

2026



FORMULARY ADDENDUM

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Formulary ID: 26415 **Version:** 12

This formulary was updated on 5/1/2026. For more recent information or other questions, please contact Optum Rx at 1-800-707-8194 (TTY: 711), 24 hours a day, 7 days per week or visit www.KelseyCareAdvantage.com.

1-866-535-8343 (TTY: 711)
KelseyCareAdvantage.com

FORMULARY ADDENDUM - 5/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
ABIGALE LO ORAL TABLET 0.5MG; 0.1MG	4		1/1/2026
ABIGALE ORAL TABLET 1MG; 0.5MG	4		1/1/2026
ADALIMUMAB-AATY CD/UC/HS STARTER AJKT 80MG/0.8ML	5	PA; QL (3 EA / 28 days)	1/1/2026
ADAPALENE/BENZOYL PEROXIDE GEL 0.1%; 2.5%	3		2/1/2026
ALA-CORT CREA 1%	2		2/1/2026
AMPICILLIN SODIUM SOLR 2GM	4		2/1/2026
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA	1/1/2026
BETAMETHASONE DIPROPIONATE AUGMENTED LOTN 0.05%	3		2/1/2026
BRUKINSA ORAL TABLET 160MG	5	PA	2/1/2026
CALCIUM ACETATE ORAL TABLET 667MG	3		4/1/2026
CEFTAROLINE FOSAMIL SOLR 400MG	5		5/1/2026
CEFTAROLINE FOSAMIL SOLR 600MG	5		5/1/2026
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 5%; 1.2%	3		2/1/2026
CLOBETASOL PROPIONATE FOAM 0.05%	3		2/1/2026
CONJUGATED ESTROGENS ORAL TABLET 0.3MG	4		4/1/2026
CONJUGATED ESTROGENS ORAL TABLET 0.45MG	4		4/1/2026
CONJUGATED ESTROGENS ORAL TABLET 0.625MG	4		4/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
CONJUGATED ESTROGENS ORAL TABLET 0.9MG	4		4/1/2026
CONJUGATED ESTROGENS ORAL TABLET 1.25MG	4		4/1/2026
CTEXTLI ORAL TABLET 250MG	5	PA	1/1/2026
DEXMETHYLPHENIDATE HCL ORAL TABLET 10MG	3	QL (60 tabs / 30 days)	2/1/2026
DEXMETHYLPHENIDATE HCL ORAL TABLET 5MG	3	QL (60 tabs / 30 days)	2/1/2026
DEXMETHYLPHENIDATE HYDROCHLORIDE ORAL TABLET 2.5MG	3	QL (60 tabs / 30 days)	2/1/2026
DOXYCYCLINE HYCLATE SOLR 100MG	4		1/1/2026
DROXIA ORAL CAPSULE 200MG	3		2/1/2026
DROXIA ORAL CAPSULE 300MG	3		2/1/2026
DROXIA ORAL CAPSULE 400MG	3		2/1/2026
EDURANT PED TBSO 2.5MG	5	QL (180 EA / 30 days)	1/1/2026
ELTROMBOPAG OLAMINE ORAL TABLET 12.5MG	5	PA	1/1/2026
ELTROMBOPAG OLAMINE ORAL TABLET 25MG	5	PA	1/1/2026
ELTROMBOPAG OLAMINE ORAL TABLET 50MG	5	PA	1/1/2026
ELTROMBOPAG OLAMINE ORAL TABLET 75MG	5	PA	1/1/2026
ELTROMBOPAG OLAMINE PACK 12.5MG	5	PA	1/1/2026
ELTROMBOPAG OLAMINE PACK 25MG	5	PA	1/1/2026
EMPAVELI INJECTION SOLUTION 1080MG/20ML	5	PA	1/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
EMTRICITABINE/RILPIVIRINE/ TENOFIVIR DISOPROXIL FUMARATE ORAL TABLET 200MG; 25MG; 300MG	5	QL (30 tabs / 30 days)	1/1/2026
ENSACOVE ORAL CAPSULE 100MG	5	PA	3/1/2026
ENSACOVE ORAL CAPSULE 25MG	5	PA	3/1/2026
ESLICARBAZEPINE ACETATE ORAL TABLET 200MG	4		1/1/2026
ESLICARBAZEPINE ACETATE ORAL TABLET 400MG	4		1/1/2026
ESLICARBAZEPINE ACETATE ORAL TABLET 600MG	4		1/1/2026
ESLICARBAZEPINE ACETATE ORAL TABLET 800MG	4		1/1/2026
EXXUA TB24 18.2MG	5	ST	2/1/2026
EXXUA TB24 36.3MG	5	QL (30 EA / 30 days); ST	2/1/2026
EXXUA TB24 54.5MG	5	QL (30 EA / 30 days); ST	2/1/2026
EXXUA TB24 72.6MG	5	QL (30 EA / 30 days); ST	2/1/2026
EXXUA TITRATION PACK TB24 18.2MG	5	ST	4/1/2026
FENTANYL PT72 12MCG/HR	4		2/1/2026
FESOTERODINE FUMARATE ER TB24 4MG	4		2/1/2026
FESOTERODINE FUMARATE ER TB24 8MG	4		2/1/2026
FIDAXOMICIN ORAL TABLET 200MG	5		2/1/2026
FLUOROURACIL CREA 0.5%	4		1/1/2026
HAILEY FE 1/20 ORAL TABLET 20MCG; 75MG; 1MG	3		4/1/2026
HERNEXEOS ORAL TABLET 60MG	5	PA	1/1/2026
HYRNUO ORAL TABLET 10MG	5	PA	4/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
IBTROZI ORAL CAPSULE 200MG	5	PA	1/1/2026
INLURIYO ORAL TABLET 200MG	5	PA	2/1/2026
IVERMECTIN ORAL TABLET 6MG	2	PA	1/1/2026
JAIMIESS ORAL TABLET 0; 0	4	QL (91 tabs / 91 days)	1/1/2026
JUBBONTI SOSY 60MG/ML	4	QL (2 EA / 365 days)	1/1/2026
KALETRA INJECTION SOLUTION 400MG/ 5ML; 100MG/5ML	4		1/1/2026
KERENDIA ORAL TABLET 40MG	4	PA; QL (30 tabs / 30 days)	1/1/2026
KOSELUGO CPSP 5MG	5	PA	3/1/2026
KOSELUGO CPSP 7.5MG	5	PA	3/1/2026
LAGEVRIO ORAL CAPSULE 200MG	3	QL (40 caps / 5 days)	4/1/2026
LEVETIRACETAM TB3D 250MG	4		5/1/2026
LEVETIRACETAM TB3D 500MG	4		5/1/2026
LEVOFLOXACIN INJECTION SOLUTION 0.5%	3		2/1/2026
LIOMNY ORAL TABLET 25MCG	2		3/1/2026
LIOMNY ORAL TABLET 50MCG	2		3/1/2026
LIOMNY ORAL TABLET 5MCG	2		3/1/2026
LIVMARLI ORAL TABLET 10MG	5	PA; QL (60 tabs / 30 days)	1/1/2026
LIVMARLI ORAL TABLET 15MG	5	PA; QL (60 tabs / 30 days)	1/1/2026
LIVMARLI ORAL TABLET 20MG	5	PA; QL (60 tabs / 30 days)	1/1/2026
LIVMARLI ORAL TABLET 30MG	5	PA; QL (30 tabs / 30 days)	1/1/2026
LOJAIMIESS ORAL TABLET 0; 0	4	QL (91 tabs / 91 days)	1/1/2026
LOMUSTINE ORAL CAPSULE 100MG	5		2/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
LOMUSTINE ORAL CAPSULE 10MG	4		2/1/2026
LOMUSTINE ORAL CAPSULE 40MG	4		2/1/2026
LUIZZA 1.5/30 ORAL TABLET 30MCG; 1.5MG	3		2/1/2026
LUIZZA 1/20 ORAL TABLET 20MCG; 1MG	3		2/1/2026
MELEYA ORAL TABLET 0.35MG	3		1/1/2026
METHYLDOPA ORAL TABLET 250MG	4		1/1/2026
MODEYSO ORAL CAPSULE 125MG	5	PA	1/1/2026
NILOTINIB HYDROCHLORIDE ORAL CAPSULE 150MG	5	PA	1/1/2026
NILOTINIB HYDROCHLORIDE ORAL CAPSULE 200MG	5	PA	1/1/2026
NILOTINIB HYDROCHLORIDE ORAL CAPSULE 50MG	5	PA	1/1/2026
NILOTINIB ORAL CAPSULE 150MG	5	PA	4/1/2026
NILOTINIB ORAL CAPSULE 200MG	5	PA	4/1/2026
NILOTINIB ORAL CAPSULE 50MG	5	PA	4/1/2026
ORQUIDEA ORAL TABLET 0.35MG	3		1/1/2026
OSENVELT INJECTION SOLUTION 120MG/ 1.7ML	5	PA	4/1/2026
PENMENVY SUSR 0; 0	1		1/1/2026
PERAMPANEL ORAL SUSPENSION 0.5MG/ ML	5		4/1/2026
PERAMPANEL ORAL TABLET 10MG	5		1/1/2026
PERAMPANEL ORAL TABLET 12MG	5		1/1/2026
PERAMPANEL ORAL TABLET 2MG	4		1/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
PERAMPANEL ORAL TABLET 4MG	5		1/1/2026
PERAMPANEL ORAL TABLET 6MG	5		1/1/2026
PERAMPANEL ORAL TABLET 8MG	5		1/1/2026
POMALIDOMIDE ORAL CAPSULE 1MG	5	PA; QL (30 caps / 30 days)	5/1/2026
POMALIDOMIDE ORAL CAPSULE 2MG	5	PA; QL (30 caps / 30 days)	5/1/2026
POMALIDOMIDE ORAL CAPSULE 3MG	5	PA	5/1/2026
POMALIDOMIDE ORAL CAPSULE 4MG	5	PA	5/1/2026
PREZCOBIX ORAL TABLET 150MG; 675MG	5	QL (30 tabs / 30 days)	3/1/2026
REXTOVY LIQD 4MG/0.25ML	4		3/1/2026
RIVAROXABAN SUSR 1MG/ML	3	QL (600 EA / 30 days)	1/1/2026
ROSYRAH ORAL TABLET 0; 0	4	QL (91 tabs / 91 days)	1/1/2026
SACUBITRIL/VALSARTAN ORAL TABLET 24MG; 26MG	3	QL (60 tabs / 30 days)	1/1/2026
SACUBITRIL/VALSARTAN ORAL TABLET 49MG; 51MG	3	QL (60 tabs / 30 days)	1/1/2026
SACUBITRIL/VALSARTAN ORAL TABLET 97MG; 103MG	3	QL (60 tabs / 30 days)	1/1/2026
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION 15GM/60ML	3		4/1/2026
SPEVIGO SOSY 300MG/2ML	5	PA; QL (4 EA / 28 days)	1/1/2026
STEQEYMA SOSY 45MG/0.5ML	3	PA; QL (3 EA / 84 days)	1/1/2026
STEQEYMA SOSY 90MG/ML	5	PA; QL (3 EA / 84 days)	1/1/2026
STOBOCLO SOSY 60MG/ML	4	QL (2 EA / 365 days)	4/1/2026
SUBVENITE ORAL SUSPENSION 10MG/ML	4		3/1/2026
SUNLENCA ORAL TABLET 300MG	5	QL (24 tabs / 168 days)	1/1/2026

Additions

Drug Name	Tier	Notes	Effective Date
TICAGRELOR ORAL TABLET 60MG	3		1/1/2026
TOBRADEX ST ORAL SUSPENSION 0.05%; 0.3%	4		1/1/2026
TOLVAPTAN ORAL TABLET 15MG	5	PA; QL (120 tabs / 30 days)	4/1/2026
TOLVAPTAN ORAL TABLET 30MG	5	PA; QL (120 tabs / 30 days)	4/1/2026
TOPIRAMATE INJECTION SOLUTION 25MG/ML	4		1/1/2026
USTEKINUMAB INJECTION SOLUTION 45MG/0.5ML	5	PA; QL (3 mL / 84 days)	1/1/2026
USTEKINUMAB SOSY 45MG/0.5ML	5	PA; QL (3 EA / 84 days)	1/1/2026
USTEKINUMAB SOSY 90MG/ML	5	PA; QL (3 EA / 84 days)	1/1/2026
VALTYA 1/35 ORAL TABLET 35MCG; 1MG	3		2/1/2026
VALTYA 1/50 ORAL TABLET 50MCG; 1MG	3		1/1/2026
VELPHORO CHEW 500MG	5		4/1/2026
VIORELE ORAL TABLET 0; 0	3		4/1/2026
VRAYLAR ORAL CAPSULE 0.5MG	5	QL (30 caps / 30 days)	4/1/2026
VRAYLAR ORAL CAPSULE 0.75MG	5	QL (30 caps / 30 days)	4/1/2026
VYVGART HYTRULO SOSY 1000MG/5ML; 10000UNIT/5ML	5	PA; QL (20 EA / 28 days)	1/1/2026
WYOST INJECTION SOLUTION 120MG/ 1.7ML	5	PA	1/1/2026
XPOVIO TBPK 80MG	5	PA	5/1/2026
ZELVYSIA PACK 500MG	5	PA	5/1/2026
ZOKINVY ORAL CAPSULE 50MG	5	PA; QL (120 caps / 30 days)	2/1/2026
ZOKINVY ORAL CAPSULE 75MG	5	PA; QL (120 caps / 30 days)	2/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
TASIGNA ORAL CAPSULE 150MG	Deletion Of Drug From Formulary	Generic Available	nilotinib hydr ochloride caps 150mg	5	PA	1/1/2026
COMPLERA ORAL TABLET 200MG; 25MG; 300MG	Deletion Of Drug From Formulary	Generic Available	emtricitabine /rilpivirine/ tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg	5	QL(30 EA per 30 days)	1/1/2026
PROMACTA ORAL TABLET 12.5MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine oral tablet 12.5 mg	4	PA	1/1/2026
APTIOM ORAL TABLET 200MG	Deletion Of Drug From Formulary	Generic Available	eslicarbazepi ne acetate tabs 200mg	5	PA	1/1/2026
APTIOM ORAL TABLET 400MG	Deletion Of Drug From Formulary	Generic Available	eslicarbazepi ne acetate tabs 400mg	4		1/1/2026
APTIOM ORAL TABLET 600MG	Deletion Of Drug From Formulary	Generic Available	eslicarbazepi ne acetate tabs 600mg	4		1/1/2026
APTIOM ORAL TABLET 800MG	Deletion Of Drug From Formulary	Generic Available	eslicarbazepi ne acetate tabs 800mg	4		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
INSULIN ASPART PENFILL SOCT 100UNIT/ML	Deletion Of Drug From Formulary	CMS RxCUI Deletion	NOVOLOG PENFILL INJ 100UNIT/ML	3		1/1/2026
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION 100UNIT/ML	Deletion Of Drug From Formulary	CMS RxCUI Deletion	NOVOLOG FLEXPEN INJ 100UNIT/ML	3		1/1/2026
PROMACTA PACK 25MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine pack 25mg	5	PA	1/1/2026
CALQUENC E ORAL CAPSULE 100MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	CALQUENC E TABS 100MG	5	PA	1/1/2026
TASIGNA ORAL CAPSULE 50MG	Deletion Of Drug From Formulary	Generic Available	nilotinib hydr ochloride caps 50mg	5	PA	1/1/2026
PROMACTA PACK 12.5MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine pack 12.5mg	5	PA	1/1/2026
EUTHYROX ORAL TABLET 137MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 137mcg	1		1/1/2026
RETEVMO ORAL CAPSULE 40MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA	1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
RETEVMO ORAL CAPSULE 80MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA	1/1/2026
INSULIN ASPART INJECTION SOLUTION 100UNIT/ ML	Deletion Of Drug From Formulary	CMS RxCUI Deletion	NOVOLOG INJ 100UNIT/ ML	3		1/1/2026
LOPINAVIR / RITONAVIR INJECTION SOLUTION 400MG/ 5ML; 100MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KALETRA SOLN 400MG/ 5ML; 100MG/5ML	4		1/1/2026
TASIGNA ORAL CAPSULE 200MG	Deletion Of Drug From Formulary	Generic Available	nilotinib hydr ochloride caps 200mg	5	PA	1/1/2026
TRIVORA-2 8 ORAL TABLET 0; 0	Deletion Of Drug From Formulary	Manufacturer Discontinuation	camrese lo tabs	4	QL(91 EA per 91 days)	1/1/2026
ENPRESSE-28 ORAL TABLET 0; 0	Deletion Of Drug From Formulary	CMS RxCUI Deletion	camrese lo tabs	4	QL(91 EA per 91 days)	1/1/2026
MENACTRA INJECTION SOLUTION 0	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MENVEO INJ	1		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
PROMACTA ORAL TABLET 25MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine oral tablet 25 mg	5	PA	1/1/2026
PROMACTA ORAL TABLET 50MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine oral tablet 50 mg	5	PA	1/1/2026
TRECTOR ORAL TABLET 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ethambutol hydrochloride tabs 100mg, 400mg	2		1/1/2026
PROMACTA ORAL TABLET 75MG	Deletion Of Drug From Formulary	Generic Available	eltrombopag olamine oral tablet 75 mg	5	PA	1/1/2026
EUTHYROX ORAL TABLET 25MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 25mcg	1		1/1/2026
EUTHYROX ORAL TABLET 50MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 50mcg	1		1/1/2026
EUTHYROX ORAL TABLET 75MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 75mcg	1		1/1/2026
EUTHYROX ORAL TABLET 88MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 88mcg	1		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
EUTHYROX ORAL TABLET 100MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 100mcg	1		1/1/2026
EUTHYROX ORAL TABLET 112MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 112mcg	1		1/1/2026
EUTHYROX ORAL TABLET 125MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 125mcg	1		1/1/2026
EUTHYROX ORAL TABLET 150MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 150mcg	1		1/1/2026
EUTHYROX ORAL TABLET 175MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 175mcg	1		1/1/2026
EUTHYROX ORAL TABLET 200MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levothyroxine sodium tabs 200mcg	1		1/1/2026
FYCOMPA ORAL TABLET 2MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 2mg	4		1/1/2026
FYCOMPA ORAL TABLET 4MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 4mg	5		1/1/2026
FYCOMPA ORAL TABLET 6MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 6mg	5		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
FYCOMPA ORAL TABLET 8MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 8mg	5		1/1/2026
FYCOMPA ORAL TABLET 10MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 10mg	5		1/1/2026
FYCOMPA ORAL TABLET 12MG	Deletion Of Drug From Formulary	Generic Available	perampanel oral tablet 12mg	5		1/1/2026
ENTRESTO ORAL TABLET 24MG; 26MG	Deletion Of Drug From Formulary	Generic Available	sacubitril-valsartan oral tablet 24-26 mg	3	QL (60 EA per 30 days)	1/1/2026
ENTRESTO ORAL TABLET 49MG; 51MG	Deletion Of Drug From Formulary	Generic Available	sacubitril-valsartan oral tablet 49-51 mg	3	QL (60 EA per 30 days)	1/1/2026
ENTRESTO ORAL TABLET 97MG; 103MG	Deletion Of Drug From Formulary	Generic Available	sacubitril-valsartan oral tablet 97-103 mg	3	QL (60 EA per 30 days)	1/1/2026
SPRITAM TB3D 1000MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRITAM ORAL TABLET DI SINTEGRATING SOLUBLE 250 MG, 500MG	4		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
SPRITAM TB3D 750MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRITAM ORAL TABLET DI SINTEGRATING SOLUBLE 250 MG, 500MG	4		1/1/2026
REPATHA PUSHTRON EX SYSTEM SOCT 420MG/ 3.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)	1/1/2026
KELNOR 1/50 ORAL TABLET 50MCG; 1MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	valtya 1/50 tabs 50mcg; 1mg	3		1/1/2026
EPITOL ORAL TABLET 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	carbamazepine oral tablet 200 mg	3		1/1/2026
EPRONTIA INJECTION SOLUTION 25MG/ML	Deletion Of Drug From Formulary	Generic Available	topiramate oral solution 25 mg/ml	4		1/1/2026
IXCHIQ SOLR 0	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40MCG/ 0.8ML	1		1/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
ABELCET ORAL SUSPENSION 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	amphotericin b liposome inj 50mg	5	B/D	1/1/2026
ENDOCET ORAL TABLET 325MG; 10MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	oxycodone/acetaminophen tabs 325mg; 10mg	3		2/1/2026
ENDOCET ORAL TABLET 325MG; 5MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	oxycodone/acetaminophen tabs 325mg; 5mg	2		2/1/2026
ENDOCET ORAL TABLET 325MG; 7.5MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	oxycodone/acetaminophen tabs 325mg; 7.5mg	3		2/1/2026
DIFICID ORAL TABLET 200MG	Deletion Of Drug From Formulary	Generic Available	fidaxomicin tabs 200mg	5		2/1/2026
ENDOCET ORAL TABLET 325MG; 2.5MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	oxycodone/acetaminophen tabs 325mg; 2.5mg	3		2/1/2026
GLEOSTINE ORAL CAPSULE 10MG	Deletion Of Drug From Formulary	Generic Available	lomustine caps 10mg	4		2/1/2026
GLEOSTINE ORAL CAPSULE 100MG	Deletion Of Drug From Formulary	Generic Available	lomustine caps 100mg	5		2/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
GLEOSTINE ORAL CAPSULE 40MG	Deletion Of Drug From Formulary	Generic Available	lomustine caps 40mg	4		2/1/2026
BRUKINSA ORAL CAPSULE 80MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	BRUKINSA TABS 160MG	5	PA	2/1/2026
HALOETTE RING 0.015MG/24HR; 0.12MG/24HR	Deletion Of Drug From Formulary	CMS RxCUI Deletion	etonogestrel/ ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	4		2/1/2026
VIGPODER PACK 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	vigabatrin pack 500mg	5	PA	2/1/2026
OGSIVEO ORAL TABLET 50MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	OGSIVEO TABS 100MG, 150MG	5	PA	2/1/2026
SULFACETAMIDE SODIUM OINT 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	sulfacetamide sodium soln 10%	2		3/1/2026
NEO-POLYCIN HC OINT 400UNIT/GM; 1%; 3.5MG/GM; 10000UNIT/GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	neomycin/ polymyxin/ bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	3		3/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
NEO-POLYCIN OINT 400UNIT/GM; 3.5MG/GM; 10000UNIT/GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	3		3/1/2026
POLYCIN OINT 500UNIT/GM; 10000UNIT/GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2		3/1/2026
FYCOMPA ORAL SUSPENSION 0.5MG/ML	Deletion Of Drug From Formulary	Generic Available	perampanel susp 0.5mg/ml	5		4/1/2026
JYNARQUE ORAL TABLET 15MG	Deletion Of Drug From Formulary		tolvaptan tabs 15mg	5	QL(120 EA per 30 days); PA	4/1/2026
JYNARQUE ORAL TABLET 30MG	Deletion Of Drug From Formulary		tolvaptan tabs 30mg	5	QL(120 EA per 30 days); PA	4/1/2026
TEFLARO SOLR 400MG	Deletion Of Drug From Formulary	Generic Available	ceftaroline fosamil inj 400mg	5		5/1/2026
TEFLARO SOLR 600MG	Deletion Of Drug From Formulary	Generic Available	ceftaroline fosamil inj 600mg	5		5/1/2026
POMALYST ORAL CAPSULE 1MG	Deletion Of Drug From Formulary	Generic Available	pomalidomide caps 1mg	5	QL(30 EA per 30 days); PA	5/1/2026

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Notes	Effective Date
POMALYST ORAL CAPSULE 2MG	Deletion Of Drug From Formulary	Generic Available	pomalidomide caps 2mg	5	QL(30 EA per 30 days); PA	5/1/2026
POMALYST ORAL CAPSULE 3MG	Deletion Of Drug From Formulary	Generic Available	pomalidomide caps 3mg	5	PA	5/1/2026
POMALYST ORAL CAPSULE 4MG	Deletion Of Drug From Formulary	Generic Available	pomalidomide caps 4mg	5	PA	5/1/2026
TRUQAP ORAL TABLET 160MG	Deletion Of Drug From Formulary	CMS RxCUI Deletion	TRUQAP TABS 200MG	5	PA	5/1/2026
LEVORA 0.15/30-28 ORAL TABLET 0.03MG; 0.15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	altavera tabs 30mcg; 0.15mg	3		5/1/2026
SRONYX ORAL TABLET 20MCG; 0.1MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	lessina tabs 20mcg; 0.1mg	3		5/1/2026

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
CLOBETASOL PROPIONATE E CREA 0.05%	2	Tier changed from 4 to 2	2/1/2026
CLOTRIMAZOLE INJECTION SOLUTION 1%	2	Tier changed from 3 to 2	2/1/2026

* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	Effective Date
FLUOROURACIL CREA 0.5%	4	ST added	2/1/2026

PA = Prior Authorization, B/D = Covered Under Medicare Part B or D, ST = Step Therapy, QL = Quantity Limit, ED = Excluded Drugs.