

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 2	
AURANOFIN CAP 3MG	Tier 3	
AVMAPKI PAK FAKZYNJA	Tier 5	PA
BIMZELX INJ 320MG/2	Tier 5	PA
BISOPROL FUM TAB 2.5MG	Tier 2	
BIZENGRI SOL 750 DOSE	Tier 5	PA
BONSITY INJ 560/2.24	Tier 5	PA
CEFAZOL/DEX SOL 3GM	Tier 2	
CHENODAL TAB 250MG	Tier 5	PA
DATROWAY INJ 100MG	Tier 5	PA
DOLOBID TAB 375MG	Tier 4	
EASY COMFORT MIS 29GX4MM	Tier 3	
EDURANT PED TAB 2.5MG	Tier 4	
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
ESLICARBAZEP TAB 200MG	Tier 4	ST
ESLICARBAZEP TAB 400MG	Tier 4	ST
ESLICARBAZEP TAB 600MG	Tier 4	ST
ESLICARBAZEP TAB 800MG	Tier 4	ST
EVRYSDI TAB 5MG	Tier 5	PA; MDD QL 30/30
EXENATIDE INJ 5MCG	Tier 3	PA, MDD QL 1.20 /30
FANAPT PAK PACK B	Tier 4	ST
FANAPT PAK PACK C	Tier 4	ST
FEIRZA TAB 1.5/30	Tier 1	

Drug	Tier	UM
FEIRZA TAB 1/20	Tier 1	
FERRIC CITRA TAB 210MG	Tier 4	PA
FIDAXOMICIN TAB 200MG	Tier 4	
FRINDOVYX INJ 1GM/2ML	Tier 5	
FRINDOVYX INJ 2GM/4ML	Tier 5	
FRINDOVYX INJ 500MG/ML	Tier 5	
GALBRIELA CHW	Tier 2	
GOMEKLI CAP 1MG	Tier 5	PA
GOMEKLI CAP 2MG	Tier 5	PA
GRAFAPEX INJ 1GM	Tier 5	PA
GRAFAPEX INJ 5GM	Tier 5	PA
HALCINONIDE SOL 0.1%	Tier 4	
IBTROZI CAP 200MG	Tier 5	PA
IVERMECTIN TAB 6MG	Tier 2	PA
IVRA INJ 90MG/ML	Tier 5	PA
KERENDIA TAB 40MG	Tier 3	PA, MDD QL 30/30
LACTULOSE PAK 20GM	Tier 4	
LAGEVRIO CAP 200MG	Tier 4	MDD QL 40/5
LIRAGLUTIDE INJ 18MG/3ML	Tier 2	PA; MDL 9ml/30 days
LIVMARLI TAB 10MG	Tier 5	PA
LIVMARLI TAB 15MG	Tier 5	PA
LIVMARLI TAB 20MG	Tier 5	PA
LIVMARLI TAB 30MG	Tier 5	PA
LYNOZYFIC INJ 200/10ML	Tier 5	PA
LYNOZYFIC INJ 5/2.5ML	Tier 5	PA
MATERVIA CAP	Tier 4	
MELEYA TAB 0.35MG	Tier 2	
MEMAN/DONEPZ CAP 14-10MG	Tier 4	
MEMAN/DONEPZ CAP 21-10MG	Tier 4	
MEMAN/DONEPZ CAP 28-10MG	Tier 4	
MERCAPTOPURI SUS 20MG/ML	Tier 4	
MESNA TAB 400MG	Tier 3	
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
OMVOH INJ 100/200	Tier 5	PA
OTULFI INJ 130/26ML	Tier 5	PA
OTULFI INJ 45/0.5ML	Tier 4	PA
OTULFI INJ 90MG/ML	Tier 5	PA
OXYCODONE TAB 15MG	Tier 4	

Drug	Tier	UM
OXYCODONE TAB 30MG	Tier 4	
OXYCODONE TAB 5MG	Tier 4	
PALFORZIA CAP 1-3YRS	Tier 4	
PALFORZIA CAP LEVEL 0	Tier 4	
PAXLOVID PAK	Tier 3	QL 11 tabs/5 days
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	
PRENATE MAX TAB	Tier 4	
PREVYMIS PAK 120MG	Tier 5	
PREVYMIS PAK 20MG	Tier 4	
PRUCALOPRIDE TAB 1MG	Tier 2	MDD QL 30/30
PRUCALOPRIDE TAB 2MG	Tier 2	MDD QL 30/30
RALDESY SOL 10MG/ML	Tier 5	
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 3	
ROMVIMZA CAP 14MG	Tier 5	PA
ROMVIMZA CAP 20MG	Tier 5	PA
ROMVIMZA CAP 30MG	Tier 5	PA
ROSYRAH TAB	Tier 2	
SIMLANDI KIT 20/0.2ML	Tier 4	PA
SIMLANDI KIT 80/0.8ML	Tier 4	PA
SIMLANDI 1PN KIT 80/0.8ML	Tier 4	PA
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	
TREMFYA INDUCTION PACK FOR CROHNS DISEASE	Tier 4	PA

Drug	Tier	UM
TREMFYA INJ 200/2ML	Tier 4	PA
VALTYA 1/50 TAB	Tier 1	
VENXXIVA TAB 300MG	Tier 4	
VIMKUNYA INJ	Tier 4	
VYLOY INJ 300MG	Tier 5	PA
VYVGART INJ HYTRULO	Tier 5	PA
WEZLANA INJ 130/26ML	Tier 4	PA
WEZLANA INJ 45/0.5ML	Tier 4	PA
WEZLANA INJ 90MG/ML	Tier 4	PA
XELRIA FE CHW 0.4MG-35	Tier 1	
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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