

Premier Five 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 3
BOSUTINIB 100 MG TABS	Added to Tier 5 with PA
BOSUTINIB 400 MG TABS	Added to Tier 5 with PA
BOSUTINIB 500 MG TABS	Added to Tier 5 with PA
CAVHANZA 60 MG TBDP	Added to Tier 5 with PA
CAVHANZA 80 MG TBDP	Added to Tier 5 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

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 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 5 with PA and QL of 0.37 ML per 28 days
TRYNGOLZA 50 MG/0.8ML SOAJ	Added to Tier 5 with PA and QL of 0.8 ML per 28 days
VEPPANU 100 MG TABS	Added to Tier 5 with PA and QL of 30 per 30 days
VEPPANU 200 MG TABS	Added to Tier 5 with PA

FORMULARY CHANGES EFFECTIVE: 07/01/2026

AUVELITY TITRATION PACK	Added to Tier 4 with QL of 104 per 365 days
AVTOZMA 80 MG/4ML INJ	Added to Tier 5 with PA
AVTOZMA 200 MG/10ML INJ	Added to Tier 5 with PA
AVTOZMA 400 MG/20ML INJ	Added to Tier 5 with PA
AVTOZMA 162 MG/0.9 ML INJ	Added to Tier 5 with PA and QL of 3.6 ML per 28 days
EBGLYSS 250 MG/2ML INJ	Added to Tier 5 with PA
KYGEVVI 2-2 GM PACK	Added to Tier 5 with PA
NINTEDANIB ESYLATE 100 MG CAPS	Added to Tier 5 with PA
NINTEDANIB ESYLATE 150 MG CAPS	Added to Tier 5 with PA
POMALIDOMIDE 1 MG CAPS	Added to Tier 5 with PA and QL of 30 per 30 days
POMALIDOMIDE 2 MG CAPS	Added to Tier 5 with PA and QL of 30 per 30 days
POMALIDOMIDE 3 MG CAPS	Added to Tier 5 with PA
POMALIDOMIDE 4 MG CAPS	Added to Tier 5 with PA

FORMULARY CHANGES EFFECTIVE: 06/01/2026

AUVELITY TAB 45-105MG	ST removed
BRIVARACETAM SOL 10MG/ML	Added to Tier 4 with PA
BRIVARACETAM TAB 100MG	Added to Tier 4 with PA

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 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
BRIVARACETAM TAB 10MG	Added to Tier 4 with PA
BRIVARACETAM TAB 25MG	Added to Tier 4 with PA
BRIVARACETAM TAB 50MG	Added to Tier 4 with PA
BRIVARACETAM TAB 75MG	Added to Tier 4 with PA
BYSANTI TAB 1MG	Added to Tier 5 with QL of 180 per 30 days and ST
BYSANTI TAB 2MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB 4MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB 6MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB 8MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB 10MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB 12MG	Added to Tier 5 with QL of 60 per 30 days and ST
BYSANTI TAB PACK A	Added to Tier 4 with a QL of 16 per 365 days and ST
BYSANTI TAB PACK B	Added to Tier 4 with a QL of 24 per 365 days and ST
BYSANTI TAB PACK C	Added to Tier 4 with a QL of 16 per 365 days and ST
IDVYNZO TAB 100-0.25	Added to Tier 5 with QL of 30 per 30 days
JAKAFI XR TAB 11MG	Added to Tier 5 with PA and QL of 30 per 30 days
JAKAFI XR TAB 22MG	Added to Tier 5 with PA and QL of 30 per 30 days
JAKAFI XR TAB 33MG	Added to Tier 5 with PA and QL of 30 per 30 days
JAKAFI XR TAB 44MG	Added to Tier 5 with PA and QL of 30 per 30 days
JAKAFI XR TAB 55MG	Added to Tier 5 with PA and QL of 30 per 30 days
MIEBO 1.338 GM/ML SOLN	Added to Tier 4 with QL of 12 ML per 30 days
MOVANTIK TAB 12.5 MG	Added to Tier 3 with a QL of 30 per 30 days
MOVANTIK TAB 25 MG	Added to Tier 3 with a QL of 30 per 30 days
NITROGLYCER OIN 2%	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 15
Last Updated: 8/1/2026

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

FORMULARY CHANGES EFFECTIVE: 05/01/2026

APAP/CODEINE TAB 300-60MG	Added to Tier 2
LIFYORLI CAP THERAPY PACK	Added to Tier 5 with PA
NEULASTA INJ 4/0.4ML	Added to Tier 5 with PA
TREMFYA INJ 100MG/ML	Added to Tier 5 with PA and QL of 2 ML per 56 days
TREMFYA INJ 200MG/20ML	Added to Tier 5 with PA
TREMFYA INJ 200MG/2ML	Added to Tier 5 with PA and QL of 4 ML per 28 days
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	Added to Tier 5 with PA and QL of 4 ML per 28 days

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 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
TREMFYA PEN INJ 100MG/ML	Added to Tier 5 with PA and QL of 2 ML per 56 days
VERAPAMIL CAP 240MG SR	Added to Tier 3
FORMULARY CHANGES EFFECTIVE: 04/01/2026	
APREPITANT CAP THERAPY PACK	Added to Tier 4 with B/D PA and QL of 6 per 30 days
NURTEC TAB 75MG ODT	Added to Tier 5 with PA and QL of 18 per 30 days
RILPIVIRINE TAB 25MG	Added to Tier 5 with QL of 30 per 30 days
LAGEVRIO CAP 200MG	Added to Tier 3 with QL of 40 per 5 days
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
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

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 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
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 15
Last Updated: 8/1/2026