of 30 per 30 days
OZEMPIC TAB 9MG	Added with PA and QL of 30 per 30 days
REXTOVY SPR 4/0.25ML	Added
STRENSIQ INJ 18/0.45	Added with PA
STRENSIQ INJ 28/0.7ML	Added with PA
STRENSIQ INJ 40MG/ML	Added with PA
STRENSIQ INJ 80/0.8ML	Added with PA
TACROLIMUS CAP 0.5MG ER	Added with B/D PA
TACROLIMUS CAP 1MG ER	Added with B/D PA
TACROLIMUS CAP 5MG ER	Added with B/D PA
YULITHIRA TAB 10MG	Added with PA and QL of 30 per 30 days
YULITHIRA TAB 2.5MG	Added with PA and QL of 30 per 30 days
YULITHIRA TAB 5MG	Added with PA and QL of 30 per 30 days
YULITHIRA TAB 7.5MG	Added with PA and QL of 30 per 30 days

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Drug Name	Formulary Change Description
FORMULARY CHANGES EFFECTIVE: 05/01/2026	
APAP/CODEINE TAB 300-60MG	Added
LIFYORLI CAP THERAPY PACK	Added with PA
NEULASTA INJ 4/0.4ML	Added with PA
TREMFYA INJ 100MG/ML	Added with PA and QL of 2 ML per 56 days
TREMFYA INJ 200MG/20ML	Added with PA
TREMFYA INJ 200MG/2ML	Added with PA and QL of 4 ML per 28 days
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	Added with PA and QL of 4 ML per 28 days
TREMFYA PEN INJ 100MG/ML	Added with PA and QL of 2 ML per 56 days
VERAPAMIL CAP 240MG SR	Added
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
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

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Drug Name	Formulary Change Description
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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