

To: Jai Medical Providers
From: ProCare Rx
Date: October 1, 2026
Subject: Formulary Update – October 2026 –

Effective immediately, the following products have been added to the formulary:

- Terconazole Vaginal Cream (45g of 0.4% Cream and 20g of 0.8% Cream)
- Terconazole Vaginal 80mg – 3 Suppository Dose Pack

Effective 11/1/2026, the following products will be removed from the formulary:

- Nitrofurantoin Suspension 50mg/5mL (25mg/5mL remains on the formulary)

Effective immediately, the following products have updated Prior Authorization rules:

- **Fentanyl Patch** – Updated approved indications to align with language in the prescribing information and an update to the criteria description regarding previous trial of formulary alternatives to align with the indication.

GENERIC NAME	FENTANYL PATCH
Covered Uses	All FDA approved indications: • Indicated for the management of severe and persistent pain in opioid-tolerant patients, that requires an opioid analgesic and that cannot be adequately treated with alternative options, including immediate-release opioids.
Required Medical Information	○ Diagnosis of persistent, moderate to severe chronic or cancer- related pain requiring continuous, around-the-clock opioid administration for an extended period of time; and ○ Previous inadequate response, intolerance, contraindication, or clinical inadequacy of alternative treatment options, including immediate-release opioids ○ Completion of Opioid Prior Authorization/Attestation Form required, available at http://www.jaimedicalsystems.com/providers/pharmacy/

- **Extended Release Morphine** – updated wording of indications to better align with packet insert language

GENERIC NAME	MORPHINE SULFATE EXTENDED RELEASE
Covered Uses	All FDA approved indications: • Indicated for the management of severe and persistent pain that requires an opioid analgesic and that cannot be adequately treated with alternative options, including immediate-release opioids.

- **Extended Release Tramadol** – wording of criteria and indication updated to clarify differences for different strengths

GENERIC NAME	TRAMADOL HCL EXTENDED RELEASE
Covered Uses	All FDA approved indications: • Indicated for the management of moderate to moderately severe chronic pain in adults who require around-the-clock treatment of their pain for an extended period of time

- For the following products, the Max Quantity Per Month description will be updated as described based on the prescribing information for the medication (any request for more than the amount described should include the rationale for the higher dose):
 - **Donepezil Tablet (30/30)**
 - **Galantamine Tablet (60/30)**
 - **Galantamine ER Capsule (30/30)** [The ER Capsules were not listed in the Max Quantity Per Month Description in the booklet but remained 30/30 without change]
 - **Rizatriptan Tablet (28/30)**
 - **Ropinirole ER tablet (30/30)** (Regular tablet remains 90/30) [The ER tablets were not listed in the Max Quantity Per Month Description in the booklet but remained 30/30 without change]
 - **Teriflunomide tablet (30/30)**
 - **Zolmitriptan Tablet (28/30)**

All changes in this notice supersede any previous edits to the formulary.

Providers can contact ProCare Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.