

Medicare Part D 2026 Formulary Changes

Cox HealthPlans may add or remove drugs from our formulary during the year. For example, if we remove a drug from our formulary, add prior authorization, quantity limits, step therapy restrictions, or move a drug to a higher cost-sharing tier, we will notify affected members in writing at least 30 days before the date that the change becomes effective. However, if the U.S. Food and Drug Administration (FDA) determines 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 drug formulary and notify affected members retrospectively in writing. The table below outlines changes made to our formulary throughout 2026.

2026 FORMULARY UPDATE AS OF March 2026:

FORMULARY ID: 26379

Formulary additions, reductions in preferred or tiered cost-sharing status, or removal of Utilization Management to an existing formulary drug.						
Covered Drug Name	Strength	Dosage Form	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TACROLIMUS	5 MG/ML	VIAL	ADDITION	3/27/2026	4	
LOTEPREDNOL ETABONATE-TOBRAMYCIN	0.5-0.3 %	SUSP	ADDITION	5/1/2026	2	
IPRATROPIUM BROMIDE HFA	17 MCG/ACT	AERS	ADDITION	4/10/2026	4	QL
ADALIMUMAB-AATY	20MG/0.2ML	SYRINGEKIT	ADDITION	4/10/2026	5	PA
ADALIMUMAB-AATY	40MG/0.4ML	AUTOINJKIT	ADDITION	4/10/2026	5	PA
ADALIMUMAB-AATY	40MG/0.4ML	SYRINGEKIT	ADDITION	4/10/2026	5	PA
ADALIMUMAB-AATY	80MG/0.8ML	AUTOINJKIT	ADDITION	4/10/2026	5	PA
ADALIMUMAB-AATY	80MG/0.8ML	AUTOINJKIT	ADDITION	4/10/2026	5	PA

Formulary additions, reductions in preferred or tiered cost-sharing status, or removal of Utilization Management to an existing formulary drug.

Covered Drug Name	Strength	Dosage Form	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
HADLIMA(CF) PUSHTOUCH	40MG/0.4ML	AUTO INJCT	ADDITION	4/10/2026	5	PA
HADLIMA(CF)	40MG/0.4ML	SYRINGE	ADDITION	4/10/2026	5	PA
HADLIMA PUSHTOUCH	40MG/0.8ML	AUTO INJCT	ADDITION	4/10/2026	5	PA
HADLIMA	40MG/0.8ML	SYRINGE	ADDITION	4/10/2026	5	PA
BRILINTA	90 MG	TABLET	DELETION	5/1/2026	3	
XGEVA	120 MG/1.7	VIAL	DELETION	5/1/2026	5	PA
TEFLARO	400 MG	VIAL	DELETION	5/1/2026	5	Generic Added and Brand Removed
TEFLARO	600 MG	VIAL	DELETION	5/1/2026	5	Generic Added and Brand Removed
ZYLET	0.5-0.3 %	SUSP	DELETION	5/1/2026	3	Generic Added and Brand Removed
RIVAROXABAN	2.5 MG	TABLET	UPDATE	5/1/2026	4	QL, ST

The following table describes the symbols/abbreviations used in the Utilization Management Notes column above	
SYMBOLS/ABBREVIATIONS	DESCRIPTION
NMO	No Mail Order available for the drug
QL	Quantity Limit applies to your fill
PA	Prior Authorization is required before filling
BD	These drugs may be covered under Medicare Part B or D depending on the circumstance. Information may need to be submitted to describe the use and setting of the drug to make the appropriate determination.
ST	Step Therapy requirement applies
E	Excluded drugs that are not normally covered in a Medicare Prescription Drug Plan, but we do allow. The

	amount you pay does not count towards your total drug costs. Additionally, if you are receiving “extra help”, you will not receive it for these drugs.
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