



2026 Addendum for MCS Classicare Prescription Drug Formulary 2

This document provides a summary of the changes suffered by the Prescription Drug Formulary 2 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 2.

| 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 + Step Therapy New Starters | CMS Approved Addition | Not Apply | 02.01.2026 |
| Carbidopa-Levodopa ER Capsule Extended Release 36.25-145 MG Oral | Tier 4 + Quantity Limit 270 + Step Therapy New Starters | CMS Approved Addition | Not Apply | 02.01.2026 |
| Carbidopa-Levodopa ER Capsule Extended Release 48.75-195 MG Oral | Tier 4 + Quantity Limit 360 + Step Therapy New Starters | 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 + Step Therapy New Starters | CMS Approved Addition | Not Apply | 02.01.2026 |
| Difidid 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 |

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| 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, 5 + Prior Authorization New Starters | 02.01.2026 |
| Rytrary 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 |
| Rytrary 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 |
| Rytrary 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 |
| Rytrary 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 |

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| 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 |
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Ahead you will find some definitions that help you to understand the changes in the Prescription Drug Formulary 2:

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.