Formulary Changes Effective November 1, 2026					
CMS Formulary ID	**Effective Date**	**Drug Name**	**Change Description**	**Reason Description**	**Alternate Drugs and Tier**
26318	11/1/2026	JANUMET XR 50-1000 MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	SITAGLIPTIN PHOS-METFORMIN ER 50-1000 MG ORAL TBMP 24HR-3
26318	11/1/2026	JANUMET XR 100-1000MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	SITAGLIPTIN PHOS-METFORMIN ER 100-1000MG ORAL TBMP 24HR-3
26318	11/1/2026	JANUMET XR 50MG-500MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	SITAGLIPTIN PHOS-METFORMIN ER 50MG-500MG ORAL TBMP 24HR-3
26318	11/1/2026	PRIFTIN 150 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	RIFAPENTINE 150 MG ORAL TABLET-3