Retiree RxCare

Premier Plus 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 1
ATOMOXETINE HCL 4 MG/ML SOLN	Added to Tier 3 with QL of 750 ML per 30 days and ST
AVOPEF 500 MG/25ML SOLN	Added to Tier 4
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
CALCIUM GLUCONATE 10 % SOLN	Added to Tier 1

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
CAVHANZA 60 MG TBDP	Added to Tier 4 with PA
CAVHANZA 80 MG TBDP	Added to Tier 4 with PA
DOXYCYCLINE HYCLATE 75 MG CAPS	Added to Tier 1
DULOXETINE HCL DELAYED RELEASE PARTICLES 80 MG DR CAPSULE	Added to Tier 1 with QL of 30 per 30 days
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
EVESSE 0.1 % LOTION	Added to Tier 1
FAVLYXA 2.500 GM/100ML SOLN	Added to Tier 4 with PA
LUMVOA 500 MG/10ML SOLN	Added to Tier 4 with PA
LYNAVOY 40 MG TABS	Added to Tier 4 with PA and QL of 60 per 30 days
METHYLPHENIDATE ER ODT 17.3 MG	Added to Tier 3
METHYLPHENIDATE ER ODT 8.6 MG	Added to Tier 3
METHYLPHENIDATE ER ODT 25.9 MG	Added to Tier 3 with QL of 60 per 30 days
NAVITRUX 150 MG SOLR	Added to Tier 3
PELLIX 0.005 % SOLN	Added to Tier 1 with a QL of 60 ML per 30 days
SARCLISA ESCENA 1400 MG/10ML SOLN	Added to Tier 3
SITAGLIPTIN PHOS-METFORMIN HCL 50-500 MG TABS	Added to Tier 2
SITAGLIPTIN PHOS-METFORMIN HCL 50-1000 MG TABS	Added to Tier 2
SKYRIZI 55MG/0.37ML SOSY	Added Tier 4 with PA and QL of 0.37 ML per 28 days
TAPENTADOL HCL 20 MG/ML SOLN	Added to Tier 3
TEVIMBRA 150 MG/15ML SOLN	Added to Tier 3

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
TRILITAS 0.1 % GEL	Added to Tier 1 with QL of 100 GM per 30 days
TRYNGOLZA 50 MG/0.8ML INJ	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	
ATONCY 4 MG/ML SOLN	Added to Tier 3 with QL of 750 ML per 30 days and ST
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
BAXFENDY 1 MG TABS	Added to Tier 3 with PA and QL of 30 per 30 days
BAXFENDY 2 MG TABS	Added to Tier 3 with PA and QL of 30 per 30 days
DECNUPAZ INJ	Added to Tier 4 with PA
DEXLYT 0.25 MG TABS	Added to Tier 4 with PA
DRONABINOL 5 MG/ML SOLN	Added to Tier 4 with PA and QL of 120 ML per 30 days
EBGLYSS 250 MG/2ML INJ	Added to Tier 4 with PA
EVDI INJ	Added to Tier 4 with PA
HEPCLUDEX INJ	Added to Tier 4 with PA and QL of 30 per 30 days
KYMBEE 22.750 MG/ML SUSP	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

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
PIVOT INSULIN PUMP STARTER KIT	Added to Tier 3 with QL of 1 KIT per 365 days and ST
PIVOT SUPPLY KIT	Added to Tier 3 with ST
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
ROMIDEPSIN 10 MG INJ	Added to Tier 4 with PA
ROMIDEPSIN 27.5 MG/5.5ML INJ	Added to Tier 4 with PA
XOCOVA 125 MG TABS	Added to Tier 4 with QL of 7 per 5 days
FORMULARY CHANGES EFFECTIVE: 06/01/2026	
ATROPINE SUL INJ 2/0.7ML	Added to Tier 3
AUVELITY TAB 45-105MG	ST removed
BRIVARACETAM SOL 10MG/ML	Added to Tier 3 with PA
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 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 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

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
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 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
EURAX CRE 10%	Added to Tier 3 with QL of 120 GM per 30 days
FILSPARI TAB 400MG	QL increased to 60 per 30 days
GRANISOL SOL 2MG/10ML	Added to Tier 3 with B/D PA and QL of 150 ML per 30 days
IDVYNSO 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
KETOPROFEN CAP 75MG	Added to Tier 4
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
MOVANTIK TAB 25 MG	Added to Tier 2
REXTOVY SPR 4/0.25ML	Added to Tier 3
SAPHNELO INJ 120/0.8	Added to Tier 4 with QL of 3.2 ML per 28 days
TACROLIMUS CAP 0.5MG ER	Added to Tier 1 with B/D PA

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
TACROLIMUS CAP 1MG ER	Added to Tier 1 with B/D PA
TACROLIMUS CAP 5MG ER	Added to Tier 1 with B/D PA
WIDAPLIK TAB 1.25-10-0.625 MG	Added to Tier 3 with PA
WIDAPLIK TAB 2.5-20-1.25 MG	Added to Tier 3 with PA
WIDAPLIK TAB 5-40-2.5 MG	Added to Tier 3 with PA
YULITHIRA TAB 10MG	Added to Tier 1 with PA and QL of 30 per 30 days
YULITHIRA TAB 2.5MG	Added to Tier 1 with PA and QL of 30 per 30 days
YULITHIRA TAB 5MG	Added to Tier 1 with PA and QL of 30 per 30 days
YULITHIRA TAB 7.5MG	Added to Tier 1 with PA and QL of 30 per 30 days
ZOLYMBUS GEL 0.01%	Added to Tier 3 with QL of 30 EA per 30 days and ST
FORMULARY CHANGES EFFECTIVE: 05/01/2026	
APAP/CODEINE TAB 300-60MG	Added to Tier 1
ARYNTA SOL 10MG/ML	Added to Tier 3 with PA and QL of 240 ML per 34 days
AVLAYAH INJ 150MG	Added to Tier 4 with PA
AVOPEF INJ 100MG/5ML	Added to Tier 4
CAFERGOT TAB 1-100MG	Added to Tier 3 with QL of 24 per 28 days
CLONIDINE TAB 0.05MG	Added to Tier 1
CONTEPO INJ 6GM	Added to Tier 4
FAVLYXA INJ 250/10ML	Added to Tier 4 with B/D PA
HALOBETASOL LOT 0.05%	Added to Tier 4
JUXTAPID CAP 2MG	Added to Tier 4 with a PA and QL of 112 per 365 days
KYGEVVI POW 2GM/2GM	Added to Tier 4 with PA

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
LEROCHOL SOL 300/1.2M	Added to Tier 3 with PA and QL of 1.2 ML per 28 days
LIFYORLI CAP THERAPY PACK	Added to Tier 4 with PA
MECLIZINE CHEW TAB 25MG	Added to Tier 1
NEREUS CAP 85MG	Added to Tier 3 with PA
NEULASTA INJ 4/0.4ML	Added to Tier 4 with PA
NITROGLYCER OINT 2%	Added to Tier 1
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 QL of 60 per 365 days
PACLITAXEL INJ 300/50ML	Added to Tier 1
SPINRAZA INJ 28MG/5ML	Added to Tier 4 with PA
SPINRAZA INJ 50MG/5ML	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
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 1
FORMULARY CHANGES EFFECTIVE: 04/01/2026	
APREPITANT CAP THERAPY PACK	Added to Tier 1 with B/D PA and QL of 6 per 30 days
CLINDAMYCIN GEL 1% (ONCE-DAILY)	Added to Tier 1

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
DESMODA SOL 0.05/ML	Added to Tier 4 with PA
HAILEY FE TAB 1/20	Added to Tier 1
IPRATROPIUM AER 17MCG	Added to Tier 1 with QL of 25.8 GM per 30 days
LAGEVRIO CAP 200MG	Added to Tier 2 with QL of 40 per 5 days
LOARGYS INJ 2/0.4ML	Added to Tier 4 with PA
NURTEC TAB 75MG ODT	Added to Tier 4 with PA and QL of 18 per 30 days
ORLADEYO PAK 72MG, 96MG, 108MG, 132MG	Added to Tier 4 with PA and QL of 28 per 28 days
QIVIGY INJ 10% (5GM/50ML and 10GM/100ML)	Added to Tier 4 with PA
QUTENZA (2 PATCH) KIT 8%	Added to Tier 4 with PA and QL of 4 per 90 days
QUTENZA (4 PATCH) KIT 8%	Added to Tier 4 with PA and QL of 4 per 90 days
RILPIVIRINE TAB 25MG	Added to Tier 4 with QL of 30 per 30 days
TAPENTADOL ER TAB 100MG, 150MG, 200MG, 250MG	Added to Tier 4
TAPENTADOL TAB 50MG ER	Added to Tier 3
VABRINTY INJ 7.5MG	Added to Tier 4 with PA and QL of 1 per 28 days
YUVEZZI SOL 2.75-0.1	Added to Tier 3 with PA and QL of 30 per 30 days
YUVIWEL INJ 1.3MG, 2.8MG, 5.5MG	Added to Tier 4 with PA and QL of 4 per 28 days
FORMULARY CHANGES EFFECTIVE: 03/01/2026	
CEFTAROLINE INJ 400MG	Added to Tier 4
CEFTAROLINE INJ 600MG	Added to Tier 4
CONJ ESTROGN TAB 0.3MG	Added to Tier 3
CONJ ESTROGN TAB 0.45MG	Added to Tier 3

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
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
LUNSUMIO VEL INJ 45MG/ML	Added to Tier 4 with PA
LUNSUMIO VEL INJ 5/0.5ML	Added to Tier 4 with PA
OSENVELT INJ 120/1.7	Added to Tier 4 with PA
PIVYA TAB 185MG	Added to Tier 3 with PA
SDAMLO SOL 10MG	Added to Tier 4 with ST
SDAMLO SOL 2.5MG	Added to Tier 4 with ST
SDAMLO SOL 5MG	Added to Tier 4 with ST
STOBOCLO INJ 60MG/ML	Added to Tier 3 with QL of 2/365
FORMULARY CHANGES EFFECTIVE: 02/01/2026	
AQVESME TAB 100MG	Added to Tier 4 with PA and QL of 56/28
BLENREP INJ 70MG	Added to Tier 4 with PA
CARDAMYST SPR	Added to Tier 4 with PA
DAYBUE STIX POW 5000MG	Added to Tier 4 with QL of 120/30
DAYBUE STIX POW 6000MG	Added to Tier 4 with QL of 120/30
DAYBUE STIX POW 8000MG	Added to Tier 4 with QL of 60/30
FAMOTIDINE INJ 20MG/5ML	Added to Tier 3
FAMOTIDINE INJ 40/10ML	Added to Tier 3
FAMOTIDINE INJ 200/50ML	Added to Tier 3
HALCINONIDE SOL 0.1%	Added to Tier 1

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
HYRNUO TAB 10MG	Added to Tier 4 with PA
JAVADIN SOL 0.02/ML	Added to Tier 3 with PA
KOMZIFTI CAP 200MG	Added to Tier 4 with PA
LASIX ONYU INJ 80MG	Added to Tier 3 with PA
LYMPHIR INJ 300 MCG	Added to Tier 4 with PA
LYNKUET CAP 60MG	Added to Tier 3 with PA and QL of 60/30
MIDAZOLAM INJ 10/0.7ML	Added to Tier 1
MYQORZO TAB 5MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 10MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 15MG	Added to Tier 4 with PA and QL of 30/30
MYQORZO TAB 20MG	Added to Tier 4 with PA and QL of 30/30
OMLONTI DRO 0.002%	Added to Tier 3 with ST and QL of 2/25
OMVOH INJ 200/2ML	Added to Tier 4 with QL of 2/28
OPDIVO INJ QVANTIG	Added to Tier 4 with PA
PAZOPANIB TAB 400MG	Added to Tier 4 with PA
POKONZA POW 15MEQ	Added to Tier 4
POTASSIUM POW 40MEQ	Added to Tier 4
REDEMPLO SOL 25/0.5ML	Added to Tier 4 with PA and QL of 0.5/84
RYBREVANT INJ FASPRO	Added to Tier 4 with PA
SUBVENITE SUS 10MG/ML	Added to Tier 3
TONMYA SUB 2.8MG	Added to Tier 4 with PA
TYVASO DPI POW 80MCG	Added to Tier 4 with PA and QL of 112/28

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026

Drug Name	Formulary Change Description
VOYXACT INJ 400/2ML	Added to Tier 4 with PA and QL of 2/28
VRAYLAR CAP 0.5MG	Added to Tier 4 with QL of 30/30
VRAYLAR CAP 0.75MG	Added to Tier 4 with QL of 30/30
YARTEMLEA INJ 370/2ML	Added to Tier 4 with PA and QL of 16/28

1 = Generic;
2 = Preferred Brand;
3 = Non-Preferred Drug;
4 = Specialty;

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

Formulary ID: 26257_Version 15
Last Updated: 8/1/2026