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2026 Medicare Cumulative Formulary Update Table - Ind - February (through February 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
BRUKINSA 160 MG TAB	Added to Formulary	Antineoplastics	PA, QL (60/30 days)	5	February 1, 2026
diltiazem hcl er 360mg	Added to Formulary	Cardiac Drugs		2	February 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
ethynodiol diac-eth estradiol 1-35 mg-mcg tab 2	Added to Formulary	Contraceptives		2	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.

This page lists prescription drugs with brand names that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CDPHP Medicare Advantage drug plans.

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
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
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
hydrocortisone 2.5% cream	Added to Formulary	Skin Preps		2	February 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
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
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
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
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

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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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