Medicare Part D Formulary Changes

Please note the following revisions, additions and deletions to our 2024 Medicare formulary. If you have any questions about the information here, please contact the number on the back of our ID card.

HMO and HMO-POS Revisions

Drug	Tier	Requirements/Limits
ADTHYZA TAB 120MG	Tier 4	
ADTHYZA TAB 15MG	Tier 4	
ADTHYZA TAB 30MG	Tier 4	
ADTHYZA TAB 60MG	Tier 4	
ADTHYZA TAB 90MG	Tier 4	
ALYGLO INJ 10/100ML	Tier 5	PA (BvD)
ALYGLO INJ 20/200ML	Tier 5	PA (BvD)
ALYGLO INJ 5GM/50ML	Tier 5	PA (BvD)
ANKTIVA SOL 400MCG	Tier 5	PA
BOSULIF CAP 100MG	Tier 5	PA
BOSULIF CAP 50MG	Tier 5	PA
BROMFENAC DRO 0.075%	Tier 4	
CEFAZOLIN INJ 3GM	Tier 2	
CYCLOPHOSPH INJ 1000MG	Tier 5	
CYCLOPHOSPH INJ 2000MG	Tier 5	
CYCLOPHOSPH INJ 500/5ML	Tier 5	
DABIGATRAN CAP 110MG	Tier 2	
EMZAHH	Tier 2	
ERIBULIN INJ 1MG/2ML	Tier 5	
IXCHIQ INJ	Tier 4	
KLAYESTA POW 100000	Tier 2	
LEVONOR/ETHI TAB 0.1-20	Tier 2	
LIBERVANT MIS 10MG	Tier 4	MDD QL 10/30
LIBERVANT MIS 12.5MG	Tier 4	MDD QL 10/30
LIBERVANT MIS 15MG	Tier 4	MDD QL 10/30
LIBERVANT MIS 5MG	Tier 4	MDD QL 10/30
LIBERVANT MIS 7.5MG	Tier 4	MDD QL 10/30
LITHIUM CITRATE 60 MG/ML	Tier 1	
MIFEPRISTONE TAB 300 MG	Tier 5	PA
OGSIVEO TAB 100MG	Tier 5	PA
OGSIVEO TAB 150MG	Tier 5	PA
OJEMDA SUS 25MG/ML	Tier 5	PA
OJEMDA TAB 100MG	Tier 5	PA
PENBRAYA INJ	Tier 3	
PHENYTEK CAP 200MG	Tier 2	

Drug	Tier	Requirements/Limits
PHENYTEK CAP 300MG	Tier 2	
TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 5	
TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 5	
TYENNE INJ 200/10ML	Tier 5	PA
TYENNE INJ 400/20ML	Tier 5	PA
TYENNE INJ 80MG/4ML	Tier 5	PA
TYVASO DPI POW 16MCG	Tier 5	PA
TYVASO DPI POW 32MCG	Tier 5	PA
TYVASO DPI POW 48MCG	Tier 5	PA
TYVASO DPI POW 64MCG	Tier 5	PA
UDENYCA ONBO INJ 6/0.6ML	Tier 5	
XCOPRI TAB 25MG	Tier 5	
XOLAIR INJ 150MG/ML	Tier 5	PA
XOLAIR INJ 300/2ML	Tier 5	PA
XOLAIR INJ 75/0.5	Tier 5	PA
ZENPEP CAP 60000UNT	Tier 3	
ZURANOLONE 20 MG	Tier 5	PA; MDD QL 28/1
ZURANOLONE 25 MG	Tier 5	PA; MDD QL 28/2
ZURANOLONE 30 MG	Tier 5	PA; MDD QL 28/3

HMO and HMO-POS Deletions

Drug Name
-none-

+ This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at the number on your member ID card.
^ We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information.
* This prescription drug will be provided at zero cost-sharing the first time you fill it.

PA This means the drug needs **Prior Authorization** from your plan before a prescription can be filled.
ST This means the drug is subject to **Step Therapy** requirements.
QL This means the drug has a **Quantity Limit** per prescription.