



Dual Special Needs Plans (DSNP) Medicare Part D Formulary Changes

The formulary is a complete list of drugs covered by your Part D plan. We make changes to the formulary or Drug List at the beginning of the year (January 1) and occasionally, the plan will need to make changes to the formulary during the year. Some changes that may affect you:

New generic or biosimilar drug - a brand name drug or an original biologic product may be removed from the formulary if we replace it with a newly approved generic version of the brand name drug or a new biosimilar of the original biological product. The new generic drug or biosimilar will be on the same or lower cost sharing tier and have the same or fewer restrictions as the brand name drug or original biological product. We may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a higher cost-sharing tier or add new restrictions.

Drugs removed from the market - if the Food and Drug Administration (FDA) 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.

Drugs with new restrictions - if the FDA or manufacturer releases FDA boxed warnings or new clinical guidelines that are recognized by Medicare, we will make the changes to the drug on our formulary.

Listed below are the upcoming formulary changes of commonly used drugs for a 5 tier plan.

Effective date	Drug Name	Formulary change	Alternative Drug(s)*
1/1/2026	abiraterone acetate 500 mg tablet	Removed from the formulary. Lower strength of the drug is preferred.	abiraterone acetate 250 mg tablet
1/1/2026	Ajovy	Removed from the formulary. A similar drug is preferred.	Aimovig
1/1/2026	Ala-cort 1% cream	Removed from the formulary. Similar drugs are preferred.	generic topical steroids

Effective date	Drug Name	Formulary change	Alternative Drug(s)*
1/1/2026	Brilinta	Removed from the formulary. The generic is available.	ticagrelor (generic for Brilinta)
1/1/2026	Camzyos	Removed from the formulary.	Talk with your doctor about alternatives.
1/1/2026	colchicine 0.6mg CAPS	Removed from the formulary. Different dosage form is preferred.	colchicine 0.6mg TABS
1/1/2026	Corlanor	Removed from the formulary. The generic is available.	ivabradine (generic for Corlanor)
1/1/2026	Dexabliss 11-day pk 1.5 mg tablet	Removed from the formulary. The generic is available	dexamethasone
1/1/2026	Emtriva 200 mg capsule	Removed from the formulary. The generic is available.	emtricitabine (generic for Emtriva)
1/1/2026	Fasenra	Removed from the formulary. A similar drug is preferred.	Dupixent (for shared indications)
1/1/2026	fenofibrate 120 mg tablet	Removed from the formulary. Different strengths of the drug are preferred.	fenofibrate 134 mg, 145 mg
1/1/2026	fentanyl buccal effervescent tabs, lozenge on a stick	Removed from the formulary. Drug has been discontinued.	Talk with your doctor about alternatives.
1/1/2026	Humira	Removed from the formulary. Biosimilars of Humira are available.	Hadlima, Simlandi (biosimilars of Humira)
1/1/2026	hydroxyzine pamoate 100 mg CAPS	Removed from the formulary. Lower strength and tablet form of the drug is preferred.	hydroxyzine pamoate 50mg TABS
1/1/2026	isosorbide dinitrate 40 mg tablet	Removed from the formulary. Lower strength of the drug is preferred.	isosorbide dinitrate 20 mg tablet
1/1/2026	Lanoxin	Removed from the formulary. The generic is available	digoxin
1/1/2026	levalbuterol HFA 45 mcg inhaler	Removed from the formulary. A similar drug is preferred.	albuterol HFA (8.5 gm, 6.7 gm), Ventolin HFA

Effective date	Drug Name	Formulary change	Alternative Drug(s)*
1/1/2026	Medrol 2mg tablet	Removed from the formulary. The generic is available.	methylprednisolone
1/1/2026	Namzaric	Removed from the formulary. The generic is available.	memantine-donepezil (generic for Namzaric)
1/1/2026	Nucala	Removed from the formulary. Similar drug is preferred	Dupixent (for shared indications)
1/1/2026	Oxbryta 300mg	Removed from the formulary. Drug has been discontinued.	Talk with your doctor about alternatives.
1/1/2026	pirfenidone TABS	Removed from the formulary. Different dosage form is preferred.	pirfenidone CAPS
1/1/2026	Purixan 20 mg/ml oral susp	Removed from the formulary. The generic is available.	mercaptopurine tablets
1/1/2026	Risperdal Consta	Removed from the formulary. The generic is available.	risperidone IM susp ER (generic for Risperdal Consta)
1/1/2026	Savella	Removed from the formulary. Similar drugs are preferred.	duloxetine, pregabalin. Talk with your doctor about alternatives.
1/1/2026	Sorine	Removed from the formulary. Brand drug is discontinued.	sotalol capsules
1/1/2026	Sprycel	Removed from the formulary. The generic is available.	dasatinib (generic for Sprycel)
1/1/2026	Stelara	Non-Preferred. Biosimilars of Stelara are available.	Selarsdi, Yesintek (biosimilars of Stelara)
1/1/2026	Vascepa	Removed from the formulary. The generic is available.	icosapent ethyl (generic for Vascepa)
1/1/2026	Xolair	Non-Preferred. Similar drug is preferred.	Dupixent (for shared indications)

* Please refer to your specific plan's [formulary list](#) for drug coverage and tier placement.

Note: Given the individualized nature of drug therapy, please talk to your provider to determine if the alternative drug(s) listed are appropriate for you.

If you have any questions, please contact Customer Care at 1-866-862-7087 (TTY 711), 8:00 a.m. - 8:00 p.m., Monday-Friday. From October 1 to March 31, representatives are also available weekends from 8:00 a.m. - 8:00 p.m.