FORMULARY ADDITIONS & DELETIONS UPDATE 2026

The following summary describes changes to Part D formularies effective from August to September 2026.

Apply to: MMM Alianza Relax, MMM Alianza Valor, MMM Alianza Somos, MMM Alianza Mas, MMM Alianza Siempre.

Symbols and abbreviations used in the formulary

PA - drugs that need prior authorization
PA 1 - PA applies to all
PA 2 - PA applies to new starts only
PA 3 - BvsD administrative PA to determine coverage through Part B or Part D
QL (##/##) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply
ST - Step Therapy
ST 1 - ST applies to all
ST 2 - ST applies to new starts only
LA - drugs with limited access (ex., Specialty Drugs)
MT - maintenance drugs (ex., Contracted pharmacies, and Mail Order, 90-day supply)
FFL - maintenance drugs limited to a one (1) month supply for the first fill

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Bildyos Subcutaneous Solution Prefilled Syringe 60 Mg/Ml	PROLIA	Formulary Addition, Level 4, PA-1, QL (1 ML per 180 days)	Generic/ Biosimilar Addition	01/01/2026	N/A	N/A
Bilprevda Subcutaneous Solution 120 Mg/1.7ml	XGEVA	Formulary Addition, Level 5, PA-1, QL (1.7 ML per 28 days)	Generic/ Biosimilar Addition	01/01/2026	N/A	N/A
Carbidopa-Levodopa Er Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg	RYTARY	Formulary Addition, Level 2, MT, FFL	Generic Addition	02/01/2026	N/A	N/A
Estrogens Conjugated Oral Tablet 0.3 Mg, 0.45 Mg, 0.625 Mg, 0.9 Mg, 1.25 Mg	PREMARIN	Formulary Addition, Level 2, MT	Generic Addition	02/01/2026	N/A	N/A
Fidaxomicin Oral Tablet 200 Mg	DIFICID	Formulary Addition, Level 6, ST-1	Generic Addition	02/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Glycerol Phenylbutyrate Oral Liquid 1.1 Gm/Ml	RAVICTI	Formulary Addition, Level 6, PA-1	Generic Addition	02/01/2026	N/A	N/A
Brukinsa Oral Tablet 160 Mg		Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days), LA	Brand Addition	01/01/2026	N/A	N/A
Exxua Oral Tablet Extended Release 24 Hour 18.2 Mg, 36.3 Mg, 54.5 Mg, 72.6 Mg		Formulary Addition, Level 6, ST-2, QL (30 EA per 30 days)	Brand Addition	02/01/2026	N/A	N/A
Inluriyo Oral Tablet 200 Mg		Formulary Addition, Level 6, PA-2, QL (56 EA per 28 days), LA	Brand Addition	02/01/2026	N/A	N/A
Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg		Formulary Addition, Level 1, MT	Brand Addition	02/01/2026	N/A	N/A
Luizza 1/20 Oral Tablet 1-20 Mg-Mcg		Formulary Addition, Level 1, MT	Brand Addition	02/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Otezla Xr Oral Tablet Extended Release 24 Hour 75 Mg		Formulary Addition, Level 5, PA-1, QL (30 EA per 30 days)	Brand Addition	02/01/2026	N/A	N/A
Otezla/Otezla Xr Initiation Pk Oral Tablet Therapy Pack 10&20&30&(Er)75 Mg		Formulary Addition, Level 5, PA-1, QL (41 EA per 28 days)	Brand Addition	02/01/2026	N/A	N/A
Rextovy Nasal Liquid 4 Mg/0.25ml		Formulary Addition, Level 3	Brand Addition	02/01/2026	N/A	N/A
Valtya 1/35 Oral Tablet 1-35 Mg-Mcg		Formulary Addition, Level 1, MT	Brand Addition	02/01/2026	N/A	N/A
Escitalopram Oxalate Oral Capsule 15 Mg		Formulary Addition, Level 3, QL (30 EA per 30 days), MT	Generic Addition	02/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Lomustine Oral Capsule 10 Mg, 40 Mg	GLEOSTINE	Formulary Addition, Level 4, PA-2	Generic Addition	02/01/2026	N/A	N/A
Lomustine Oral Capsule 100 Mg	GLEOSTINE	Formulary Addition, Level 6, PA-2	Generic Addition	02/01/2026	N/A	N/A
Dapagliflozin Propanediol Oral Tablet 10 Mg, 5 Mg	FARXIGA	Formulary Change	Change from Level 3 to Level 2	01/01/2026	N/A	N/A
Endocet Oral Tablet 5-325 Mg		Formulary Deletion	CMS Deletion	02/01/2026	N/A	N/A
Ogsiveo Oral Tablet 50 Mg		Formulary Deletion	CMS Deletion	02/01/2026	N/A	N/A
Sumatriptan Succinate Refill Subcutaneous Solution Cartridge 6 Mg/0.5ml	IMITREX STATDOSE REFILL	Formulary Deletion	CMS Deletion	02/01/2026	N/A	N/A
Sumatriptan Succinate Subcutaneous Solution Auto-Injector 4 Mg/0.5ml	IMITREX STATDOSE SYSTEM	Formulary Deletion	CMS Deletion	02/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Rytary Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg		Formulary Deletion	Brand Deletion, Generic Addition	02/01/2026	Carbidopa-Levodopa Er Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg MT, FFL	2
Ensacove Oral Capsule 100 Mg, 25 Mg		Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days), LA	Brand Addition	03/01/2026	N/A	N/A
Koselugo Oral Capsule Sprinkle 5 Mg, 7.5 Mg		Formulary Addition, Level 6, PA-2	Brand Addition	03/01/2026	N/A	N/A
Prezcobix Oral Tablet 675-150 Mg, 800-150 Mg		Formulary Addition, Level 6	Brand Addition	03/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Selarsdi Subcutaneous Solution 45 Mg/0.5ml		Formulary Addition, Level 3, PA-1, QL (1 ML per 28 days), MT	Generic/ Biosimilar Addition	03/01/2026	N/A	N/A
Subvenite Oral Suspension 10 Mg/Ml		Formulary Addition, Level 4, MT	Brand Addition	03/01/2026	N/A	N/A
Tyvaso Dpi Maintenance Kit Inhalation Powder 80 Mcg		Formulary Addition, Level 5, PA-1, QL (112 EA per 28 days), LA	Brand Addition	03/01/2026	N/A	N/A
Tyvaso Dpi Maintenance Kit Inhalation Powder 112 X 32mcg & 112 X64mcg, 112 X 48mcg & 112 X64mcg		Formulary Addition, Level 5, PA-1, QL (224 EA per 28 days), LA	Brand Addition	03/01/2026	N/A	N/A
Bupropion Hcl Er (Xl) Oral Tablet Extended Release 24 Hour 450 Mg		Formulary Addition, Level 2, MT	Generic Addition	03/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Xofluza (40 Mg Dose) Oral Tablet Therapy Pack 1 X 40 Mg		Formulary Addition, Level 3	Brand Addition	01/01/2026	N/A	N/A
Xofluza (80 Mg Dose) Oral Tablet Therapy Pack 1 X 80 Mg		Formulary Addition, Level 3	Brand Addition	01/01/2026	N/A	N/A
Uptravi Oral Tablet 200 Mcg		Formulary Change	Change QL from 60/30 to 140/28	01/01/2026	N/A	N/A
Neo-Polycin Ophthalmic Ointment 3.5-400-10000		Formulary Deletion	CMS Deletion	03/01/2026	N/A	N/A
Neo-Polycin Hc Ophthalmic Ointment 1 %		Formulary Deletion	CMS Deletion	03/01/2026	N/A	N/A
Polycin Ophthalmic Ointment 500-10000 Unit/Gm		Formulary Deletion	CMS Deletion	03/01/2026	N/A	N/A
Sulfacetamide Sodium Ophthalmic Ointment 10 %		Formulary Deletion	CMS Deletion	03/01/2026	N/A	N/A
Exxua Titration Pack Oral Tablet Extended Release 24 Hour 18.2 Mg		Formulary Addition, Level 6, ST-2, QL (32 EA per 14 days)	Brand Addition	04/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Hyrnuo Oral Tablet 10 Mg		Formulary Addition, Level 6, PA-2, QL (120 EA per 30 days)	Brand Addition	04/01/2026	N/A	N/A
Vraylar Oral Capsule 0.5 Mg, 0.75 Mg		Formulary Addition, Level 5, PA-2, QL (30 EA per 30 days)	Brand Addition	04/01/2026	N/A	N/A
Lagevrio Oral Capsule 200 Mg		Formulary Addition, Level 3, QL (40 EA per 30 days)	Brand Addition	01/30/2026	N/A	N/A
Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg		Formulary Addition, Level 1, MT	Brand Addition	04/01/2026	N/A	N/A
Viorele Oral Tablet 0.15-0.02/0.01 Mg (21/5)		Formulary Addition, Level 1, MT	Brand Addition	04/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Sevelamer Carbonate Oral Packet 0.8 Gm	RENVELA	Formulary Addition, Level 2, QL (540 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Sevelamer Carbonate Oral Packet 2.4 Gm	RENVELA	Formulary Addition, Level 2, QL (180 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Sevelamer Carbonate Oral Tablet 800 Mg	RENVELA	Formulary Addition, Level 2, QL (540 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Sevelamer Hcl Oral Tablet 400 Mg		Formulary Addition, Level 2, QL (960 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Sevelamer Hcl Oral Tablet 800 Mg		Formulary Addition, Level 2, QL (480 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Lanthanum Carbonate Oral Tablet Chewable 1000 Mg, 500 Mg, 750 Mg	FOSRENOL	Formulary Addition, Level 4, MT	Generic Addition	04/01/2026	N/A	N/A
Calcium Acetate (Phos Binder) Oral Capsule 667 Mg		Formulary Addition, Level 2, QL (360 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Calcium Acetate (Phos Binder) Oral Tablet 667 Mg	CALPHRON	Formulary Addition, Level 2, QL (360 EA per 30 days), MT	Generic Addition	04/01/2026	N/A	N/A
Sodium Polystyrene Sulfonate Combination Suspension 15 Gm/60ml	SPS (SODIUM POLYSTYRENE SULF)	Formulary Addition, Level 4	Generic Addition	04/01/2026	N/A	N/A
Gammagard Erc Injection Solution 10 Gm/100ml, 5 Gm/50ml		Formulary Addition, Level 6, PA-3	Brand Addition	04/01/2026	N/A	N/A
Shingrix Intramuscular Suspension Prefilled Syringe 50 Mcg/0.5ml		Formulary Addition, Level 3	Brand Addition	02/13/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Perampanel Oral Suspension 0.5 Mg/Ml	FYCOMPA	Formulary Addition, Level 6, PA-2	Generic Addition	04/01/2026	N/A	N/A
Doxycycline Hyclate Oral Tablet Delayed Release 80 Mg		Formulary Deletion	CMS Deletion	04/01/2026	N/A	N/A
Memantine Hcl-Donepezil Hcl Er Oral Capsule Extended Release 24 Hour 14-10 Mg, 21-10 Mg, 28-10 Mg	NAMZARIC	Formulary Addition, Level 4, QL (30 EA per 30 days), MT	Generic Addition	05/01/2026	N/A	N/A
Baxdela Intravenous Solution Reconstituted 300 Mg		Formulary Addition, Level 6, PA-1, QL (28 EA per 14 days)	Brand Addition	05/01/2026	N/A	N/A
Baxdela Oral Tablet 450 Mg		Formulary Addition, Level 6, PA-1, QL (28 EA per 14 days)	Brand Addition	05/01/2026	N/A	N/A
Belsomra Oral Tablet 10 Mg, 15 Mg, 20 Mg, 5 Mg		Formulary Addition, Level 3, ST-2, QL (30 EA per 30 days)	Brand Addition	05/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Rivaroxaban Oral Suspension Reconstituted 1 Mg/Ml	XARELTO	Formulary Addition, Level 2, QL (900 ML per 30 days), MT, FFL	Generic Addition	05/01/2026	N/A	N/A
Rivaroxaban Oral Tablet 2.5 Mg	XARELTO	Formulary Addition, Level 2, QL (60 EA per 30 days), MT, FFL	Generic Addition	05/01/2026	N/A	N/A
Cyclosporine Ophthalmic Emulsion 0.05 %	RESTASIS	Formulary Addition, Level 4, QL (60 EA per 30 days), MT, FFL	Generic Addition	05/01/2026	N/A	N/A
Vyvgart Hytrulo Subcutaneous Solution Prefilled Syringe 1000-10000 Mg-Unt/5ml		Formulary Addition, Level 5, PA-1, QL (20 ML per 28 days), LA	Brand Addition	05/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Xpovio (80 Mg Once Weekly) Oral Tablet Therapy Pack 80 Mg		Formulary Addition, Level 6, PA-2, QL (4 EA per 28 days)	Brand Addition	05/01/2026	N/A	N/A
Levetiracetam Oral Tablet Disintegrating Soluble 250 Mg, 500 Mg	SPRITAM	Formulary Addition, Level 2, MT	Generic Addition	05/01/2026	N/A	N/A
Pomalidomide Oral Capsule 1 Mg, 2 Mg, 3 Mg, 4 Mg	POMALYST	Formulary Addition, Level 6, PA-2	Generic Addition	05/01/2026	N/A	N/A
Ceftaroline Fosamil Intravenous Solution Reconstituted 400 Mg, 600 Mg	TEFLARO	Formulary Addition, Level 6	Generic Addition	05/01/2026	N/A	N/A
Trulicity Subcutaneous Solution Auto-Injector 0.75 Mg/0.5ml, 1.5 Mg/0.5ml, 3 Mg/0.5ml, 4.5 Mg/0.5ml		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A
Ozempic (0.25 Or 0.5 Mg/Dose) Subcutaneous Solution Pen-Injector 2 Mg/3ml		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Ozempic (1 Mg/Dose) Subcutaneous Solution Pen-Injector 4 Mg/3ml		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A
Ozempic (2 Mg/Dose) Subcutaneous Solution Pen-Injector 8 Mg/3ml		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A
Rybelsus Oral Tablet 14 Mg, 7 Mg, 3 Mg		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A
Mounjaro Subcutaneous Solution Auto-Injector 10 Mg/0.5ml, 12.5 Mg/0.5ml, 15 Mg/0.5ml, 5 Mg/0.5ml, 7.5 Mg/0.5ml, 2.5 Mg/0.5ml		Formulary Change	PA type Change from PA-1 to PA-2	05/01/2026	N/A	N/A
Kerendia Oral Tablet 10 Mg, 20 Mg, 40 Mg		Formulary Change	PA Removal	05/01/2026	N/A	N/A
Hydrocodone-Acetaminophen Oral Solution 10-325 Mg/15ml		Formulary Deletion	CMS Deletion	05/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Gammagard Erc Injection Solution 10 Gm/100ml, 5 Gm/50ml		Formulary Addition, Level 6, PA-3	Brand Addition	06/01/2026	N/A	N/A
Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 10-1000 Mg	XIGDUO XR	Formulary Addition, Level 2, QL (30 EA per 30 days), MT, FFL	Generic Addition	06/01/2026	N/A	N/A
Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 5-1000 Mg	XIGDUO XR	Formulary Addition, Level 2, QL (60 EA per 30 days), MT, FFL	Generic Addition	06/01/2026	N/A	N/A
Liraglutide Subcutaneous Solution Pen-Injector 18 Mg/3ml	VICTOZA	Formulary Addition, Level 2, PA-2, QL (9 ML per 30 days), MT, FFL	Generic Addition	06/01/2026	N/A	N/A
Filspari Oral Tablet 200 Mg, 400 Mg		Formulary Change	Change QL from 30/30 to 60/30	06/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Milnacipran Hcl Oral Tablet 100 Mg, 12.5 Mg, 25 Mg, 50 Mg	SAVELLA	Formulary Addition, Level 2, MT, FFL	Generic Addition	06/01/2026	N/A	N/A
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 Mg-Mcg		Formulary Deletion	CMS Deletion	06/01/2026	N/A	N/A
Bacitracin Ophthalmic Ointment 500 Unit/Gm		Formulary Deletion	CMS Deletion	06/01/2026	N/A	N/A
Lybalvi Oral Tablet 10-10 Mg, 15-10 Mg, 20-10 Mg, 5-10 Mg		Formulary Addition, Level 6, PA-2, QL (30 EA per 30 days)	Brand Addition	06/01/2026	N/A	N/A
Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 10-500 Mg	XIGDUO XR	Formulary Addition, Level 2, QL (30 EA per 30 days), MT	Generic Addition	07/01/2026	N/A	N/A
Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 5-500 Mg	XIGDUO XR	Formulary Addition, Level 2, QL (60 EA per 30 days), MT	Generic Addition	07/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Ozempic Oral Tablet 1.5 Mg		Formulary Addition, Level 3, PA-2, QL (30 EA per 30 days)	Brand Addition	07/01/2026	N/A	N/A
Ozempic Oral Tablet 4 Mg, 9 Mg		Formulary Addition, Level 3, PA-2, QL (30 EA per 30 days), MT, FFL	Brand Addition	07/01/2026	N/A	N/A
Komzifti Oral Capsule 200 Mg		Formulary Addition, Level 6, PA-2, QL (90 EA per 30 days), LA	Brand Addition	07/01/2026	N/A	N/A
Nintedanib Esylate Oral Capsule 100 Mg, 150 Mg	OFEV	Formulary Addition, Level 5, PA-1, QL (60 EA per 30 days)	Generic Addition	07/01/2026	N/A	N/A
Brivaracetam Oral Solution 10 Mg/Ml	BRIVIACT	Formulary Addition, Level 6, PA-2, QL (600 ML per 30 days)	Generic Addition	07/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Brivaracetam Oral Tablet 10 Mg, 100 Mg, 25 Mg, 50 Mg, 75 Mg	BRIVIACT	Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days)	Generic Addition	07/01/2026	N/A	N/A
Rilpivirine Hcl Oral Tablet 25 Mg	EDURANT	Formulary Addition, Level 6	Generic Addition	08/01/2026	N/A	N/A
Tacrolimus Er Oral Capsule Extended Release 24 Hour 0.5 Mg, 1 Mg	ASTAGRAF XL	Formulary Addition, Level 2, PA-3, MT	Generic Addition	08/01/2026	N/A	N/A
Tacrolimus Er Oral Capsule Extended Release 24 Hour 5 Mg	ASTAGRAF XL	Formulary Addition, Level 6, PA-3	Generic Addition	08/01/2026	N/A	N/A
Idvynso Oral Tablet 100-0.25 Mg		Formulary Addition, Level 6	Brand Addition	08/01/2026	N/A	N/A
Jakafi Xr Oral Tablet Extended Release 24 Hour 11 Mg, 22 Mg, 33 Mg, 44 Mg, 55 Mg		Formulary Addition, Level 6, PA-2, QL (30 EA per 30 days), LA	Brand Addition	08/01/2026	N/A	N/A
Kisqali Femara (400 Mg Dose) Oral Tablet Therapy Pack 200 & 2.5 Mg		Formulary Deletion	CMS Deletion	08/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Kisqali Femara (600 Mg Dose) Oral Tablet Therapy Pack 200 & 2.5 Mg		Formulary Deletion	CMS Deletion	08/01/2026	N/A	N/A
Rybelsus Oral Tablet 14 Mg, 7 Mg, 3 Mg		Formulary Deletion	CMS Deletion	08/01/2026	N/A	N/A
Vizimpro Oral Tablet 15 Mg, 30 Mg, 45 Mg		Formulary Deletion	CMS Deletion	08/01/2026	N/A	N/A
Tofacitinib Citrate Er Oral Tablet Extended Release 24 Hour 11 Mg, 22 Mg	XELJANZ XR	Formulary Addition, Level 2, PA-1, QL (30 EA per 30 days), MT	Generic Addition	09/01/2026	N/A	N/A
Tofacitinib Citrate Oral Solution 1 Mg/Ml	XELJANZ	Formulary Addition, Level 2, PA-1, QL (480 EA per 24 days), MT	Generic Addition	09/01/2026	N/A	N/A
Tofacitinib Citrate Oral Tablet 10 Mg, 5 Mg	XELJANZ	Formulary Addition, Level 2, PA-1, QL (60 EA per 30 days), MT	Generic Addition	09/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Macitentan Oral Tablet 10 Mg	OPSUMIT	Formulary Addition, Level 4, PA-1, QL (30 EA per 30 days), MT	Generic Addition	09/01/2026	N/A	N/A
Fanapt Titration Pack B Oral Tablet 1 & 2 & 6 & 8 Mg		Formulary Addition, Level 4, PA-2	Brand Addition	09/01/2026	N/A	N/A
Fanapt Titration Pack C Oral Tablet 1 & 2 & 6 Mg		Formulary Addition, Level 4, PA-2	Brand Addition	09/01/2026	N/A	N/A
Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 1 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (9 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 3 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (3 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 9 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (1 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Lifyorli (150 Mg Dose) Oral Capsule Therapy Pack 2 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (9 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Lifyorli (150 Mg Dose) Oral Capsule Therapy Pack 3 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (3 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Lifyorli (150 Mg Dose) Oral Capsule Therapy Pack 9 X 25 Mg & 1 X 100 Mg		Formulary Addition, Level 6, PA-2, QL (1 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Tyvaso Dpi Maintenance Kit Inhalation Powder 112 X 48mcg & 112 X80mcg		Formulary Addition, Level 5, PA-1, QL (224 EA per 28 days), LA	Brand Addition	09/01/2026	N/A	N/A
Oxybutynin Chloride Oral Tablet 2.5 Mg		Formulary Addition, Level 2, MT	Generic Addition	09/01/2026	N/A	N/A

Affected Drug	Reference Brand Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs	Tier (alternative drug)
Boostrix Intramuscular Suspension 5-2.5-18.5 Lf-Mcg/0.5		Formulary Deletion	CMS Deletion	09/01/2026	N/A	N/A
Impavido Oral Capsule 50 Mg		Formulary Deletion	CMS Deletion	09/01/2026	N/A	N/A

To make a request, you should provide the evidence of a written medical need statement by the prescriber. For more information, please refer to the section: How can I request a formulary exception? From the Evidence of Coverage.

For more information, contact our Customer Services Department at 1-866-333-5470 (toll free) (TTY users should call 711), Monday to Sunday from 8:00 a.m. to 8:00 p.m.