Formulary Changes Effective August 1, 2026					
CMS Formulary ID	**Effective Date**	**Drug Name**	**Change Description**	**Reason Description**	**Alternate Drugs and Tier**
26318	8/1/2026	MAVENCLAD 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	CLADRIBINE 10 MG ORAL TABLET-5
26318	8/1/2026	EDURANT 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	RILPIVIRINE 25 MG ORAL TABLET-5
26318	8/1/2026	ATROVENT HFA 17MCG INHALATION HFA AER A	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	IPRATROPIUM BROMIDE 17MCG INHALATION HFA AER AD-4
26318	8/1/2026	ASTAGRAF XL 0.5 MG ORAL CAP ER 24H	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TACROLIMUS XL 0.5 MG ORAL CAP ER 24H-4
26318	8/1/2026	ASTAGRAF XL 1 MG ORAL CAP ER 24H	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TACROLIMUS XL 1 MG ORAL CAP ER 24H-4
26318	8/1/2026	ASTAGRAF XL 5 MG ORAL CAP ER 24H	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TACROLIMUS XL 5 MG ORAL CAP ER 24H-5