

Medicare Part D Formulary Changes

Please note the following revisions, additions and deletions to our 2025 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	UM
ABIGALE TAB 1-0.5MG	Tier 2	
AMNESTEEM CAP 30MG	Tier 4	
AURANOFIN CAP 3MG	Tier 5	
AVMAPKI PAK FAKZYNJA	Tier 5	PA
AZACITIDINE INJ 100MG	Tier 5	
BIZENGRI SOL 750 DOSE	Tier 5	PA
BONSITY INJ 560/2.24	Tier 5	PA
BRUKINSA TAB 160MG	Tier 5	PA
CEFAZOL/DEX SOL 3GM	Tier 2	
DATROWAY INJ 100MG	Tier 5	PA
DOPAMINE/D5W INJ 3.2MG/ML	Tier 1	PA (B v D)
DOPTELET SPR CAP 10MG	Tier 5	PA
EASY COMFORT MIS 29GX4MM	Tier 3	
EDURANT PED TAB 2.5MG	Tier 5	
ELIQUIS CAP 0.15MG	Tier 3	QL #84/28
ELIQUIS TAB 0.5MG	Tier 3	QL #140/28
ELIQUIS TAB 1.5MG	Tier 3	QL #420/28
ELIQUIS TAB 2MG	Tier 3	QL #560/28
ELTROMBOPAG POW 12.5MG	Tier 5	PA
ELTROMBOPAG POW 25MG	Tier 5	PA
ELTROMBOPAG TAB 12.5MG	Tier 5	PA
ELTROMBOPAG TAB 25MG	Tier 5	PA
ELTROMBOPAG TAB 50MG	Tier 5	PA
ELTROMBOPAG TAB 75MG	Tier 5	PA
EMRELIS INJ 100MG	Tier 5	PA
EMRELIS INJ 20MG	Tier 5	PA
EMTRIC/RILPI TAB TENOF DF	Tier 5	
ENSACOVE CAP 100MG	Tier 5	PA
ENSACOVE CAP 25MG	Tier 5	PA
ERIBULIN INJ 1MG/2ML	Tier 5	
ESLICARBAZEP TAB 200MG	Tier 4	ST
ESLICARBAZEP TAB 400MG	Tier 4	ST
ESLICARBAZEP TAB 600MG	Tier 4	ST

Drug	Tier	UM
ESLICARBAZEP TAB 800MG	Tier 4	ST
EVEXITHROID TAB 120MG	Tier 4	
EVEXITHROID TAB 15MG	Tier 4	
EVEXITHROID TAB 180MG	Tier 4	
EVEXITHROID TAB 30MG	Tier 4	
EVEXITHROID TAB 45MG	Tier 4	
EVEXITHROID TAB 60MG	Tier 4	
EVEXITHROID TAB 75MG	Tier 4	
EVEXITHROID TAB 90MG	Tier 4	
EXXUA TAB 18.2MG	Tier 5	ST
EXXUA TAB 36.3MG	Tier 5	ST
EXXUA TAB 54.5MG	Tier 5	ST
EXXUA TAB 72.6MG	Tier 5	ST
FANAPT PAK PACK B	Tier 4	ST
FANAPT PAK PACK B	Tier 4	ST
FANAPT PAK PACK C	Tier 4	ST
FEIRZA TAB 1.5/30	Tier 2	
FEIRZA TAB 1/20	Tier 2	
FIDAXOMICIN TAB 200MG	Tier 5	
FRINDOVYX INJ 1GM/2ML	Tier 5	
FRINDOVYX INJ 2GM/4ML	Tier 5	
FRINDOVYX INJ 500MG/ML	Tier 5	
FULVESTRANT INJ 250/5ML	Tier 5	
FULVESTRANT INJ 250/5ML	Tier 5	
FULVESTRANT INJ 250/5ML	Tier 5	
GALBRIELA CHW	Tier 2	
GEMCITABINE INJ 1GM	Tier 2	
GEMCITABINE INJ 200MG	Tier 2	
GEMCITABINE INJ 2GM	Tier 2	
GLYCEROL PHE LIQ 1.1GM/ML	Tier 5	PA
GOMEKLI CAP 1MG	Tier 5	PA
GOMEKLI CAP 2MG	Tier 5	PA
GRAFAPEX INJ 1GM	Tier 5	PA
GRAFAPEX INJ 5GM	Tier 5	PA
HERNEXEOS TAB 60MG	Tier 5	PA
IBTROZI CAP 200MG	Tier 5	PA
IMDELLTRA INJ 10MG	Tier 5	PA
IMDELLTRA INJ 1MG	Tier 5	PA
INLEXZO IMP 225MG	Tier 5	PA
INLEXZO IMP 225MG	Tier 5	PA
INLEXZO MIS 225MG	Tier 4	PA

Drug	Tier	UM
IVERMECTIN TAB 6MG	Tier 2	PA
IVRA INJ 90MG/ML	Tier 5	PA
JUBBONTI INJ 60MG/ML	Tier 5	PA
KERENDIA TAB 40MG	Tier 4	MDD QL 30/30
KOSELUGO CAP 5MG	Tier 5	PA
KOSELUGO CAP 7.5MG	Tier 5	PA
LAGEVRIO CAP 200MG	Tier 4	MDD QL 40/5
LAGEVRIO CAP 200MG	Tier 4	QL 40/5
LIOMNY TAB 25MCG	Tier 2	
LIOMNY TAB 50MCG	Tier 2	
LIOMNY TAB 5MCG	Tier 2	
LYNOZYFIC INJ 200/10ML	Tier 5	PA
LYNOZYFIC INJ 5/2.5ML	Tier 5	PA
MELEYA TAB 0.35MG	Tier 2	
MEMAN/DONEPZ CAP 14-10MG	Tier 4	MDD QL 30/30
MEMAN/DONEPZ CAP 21-10MG	Tier 4	MDD QL 30/30
MEMAN/DONEPZ CAP 28-10MG	Tier 4	MDD QL 30/30
MERCAPTOPURI SUS 20MG/ML	Tier 5	
MESNA TAB 400MG	Tier 5	
MODEYSO CAP 125MG	Tier 5	PA
MORPHINE SUL INJ 2MG/ML	Tier 2	
NILOTINIB CAP 150MG	Tier 5	PA
NILOTINIB CAP 200MG	Tier 5	PA
NILOTINIB CAP 50MG	Tier 5	PA
OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	Tier 5	PA
OTULFI INJ 130/26ML	Tier 5	PA
OTULFI INJ 45/0.5ML	Tier 4	PA
OTULFI INJ 45MG	Tier 4	PA
OTULFI INJ 90MG/ML	Tier 5	PA
PAXLOVID PAK	Tier 3	QL 11 tabs/5 days
PAZOPANIB TAB 400MG	Tier 5	PA
PENMENVY INJ	Tier 3	
PERAMPANEL TAB 10MG	Tier 5	
PERAMPANEL TAB 12MG	Tier 5	
PERAMPANEL TAB 2MG	Tier 4	
PERAMPANEL TAB 4MG	Tier 5	
PERAMPANEL TAB 6MG	Tier 5	
PERAMPANEL TAB 8MG	Tier 5	
PHYRAGO TAB 100MG	Tier 5	PA
PHYRAGO TAB 140MG	Tier 5	PA
PHYRAGO TAB 20MG	Tier 5	PA

Drug	Tier	UM
PHYRAGO TAB 50MG	Tier 5	PA
PHYRAGO TAB 70MG	Tier 5	PA
PHYRAGO TAB 80MG	Tier 5	PA
PREVYMIS PAK 120MG	Tier 5	
PREVYMIS PAK 20MG	Tier 5	
PREZCOBIX TAB 675/150	Tier 5	
PYZCHIVA INJ 45/0.5ML	Tier 3	PA
PYZCHIVA INJ 45/0.5ML	Tier 3	PA
PYZCHIVA INJ 90MG/ML	Tier 3	PA
RALDESY SOL 10MG/ML	Tier 5	PA
REMODULIN SOL 400MG	Tier 5	PA
RENTHYROID TAB 120MG	Tier 4	
RENTHYROID TAB 15MG	Tier 4	
RENTHYROID TAB 30MG	Tier 4	
RENTHYROID TAB 60MG	Tier 4	
RENTHYROID TAB 90MG	Tier 4	
REVUFORJ TAB 25MG	Tier 5	PA
RIVAROXABAN SUS 1MG/ML	Tier 5	
ROMVIMZA CAP 14MG	Tier 5	PA
ROMVIMZA CAP 20MG	Tier 5	PA
ROMVIMZA CAP 30MG	Tier 5	PA
ROSYRAH TAB	Tier 2	
SELARSDI INJ 45/0.5ML	Tier 4	PA
SUBVENITE SUS 10MG/ML	Tier 4	
SUNLENCA TAB 300MG	Tier 5	
TOLVAPTAN PAK 15MG	Tier 5	PA, MDD QL 56/28
TOLVAPTAN PAK 30-15MG	Tier 5	PA, MDD QL 56/28
TOLVAPTAN PAK 45-15MG	Tier 5	PA, MDD QL 56/28
TOLVAPTAN PAK 60-30MG	Tier 5	PA, MDD QL 56/28
TOLVAPTAN PAK 90-30MG	Tier 5	PA, MDD QL 56/28
TOLVAPTAN TAB 15MG	Tier 5	PA, MDD QL 120/30
TOLVAPTAN TAB 30MG	Tier 5	PA, MDD QL 120/30
TOPIRAMATE CAP 50MG	Tier 3	
TOPIRAMATE SOL 25MG/ML	Tier 4	
UNLOXCYT SOL 300/5ML	Tier 5	PA
VALTYA 1/35 TAB	Tier 2	
VALTYA 1/50 TAB	Tier 2	
VENXXIVA TAB 300MG	Tier 5	
VIMKUNYA INJ	Tier 4	
VIVIMUSTA INJ 100/4ML	Tier 5	PA
VIVOTIF CAP EC	Tier 4	

Drug	Tier	UM
VYLOY INJ 300MG	Tier 5	PA
WYOST INJ 120/1.7	Tier 5	
XARAH FE TAB	Tier 2	
XELRIA FE CHW 0.4MG-35	Tier 2	
XPOVIO PAK 40MG	Tier 5	PA

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.

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