

Premier Four Tier

Formulary Changes October 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: 10/01/2026

AZILSARTAN MEDOXOMIL 40 MG TABS	Added to Tier 3
AZILSARTAN MEDOXOMIL 80 MG TABS	Added to Tier 3
BEQALZI 1 MG TABS	Added to Tier 4 with PA and QL of 44 per 365 days
BEQALZI 5 MG TABS	Added to Tier 4 with PA and QL of 44 per 365 days
BEQALZI 20 MG TABS	Added to Tier 4 with PA and QL of 28 per 28 days
BEQALZI 80 MG TABS	Added to Tier 4 with PA and QL of 120 per 30 days
BEQALZI TAB STARTER PACK	Added to Tier 4 with PA and QL of 88 per 365 days
BIXLENVO TABS	Added to Tier 4 with QL of 30 per 30 days

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.

Formulary ID: 26256_Version 17
 Last Updated: 10/1/2026

Drug Name	Formulary Change Description
CIPROFLOXACIN HCL 750 MG TABS	Added to Tier 1
DAPAGLIFLOZ BASE-METFORMIN ER 5-500 MG TB24	Added to Tier 2
DAPAGLIFLOZ BASE-METFORMIN ER 5-1000 MG TB24	Added to Tier 2
DAPAGLIFLOZ BASE-METFORMIN ER 10-500 MG TB24	Added to Tier 2
DAPAGLIFLOZ BASE-METFORMIN ER 10-1000 MG TB24	Added to Tier 2
DEXTROMETHORPHAN-QUINIDINE 20-10 MG CAPS	Added to Tier 4 with PA
ETCAMAH 75 MG TABS	Added to Tier 4 with PA
IPRATROPIUM BROMIDE HFA 17 MCG/ACT AERS	Added to Tier 3 with QL of 25.8 GM per 30 days
LOTEPREDNOL-TOBRAMYCIN 0.5-0.3 % SUSP	Added to Tier 3
MILNACIPRAN HCL 12.5 & 25 & 50 MG MISC	Added to Tier 2 with a QL of 110 per 365 days
MILNACIPRAN HCL 12.5 MG TABS	Added to Tier 2 with a QL of 60 per 30 days
MILNACIPRAN HCL 25 MG TABS	Added to Tier 2 with a QL of 60 per 30 days
MILNACIPRAN HCL 50 MG TABS	Added to Tier 2 with a QL of 60 per 30 days
MILNACIPRAN HCL 100 MG TABS	Added to Tier 2 with a QL of 60 per 30 days
MIMRYLO 9.5 MG SOLR	Added to Tier 4 with PA and QL of 4 EA per 28 days
MIMRYLO 19 MG SOLR	Added to Tier 4 with PA and QL of 4 EA per 28 days
MIMRYLO 28 MG SOLR	Added to Tier 4 with PA and QL of 4 EA per 28 days
MIMRYLO 41 MG SOLR	Added to Tier 4 with PA and QL of 8 EA per 28 days
MIMRYLO 54 MG SOLR	Added to Tier 4 with PA and QL of 8 EA per 28 days
RASONQUE 100 MG TABS	Added to Tier 4 with PA and QL of 120 per 30 days
RASONQUE 150 MG TABS	Added to Tier 4 with PA and QL of 60 per 30 days
TRAZODONE HCL 25 MG TABS	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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
TRAZODONE HCL 75 MG TABS	Added to Tier 1
UZEDY 50 MG/0.14ML SUSY	Added to Tier 4
UZEDY 75 MG/0.21ML SUSY	Added to Tier 4
UZEDY 100 MG/0.28ML SUSY	Added to Tier 4
UZEDY 125 MG/0.35ML SUSY	Added to Tier 4
UZEDY 150 MG/0.42ML SUSY	Added to Tier 4
UZEDY 200 MG/0.56ML SUSY	Added to Tier 4
UZEDY 250 MG/0.7ML SUSY	Added to Tier 4
XOCOVA 125 MG TABS	Added to Tier 2 with QL of 7 per 5 days
ZENBEXUS 0.75 MG CAPS	Added to Tier 4 with PA
ZENBEXUS 1 MG CAPS	Added to Tier 4 with PA

FORMULARY CHANGES EFFECTIVE: 09/01/2026

BESREMI PEN 500 MCG/0.5ML SOPN	Added to Tier 4 with PA
ELIQUIS 5 MG TABS	QL removed
JIDEYTRO 25 MG TABS	Added to Tier 4 with PA and QL of 90 per 30 days
JIDEYTRO 100 MG TABS	Added to Tier 4 with PA and QL of 30 per 30 days
MACITENTAN 10 MG TABS	Added to Tier 4 with PA and QL of 30 per 30 days
RIFAPENTINE 150 MG TABS	Added to Tier 3
SACUBITRIL-VALSARTAN 24-26 MG TABS	QL increased to 180 per 30 days
SITAGLIPTIN PHOSPHATE 25 MG TABS	Added to Tier 2 with QL of 30 per 30 days
SITAGLIPTIN PHOSPHATE 50 MG TABS	Added to Tier 2 with QL of 30 per 30 days
SITAGLIPTIN PHOSPHATE 100 MG TABS	Added to Tier 2 with QL of 30 per 30 days
SITAGLIPTIN PHOS-METFORMIN HCL 50-500 MG TABS	Added to Tier 2

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
SITAGLIPTIN PHOS-METFORMIN HCL 50-1000 MG TABS	Added to Tier 2
TEVIMBRA 150 MG/15ML SOLN	Added to Tier 4 with PA
TOFACITINIB CITRATE 5 MG TABS	Added to Tier 4 with PA and QL of 60 per 30 days
TOFACITINIB CITRATE 10 MG TABS	Added to Tier 4 with PA and QL of 60 per 30 days
TOFACITINIB CITRATE ER 11 MG TB24	Added to Tier 4 with PA and QL of 30 per 30 days
TOFACITINIB CITRATE ER 22 MG TB24	Added to Tier 4 with PA and QL of 30 per 30 days
TOFACITINIB CITRATE 1 MG/ML SOLN	Added to Tier 4 with PA and QL of 300 ML per 30 days
VARENICLINE TARTRATE(CONTINUE) 1 MG TABS	Added to Tier 3 with QL of 504 per 365 days
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
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

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
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
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

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name		Formulary Change Description
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
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

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
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
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
FORMULARY CHANGES EFFECTIVE: 04/01/2026	
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

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
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
FORMULARY CHANGES EFFECTIVE: 03/01/2026	
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
FORMULARY CHANGES EFFECTIVE: 02/01/2026	
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
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

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.

Formulary ID: 26256_Version 17
Last Updated: 10/1/2026

Drug Name	Formulary Change Description
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

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.

Formulary ID: 26256_Version 17
 Last Updated: 10/1/2026