

2/1/2026

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: **Effective 2/1/2026**

Drug	Reason	Cost sharing**	Restrictions***
amphetamine er 12.5 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
amphetamine er 15.7 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
amphetamine er 18.8 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
amphetamine er 3.1 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
amphetamine er 6.3 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
amphetamine er 9.4 mg extended release-disintegrating 24 hr tablet	New Drug	Tier 1	
ampicillin 2 gram solution for injection	New Drug	Tier 1	PA
BRUKINSA 160 MG TABLET	New Drug	Tier 1	PA QL LA
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 1	PA QL
conjugated estrogens 0.3 mg tablet	New Drug	Tier 1	
conjugated estrogens 0.45 mg tablet	New Drug	Tier 1	
conjugated estrogens 0.625 mg tablet	New Drug	Tier 1	
conjugated estrogens 0.9 mg tablet	New Drug	Tier 1	
conjugated estrogens 1.25 mg tablet	New Drug	Tier 1	
DROXIA 200 MG CAPSULE	New Drug	Tier 1	
DROXIA 300 MG CAPSULE	New Drug	Tier 1	
DROXIA 400 MG CAPSULE	New Drug	Tier 1	
EXXUA 18.2 MG TABLET,EXTENDED RELEASE	New Drug	Tier 1	ST QL
EXXUA 36.3 MG TABLET,EXTENDED RELEASE	New Drug	Tier 1	ST QL

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C1T

Drug	Reason	Cost sharing**	Restrictions***
EXXUA 54.5 MG TABLET,EXTENDED RELEASE	New Drug	Tier 1	ST QL
EXXUA 72.6 MG TABLET,EXTENDED RELEASE	New Drug	Tier 1	ST QL
fidaxomicin 200 mg tablet	New Drug	Tier 1	QL
gabapentin er 450 mg tablet,extended release 24 hr	New Drug	Tier 1	PA QL
gabapentin er 750 mg tablet,extended release 24 hr	New Drug	Tier 1	PA QL
gabapentin er 900 mg tablet,extended release 24 hr	New Drug	Tier 1	PA QL
INLURIYO 200 MG TABLET	New Drug	Tier 1	PA
LIVDELZI 10 MG CAPSULE	Formulary Addition	Tier 1	PA QL
lomustine 10 mg capsule	New Drug	Tier 1	
lomustine 100 mg capsule	New Drug	Tier 1	
lomustine 40 mg capsule	New Drug	Tier 1	
OTEZLA XR 75 MG TABLET,EXTENDED RELEASE	New Drug	Tier 1	PA QL
OTEZLA XR INITIATION 10 MG-20 MG-30 MG TABLET AND 75 MG TABLET,ER PACK	New Drug	Tier 1	PA QL
OTULFI 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 1	PA QL
OTULFI 90 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 1	PA QL
PYZCHIVA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	Formulary Addition	Tier 1	PA QL
PYZCHIVA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 1	PA QL
PYZCHIVA 90 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 1	PA QL
valtya 1 mg-35 mcg tablet	New Drug	Tier 1	
valtya 1 mg-50 mcg tablet	Formulary Addition	Tier 1	

Future Removed Products: **There were no future removed products this month.**

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C1T



Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**



H4193_MI-SNP-M-4313017-V.1_C

CMS/MDHHS Approved: 9/12/2025

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy
**Please consult the plan benefit design for copay/coinsurance amounts
***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C1T