



# 2026 Addendum for MCS Classicare Prescription Drug Formulary 1

This document provides a summary of the changes suffered by the Prescription Drug Formulary 1 from January 2026 to February 2026.

MCS Classicare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug and/or move a drug to other cost-sharing tier, we will notify the affected enrollees through the Formulary Change Letter or the Explanation of Benefits (EOB).

Below is an updated drugs list for prescription drugs that have either been included, removed or there has been a change in prior authorization, quantity limits, step therapy restrictions and/or move a drug from its tiered cost-sharing status in the Prescription Drug Formulary 1.

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Brukinsa Capsule 80 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Carbidopa-Levodopa ER Capsule Extended Release 23.75-95 MG Oral	Tier 4 + Quantity Limit 360	CMS Approved Addition	Not Apply	02.01.2026
Carbidopa-Levodopa ER Capsule Extended Release 36.25-145 MG Oral	Tier 4 + Quantity Limit 270	CMS Approved Addition	Not Apply	02.01.2026
Carbidopa-Levodopa ER Capsule Extended Release 48.75-195 MG Oral	Tier 4 + Quantity Limit 360	CMS Approved Addition	Not Apply	02.01.2026

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Carbidopa-Levodopa ER Capsule Extended Release 61.25-245 MG Oral	Tier 4 + Quantity Limit 300	CMS Approved Addition	Not Apply	02.01.2026
Dificid Tablet 200 MG Oral	Non Formulary	CMS Approved Enhancement	fidaxomicin tablet 200 mg, Tier 5 + Step Therapy New Starters	02.01.2026
Endocet Tablet 10-325 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Endocet Tablet 2.5-325 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Endocet Tablet 5-325 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Endocet Tablet 7.5-325 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Exxua Tablet Extended Release 24 Hour 18.2 MG Oral	Tier 5 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	02.01.2026
Exxua Tablet Extended Release 24 Hour 36.3 MG Oral	Tier 5 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	02.01.2026
Exxua Tablet Extended Release 24 Hour 54.5 MG Oral	Tier 5 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	02.01.2026
Exxua Tablet Extended Release 24 Hour 72.6 MG Oral	Tier 5 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	02.01.2026
Fidaxomicin Tablet 200 MG Oral	Tier 5 + Quantity Limit 20/10 + Step Therapy New Starters	CMS Approved Addition	Not Apply	02.01.2026
Glycerol Phenylbutyrate Liquid 1.1 GM/ML Oral	Tier 5 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	02.01.2026
Haloette Ring 0.12-0.015 MG/24HR Vaginal	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Ogsiveo Tablet 50 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	Non Formulary	CMS Approved Enhancement	bildyos solution prefilled syringe 60 mg/ml subcutaneous, Tier 4 + Quantity Limit 1/180 + Prior Authorization New Starters	02.01.2026
Ravicti Liquid 1.1 GM/ML Oral	Non Formulary	CMS Approved Enhancement	glycerol phenylbutyrate 1.1 gm/ml oral, Tier 5 + Prior Authorization New Starters	02.01.2026
Rytary Capsule Extended Release 23.75-95 MG Oral	Non Formulary	CMS Approved Enhancement	carbidopa-levodopa ER capsule extended release 23.75-95 mg oral, Tier 4 + Quantity Limit 360	02.01.2026
Rytary Capsule Extended Release 36.25-145 MG Oral	Non Formulary	CMS Approved Enhancement	carbidopa-levodopa ER capsule extended release 36.25-145 mg oral, Tier 4 + Quantity Limit 270	02.01.2026
Rytary Capsule Extended Release 48.75-195 MG Oral	Non Formulary	CMS Approved Enhancement	carbidopa-levodopa ER capsule extended release 48.75-195 mg oral, Tier 4 + Quantity Limit 360	02.01.2026
Rytary Capsule Extended Release 61.25-245 MG Oral	Non Formulary	CMS Approved Enhancement	carbidopa-levodopa ER capsule extended release 61.25-245 mg oral, Tier 4 + Quantity Limit 300	02.01.2026
Simlandi (1 Syringe) Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Testosterone Gel 10 MG/ACT (2%) Transdermal	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026
Vigpoder Packet 500 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	02.01.2026

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Xgeva Solution 120 MG/1.7ML Subcutaneous	Non Formulary	CMS Approved Enhancement	bilprevda solution 120mg/1.7ml subcutaneous, Tier 5 + Quantity Limit 1.7/28 + Prior Authorization	02.01.2026

Ahead you will find some definitions that help you to understand the changes in the Prescription Drug Formulary 1:

**Prior authorization** – This means your doctor must contact the plan before the plan will cover the drug. Your doctor must show that the drug is medically necessary for it to be covered.

**Quantity Limits** – This means there is a limit to how much medication or other dosage form you can get at a time.

**Step Therapy** – This means one or more similar lower cost drugs must be used before the step-therapy drug is covered.

If you have any questions regarding this notification, please contact our Customer Service Center at 787-620-2530 (metro area) or 1-866-627-8183 (toll free). Members with hearing impairment should call 1-866-627-8182 (TTY). Service hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. From April 1 to September 30, Monday through Friday from 8:00 a.m. to 8:00 p.m and Saturdays from 8:00 a.m. to 4:30 p.m. Remember that we have our Service Centers conveniently located throughout the Island to respond to the needs of our members. In MCS we are available to serve you.

MCS Classicare is an HMO plan offered by MCS Advantage, Inc.