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2026 Medicare Cumulative Formulary Update Table - Ind - June (through June 2026)

CDPHP may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, we will notify you of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration 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. The table below outlines upcoming changes to our formulary that may impact you.

IMPORTANT NOTE: Please contact the Pharmacy Customer Care Center at (866) 289-2319 for additional information. TTY users should call 711.

ADDITIONS: Drugs that are being added to our Formulary

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
ampicillin sodium (2 gm recon soln)	Added to Formulary	Antibiotics		2	February 1, 2026
BESIFLOXACIN HCL 0.6% SUSPENSION	Added to Formulary	Antibacterial		4	March 1, 2026
BESIFLOXACIN 6 MG/ML OPHTHALMIC SUSPENSION	Added to Formulary	Fluoroquinolone Antibiotic		4	May 1, 2026
brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	Added to Formulary	Antiepileptic	QL (60/30 days)	4	June 1, 2026
brivaracetam 10 mg/ml solution	Added to Formulary	Antiepileptic	QL (600 ML Per 30)	4	June 1, 2026
BRUKINSA 160 MG TAB	Added to Formulary	Antineoplastics	PA, QL (60/30 days)	5	February 1, 2026

LA = This prescription may be available only at certain pharmacies.

PA = Prior Authorization QL = Quantity Limits

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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ADDITIONS: Drugs that are being added to our Formulary (continued)

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap, 400 MF tab)	Added to Formulary	Cephalosporin Antibiotics		4	March 1, 2026
CEFIXIME 400 MG ORAL TABLET	Added to Formulary	Antibiotics		4	May 1, 2026
CEFTAROLINE FOSAMIL (400 MG INJECTION, 600 MG INJECTION)	Added to Formulary	Antibiotics		5	May 1, 2026
Ciprofloxacin-Hydrocortisone 0.2-1% SUSP	Added to Formulary	Antibiotics		4	April 1, 2026
DAYBUE Stix 5000 MG Powder, 6000 MG Powder	Added to Formulary	CNS Agent	PA, QL (120/30)	5	March 1, 2026
DAYBUE Stix 8000 MG Powder	Added to Formulary	CNS Agent	PA, QL (60/30)	5	March 1, 2026
diltiazem hcl er 360mg	Added to Formulary	Cardiac Drugs		2	February 1, 2026
disopyramide phosphate (100 mg cap, 150 mg cap)	Added to Formulary	Antiarrhythmic		4	June 1, 2026
Doxycycline Hyclate 100 MG RECON SOLN	Added to Formulary	Antibiotics		4	February 1, 2026
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Added to Formulary	Blood		4	February 1, 2026
ENSACOVE 100 MG ORAL CAPSULE	Added to Formulary	Antineoplastics	PA, QL (60/30 days)	5	March 1, 2026
ENSACOVE 25 MG ORAL CAPSULE	Added to Formulary	Antineoplastics	PA, QL (60/30 days)	5	March 1, 2026
ethynodiol diac-eth estradiol 1-35 mg-mcg tab 2	Added to Formulary	Contraceptives		2	February 1, 2026
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	Added to Formulary	Psychotherapeutic Drugs	PA, QL (30/30 days)	5	February 1, 2026
Exxua Titration Pack 18.2 MG TB24	Added to Formulary	Psychotherapeutic Drugs	PA	5	April 1, 2026

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ADDITIONS: Drugs that are being added to our Formulary (continued)

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fidaxomicin 200 mg tab	Added to Formulary	Antibiotics		5	February 1, 2026
gabapentin (once-daily) (750 mg tab, 900 mg tab)	Added to Formulary	CNS Drugs	PA, QL (60/30 days)	4	February 1, 2026
gabapentin (once-daily) 450 mg tab	Added to Formulary	CNS Drugs	PA, QL (30/30 days)	4	February 1, 2026
Gammagard ERC 5 GM/50ML SOLN	Added to Formulary	Biologicals	PA	5	April 1, 2026
Gammagard ERC 10 GM/100ML SOLN	Added to Formulary	Biologicals	PA	5	April 1, 2026
GAMMAGARD ERC 100 mg/ml (50 ml, 100m ml)	Added to Formulary	Immunological Agents	PA	5	May 1, 2026
GAMMAGARD LIQUID 10% VIAL (ML)	Added to Formulary	Immune Globulin	PA	5	March 1, 2026
Harliku 2 MG TABS	Added to Formulary	Unclassified Drug Product	PA	5	April 1, 2026
hydrocortisone 2.5% cream	Added to Formulary	Skin Preps		2	February 1, 2026
Hyrnuo 10 MG TABS	Added to Formulary	Antineoplastics	PA	5	April 1, 2026
INLURIYO 200 MG TAB	Added to Formulary	Antineoplastics	PA	5	February 1, 2026
lomustine (10 mg cap, 40 mg cap)	Added to Formulary	Antineoplastics		4	February 1, 2026
lomustine 100 mg cap	Added to Formulary	Antineoplastics		5	February 1, 2026
LOTEPREDNOL ETABONATE 5 MG/ML / TOBRAMYCIN 3 MG/ML OPHTHALMIC SUSPENSION	Added to Formulary	Corticosteroid		4	May 1, 2026
luizza 1.5/30 1.5-30 mg-mcg tab	Added to Formulary	Contraceptives		3	February 1, 2026
luizza 1/20 1-20 mg-mcg tab	Added to Formulary	Contraceptives		3	February 1, 2026
NALOXONE HYDROCHLORIDE 16 MG/ ML NASAL SPRAY [REXTOVY]	Added to Formulary	Antidotes		3	February 1, 2026

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na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution(2-pk)	Added to Formulary	Gastrointestinal		4	February 1, 2026
Novolin R U-100 vial	Added to Formulary	Insulin	PA	4	May 1, 2026
Novolin N U-100 vial	Added to Formulary	Insulin		4	May 1, 2026
Novolin 70-30 U-100 vial	Added to Formulary	Insulin		4	May 1, 2026
Novolin N U-100 FlexPen	Added to Formulary	Insulin		4	May 1, 2026
Novolin 70-30 U-100 FlexPen	Added to Formulary	Insulin		4	May 1, 2026
OTEZLA XR 75 MG TAB ER 24H	Added to Formulary	Antiarthritics	PA, QL (30/30 days)	5	February 1, 2026
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	Added to Formulary	Antiarthritics	PA, QL (41/28 days)	5	February 1, 2026
Potassium Chloride 2 MEQ/ML SOLUTION	Added to Formulary	Elect/Caloric/H2O		2	February 1, 2026
PERAMPANEL 0.5 MG/ML SUSPENSION	Added to Formulary	Anticonvulsant		5	March 1, 2026
POMALIDOMIDE (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	Added to Formulary	Immunomodulatory Agents	LA, PA, QL (21/28)	5	May 1, 2026
Pramosone 1-1 % LOTION	Added to Formulary	Skin Preps		4	February 1, 2026
PREDNISOLONE SODIUM PHOSPHATE (10MG TAB DISP, 15MG TAB DISP, 30 MG TAB DISP)	Added to Formulary	Hormones		4	February 1, 2026
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	Added to Formulary	Cation Exchange Resins		2	March 1, 2026
SUBVENITE 10 MG/ML ORAL SUSPENSION	Added to Formulary	Anticonvulsant		4	March 1, 2026
TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% SUSPENSION	Added to Formulary	Ophthalmic Steroids		4	March 1, 2026

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ADDITIONS: Drugs that are being added to our Formulary (continued)

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VRAYLAR (0.5 mg, 0.75 mg, 1.5 MG CAP, 3 MG CAP, 4.5 MGCAP, 6 MG CAP)	Added to Formulary	Antipsychotic	PA, QL (30/30 days)	5	March 1, 2026
Vraylar 0.5 MG CAPS	Added to Formulary	Pyschotherapeutic Drugs	PA, QL (30/30)	5	April 1, 2026
Vraylar 0.75 MG CAPS	Added to Formulary	Pyschotherapeutic Drugs	PA, QL (30/30)	5	April 1, 2026
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB	Added to Formulary	Nuclear Export Inhibitor	PA	5	March 1, 2026
YUTREPIA (26.5 MCG CAP, 53 MCG CAP, 79.5 MCG CAP, 106 MCG CAP)	Added to Formulary	Prostacyclin Analog	PA	5	June 1, 2026

DELETIONS: Drugs that are being removed from our formulary

Name of Affected Drug	Reason for Change	Effective Date
ADLARITY 5 MG/DAY PATCH WK	Remove from Formulary	February 1, 2026
ADLARITY 10 MG/DAY PATCH WK	Remove from Formulary	February 1, 2026
OGSIVEO 50 MG TAB	Remove from Formulary	February 1, 2026
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	Remove from Formulary	February 1, 2026
SUMATRIPTAN SUCCINATE 4 MG/0.5ML SOLN A-INJ	Remove from Formulary	February 1, 2026

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UTILIZATION MANAGEMENT CHANGES

Name of Affected Drug	Change	Reason for Change	Effective Date
BRAFTOVI 75 MG CAPSULE	Remove QL		June 1, 2026
COTELLIC 20 MG TABLET	Remove QL		June 1, 2026
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	Remove QL		June 1, 2026
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	Remove QL		June 1, 2026
DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB)	Remove QL		June 1, 2026
ESTRING	Remove QL		May 1, 2026
MEKINIST 0.5 MG TABLET	Remove QL		June 1, 2026
MEKINIST 2 MG TABLET	Remove QL		June 1, 2026
MEKTOVI 15 MG TABLET	Remove QL		June 1, 2026
TAFINLAR 75 MG CAPSULE	Remove QL		June 1, 2026
TAFINLAR 50 MG CAPSULE	Remove QL		June 1, 2026

TIER CHANGES

Name of Affected Drug	Old Tier	New Tier	Effective Date
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	4	2	June 1, 2026
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	4	2	June 1, 2026
DAPAGLIFLOZIN PROPANEDIOL (5 MGTAB, 10 MG TAB)	4	2	June 1, 2026

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