

# Premier Four Tier

## Formulary Changes August 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: 08/01/2026

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| AMITRIPTYLINE HCL 150 MG TABS                             | Added to Tier 2                           |
| BOSUTINIB 100 MG TABS                                     | Added to Tier 4 with PA                   |
| BOSUTINIB 400 MG TABS                                     | Added to Tier 4 with PA                   |
| BOSUTINIB 500 MG TABS                                     | Added to Tier 4 with PA                   |
| CAVHANZA 60 MG TBDP                                       | Added to Tier 4 with PA                   |
| CAVHANZA 80 MG TBDP                                       | Added to Tier 4 with PA                   |
| CLONIDINE HCL 0.05 MG TABS                                | Added to Tier 1                           |
| DULOXETINE HCL DELAYED RELEASE PARTICLES 80 MG DR CAPSULE | Added to Tier 1 with QL of 30 per 30 days |

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Formulary ID: 26256\_Version 15  
Last Updated: 8/1/2026

| Drug Name                                                  | Formulary Change Description                         |
|------------------------------------------------------------|------------------------------------------------------|
| DULOXETINE HCL DELAYED RELEASE PARTICLES 90 MG DR CAPSULE  | Added to Tier 1 with QL of 30 per 30 days            |
| DULOXETINE HCL DELAYED RELEASE PARTICLES 120 MG DR CAPSULE | Added to Tier 1 with QL of 30 per 30 days            |
| SKYRIZI 55MG/0.37ML SOSY                                   | Added Tier 4 with PA and QL of 0.37 ML per 28 days   |
| TRYNGOLZA 50 MG/0.8ML SOAJ                                 | Added to Tier 4 with PA and QL of 0.8 ML per 28 days |
| VEPPANU 100 MG TABS                                        | Added to Tier 4 with PA and QL of 30 per 30 days     |
| VEPPANU 200 MG TABS                                        | Added to Tier 4 with PA                              |

#### FORMULARY CHANGES EFFECTIVE: 07/01/2026

|                                |                                                      |
|--------------------------------|------------------------------------------------------|
| AUVELITY TITRATION PACK        | Added to Tier 3 with QL of 104 per 365 days          |
| AVTOZMA 80 MG/4ML INJ          | Added to Tier 4 with PA                              |
| AVTOZMA 200 MG/10ML INJ        | Added to Tier 4 with PA                              |
| AVTOZMA 400 MG/20ML INJ        | Added to Tier 4 with PA                              |
| AVTOZMA 162 MG/0.9 ML INJ      | Added to Tier 4 with PA and QL of 3.6 ML per 28 days |
| EBGLYSS 250 MG/2ML INJ         | Added to Tier 4 with PA                              |
| KYGEVVI 2-2 GM PACK            | Added to Tier 4 with PA                              |
| NINTEDANIB ESYLATE 100 MG CAPS | Added to Tier 4 with PA                              |
| NINTEDANIB ESYLATE 150 MG CAPS | Added to Tier 4 with PA                              |
| POMALIDOMIDE 1 MG CAPS         | Added to Tier 4 with PA and QL of 30 per 30 days     |
| POMALIDOMIDE 2 MG CAPS         | Added to Tier 4 with PA and QL of 30 per 30 days     |
| POMALIDOMIDE 3 MG CAPS         | Added to Tier 4 with PA                              |
| POMALIDOMIDE 4 MG CAPS         | Added to Tier 4 with PA                              |

#### FORMULARY CHANGES EFFECTIVE: 06/01/2026

|                          |                         |
|--------------------------|-------------------------|
| AUVELITY TAB 45-105MG    | ST removed              |
| BRIVARACETAM SOL 10MG/ML | Added to Tier 3 with PA |

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|------------------------|-----------------------------------------------------|
| BRIVARACETAM TAB 100MG | Added to Tier 3 with PA                             |
| BRIVARACETAM TAB 10MG  | Added to Tier 3 with PA                             |
| BRIVARACETAM TAB 25MG  | Added to Tier 3 with PA                             |
| BRIVARACETAM TAB 50MG  | Added to Tier 3 with PA                             |
| BRIVARACETAM TAB 75MG  | Added to Tier 3 with PA                             |
| BYSANTI TAB 1MG        | Added to Tier 4 with QL of 180 per 30 days and ST   |
| BYSANTI TAB 2MG        | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB 4MG        | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB 6MG        | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB 8MG        | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB 10MG       | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB 12MG       | Added to Tier 4 with QL of 60 per 30 days and ST    |
| BYSANTI TAB PACK A     | Added to Tier 3 with a QL of 16 per 365 days and ST |
| BYSANTI TAB PACK B     | Added to Tier 3 with a QL of 24 per 365 days and ST |
| BYSANTI TAB PACK C     | Added to Tier 3 with a QL of 16 per 365 days and ST |
| IDVYNZO TAB 100-0.25   | Added to Tier 4 with QL of 30 per 30 days           |
| JAKAFI XR TAB 11MG     | Added to Tier 4 with PA and QL of 30 per 30 days    |
| JAKAFI XR TAB 22MG     | Added to Tier 4 with PA and QL of 30 per 30 days    |
| JAKAFI XR TAB 33MG     | Added to Tier 4 with PA and QL of 30 per 30 days    |
| JAKAFI XR TAB 44MG     | Added to Tier 4 with PA and QL of 30 per 30 days    |
| JAKAFI XR TAB 55MG     | Added to Tier 4 with PA and QL of 30 per 30 days    |
| MIEBO 1.338 GM/ML SOLN | Added to Tier 3 with QL of 12 ML per 30 days        |
| MOVANTIK TAB 12.5 MG   | Added to Tier 2 with a QL of 30 per 30 days         |
| MOVANTIK TAB 25 MG     | Added to Tier 2 with a QL of 30 per 30 days         |

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|-------------------------|---------------------------------------------------|
| NITROGLYCER OIN 2%      | Added to Tier 3                                   |
| OZEMPIC TAB 1.5MG       | Added to Tier 2 with PA and QL of 60 per 365 days |
| OZEMPIC TAB 4MG         | Added to Tier 2 with PA and QL of 30 per 30 days  |
| OZEMPIC TAB 9MG         | Added to Tier 2 with PA and QL of 30 per 30 days  |
| REXTOVY SPR 4/0.25ML    | Added to Tier 3                                   |
| STRENSIQ INJ 18/0.45    | Added to Tier 4 with PA                           |
| STRENSIQ INJ 28/0.7ML   | Added to Tier 4 with PA                           |
| STRENSIQ INJ 40MG/ML    | Added to Tier 4 with PA                           |
| STRENSIQ INJ 80/0.8ML   | Added to Tier 4 with PA                           |
| TACROLIMUS CAP 0.5MG ER | Added to Tier 3 with B/D PA                       |
| TACROLIMUS CAP 1MG ER   | Added to Tier 3 with B/D PA                       |
| TACROLIMUS CAP 5MG ER   | Added to Tier 3 with B/D PA                       |
| YULITHIRA TAB 10MG      | Added to Tier 3 with PA and QL of 30 per 30 days  |
| YULITHIRA TAB 2.5MG     | Added to Tier 3 with PA and QL of 30 per 30 days  |
| YULITHIRA TAB 5MG       | Added to Tier 3 with PA and QL of 30 per 30 days  |
| YULITHIRA TAB 7.5MG     | Added to Tier 3 with PA and QL of 30 per 30 days  |

#### FORMULARY CHANGES EFFECTIVE: 05/01/2026

|                           |                                                    |
|---------------------------|----------------------------------------------------|
| APAP/CODEINE TAB 300-60MG | Added to Tier 1                                    |
| LIFYORLI CAP THERAPY PACK | Added to Tier 4 with PA                            |
| NEULASTA INJ 4/0.4ML      | Added to Tier 4 with PA                            |
| TREMFYA INJ 100MG/ML      | Added to Tier 4 with PA and QL of 2 ML per 56 days |
| TREMFYA INJ 200MG/20ML    | Added to Tier 4 with PA                            |
| TREMFYA INJ 200MG/2ML     | Added to Tier 4 with PA and QL of 4 ML per 28 days |

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|----------------------------------------------------------------------------|-----------------------------------------------------|
| TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML | Added to Tier 4 with PA and QL of 4 ML per 28 days  |
| TREMFYA PEN INJ 100MG/ML                                                   | Added to Tier 4 with PA and QL of 2 ML per 56 days  |
| VERAPAMIL CAP 240MG SR                                                     | Added to Tier 2                                     |
| <b>FORMULARY CHANGES EFFECTIVE: 04/01/2026</b>                             |                                                     |
| APREPITANT CAP THERAPY PACK                                                | Added to Tier 3 with B/D PA and QL of 6 per 30 days |
| NURTEC TAB 75MG ODT                                                        | Added to Tier 4 with PA and QL of 18 per 30 days    |
| RILPIVIRINE TAB 25MG                                                       | Added to Tier 4 with QL of 30 per 30 days           |
| LAGEVRIO CAP 200MG                                                         | Added to Tier 2 with QL of 40 per 5 days            |
| <b>FORMULARY CHANGES EFFECTIVE: 03/01/2026</b>                             |                                                     |
| CONJ ESTROGN TAB 0.3MG                                                     | Added to Tier 3                                     |
| CONJ ESTROGN TAB 0.45MG                                                    | Added to Tier 3                                     |
| CONJ ESTROGN TAB 0.625MG                                                   | Added to Tier 3                                     |
| CONJ ESTROGN TAB 0.9MG                                                     | Added to Tier 3                                     |
| CONJ ESTROGN TAB 1.25MG                                                    | Added to Tier 3                                     |
| TOLVAPTAN TAB 15MG                                                         | Added to Tier 4 with PA and QL of 120/30            |
| TOLVAPTAN TAB 30MG                                                         | Added to Tier 4 with PA and QL of 120/30            |
| STOBOCLO INJ 60MG/ML                                                       | Added to Tier 3 with QL of 2/365                    |
| OSENVELT INJ 120/1.7                                                       | Added to Tier 4 with PA                             |
| <b>FORMULARY CHANGES EFFECTIVE: 02/01/2026</b>                             |                                                     |
| ADAPAL/BEN P GEL 0.1-2.5%                                                  | Added to Tier 2                                     |
| AMPICILLIN INJ 2GM                                                         | Added to Tier 2                                     |
| CLINDAMY/BEN GEL 1.2-5%                                                    | Added to Tier 1                                     |
| CLOBETASOL E CRE 0.05%                                                     | Lowered to Tier 1                                   |

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|-------------------------|----------------------------------|
| CLOTRIMAZOLE SOL 1%     | Lowered to Tier 1                |
| DEXMETHYLPH TAB 2.5MG   | Added to Tier 2 with QL of 60/30 |
| DEXMETHYLPH TAB 5MG     | Added to Tier 2 with QL of 60/30 |
| DEXMETHYLPH TAB 10MG    | Added to Tier 2 with QL of 60/30 |
| FENTANYL DIS 12MCG/HR   | Added to Tier 3                  |
| FESOTERODINE TAB 4MG ER | Added to Tier 3                  |
| FESOTERODINE TAB 8MG ER | Added to Tier 3                  |
| HYRNUO TAB 10MG         | Added to Tier 4 with PA          |
| KOMZIFTI CAP 200MG      | Added to Tier 4 with PA          |
| PAZOPANIB TAB 400MG     | Added to Tier 4 with PA          |
| SUBVENITE SUS 10MG/ML   | Added to Tier 3                  |

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