

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 Additions

Drug	Tier	Requirements/Limits
DRIZALMA SPRINKLE	Tier 4	
VIGAFYDE	Tier 5	

HMO and HMO-POS Changes

Drug	Tier	Requirements/Limits
BENZTROPINE TAB 0.5MG	TIER 1	
BENZTROPINE TAB 1MG	TIER 1	
BENZTROPINE TAB 2MG	TIER 1	
CHLORPROMAZ TAB 100MG	TIER 2	
CHLORPROMAZ TAB 10MG	TIER 2	
CHLORPROMAZ TAB 200MG	TIER 2	
CHLORPROMAZ TAB 25MG	TIER 2	
CHLORPROMAZ TAB 50MG	TIER 2	
CHLORPROMAZI CON 100MG/ML	TIER 2	
CHLORPROMAZI CON 30MG/ML	TIER 2	
CLOZAPINE TAB 100/ODT	TIER 4	
CLOZAPINE TAB 12.5/ODT	TIER 4	
CLOZAPINE TAB 150/ODT	TIER 4	
CLOZAPINE TAB 200/ODT	TIER 4	
CLOZAPINE TAB 25MG ODT	TIER 4	
COMPRO SUP 25MG	TIER 2	
CYPROHEPTAD TAB 4MG	TIER 2	
DICYCLOMINE CAP 10MG	TIER 2	
DICYCLOMINE SOL 10MG/5ML	TIER 2	
DICYCLOMINE TAB 20MG	TIER 2	
DIPHEN/ATROP LIQ 2.5/5	TIER 4	
DIPHEN/ATROP TAB 2.5MG	TIER 4	
DOXEPIN TAB 3MG	TIER 2	
DOXEPIN TAB 6MG	TIER 2	
LYBALVI TAB 10-10MG	TIER 5	QL(30 EA per 30 days); ST NSO
LYBALVI TAB 15-10MG	TIER 5	QL(30 EA per 30 days); ST NSO
LYBALVI TAB 20-10MG	TIER 5	QL(30 EA per 30 days); ST NSO
LYBALVI TAB 5-10MG	TIER 5	QL(30 EA per 30 days); ST NSO
OLANZA/FLUOX CAP 12-25MG	TIER 4	

Drug	Tier	Requirements/Limits
OLANZA/FLUOX CAP 12-50MG	TIER 4	
OLANZA/FLUOX CAP 3-25MG	TIER 4	
OLANZA/FLUOX CAP 6-25MG	TIER 4	
OLANZA/FLUOX CAP 6-50MG	TIER 4	
OLANZAPINE TAB 10MG	TIER 2	
OLANZAPINE TAB 10MG ODT	TIER 2	
OLANZAPINE TAB 15MG	TIER 2	
OLANZAPINE TAB 15MG ODT	TIER 2	
OLANZAPINE TAB 2.5MG	TIER 2	
OLANZAPINE TAB 20MG	TIER 2	
OLANZAPINE TAB 20MG ODT	TIER 2	
OLANZAPINE TAB 5MG	TIER 2	
OLANZAPINE TAB 5MG ODT	TIER 2	
OLANZAPINE TAB 7.5MG	TIER 2	
OXYBUTYNIN SOL 5MG/5ML	TIER 2	
OXYBUTYNIN TAB 10MG ER	TIER 2	
OXYBUTYNIN TAB 15MG ER	TIER 2	
OXYBUTYNIN TAB 2.5MG	TIER 2	
OXYBUTYNIN TAB 5MG	TIER 2	
OXYBUTYNIN TAB 5MG ER	TIER 2	
PAROXETIN ER TAB 12.5MG	TIER 2	
PAROXETINE SUS 10MG/5ML	TIER 1	
PAROXETINE TAB 10MG	TIER 1	
PAROXETINE TAB 20MG	TIER 1	
PAROXETINE TAB 25MG ER	TIER 2	
PAROXETINE TAB 30MG	TIER 1	
PAROXETINE TAB 40MG	TIER 1	
PERPHENAZINE TAB 16MG	TIER 2	
PERPHENAZINE TAB 2MG	TIER 2	
PERPHENAZINE TAB 4MG	TIER 2	
PERPHENAZINE TAB 8MG	TIER 2	
PROMETHEGAN SUP 12.5MG	TIER 2	
SOLIFENACIN TAB 10MG	TIER 2	
SOLIFENACIN TAB 5MG	TIER 2	
TOLTERODINE CAP 2MG ER	TIER 2	
TOLTERODINE TAB 1MG	TIER 2	
TOLTERODINE TAB 2MG	TIER 4	
TRIHEXYPHEN TAB 2MG	TIER 2	
TRIHEXYPHEN TAB 5MG	TIER 2	
TROSPIUM CL TAB 20MG	TIER 2	
VERSACLOZ SUS 50MG/ML	TIER 5	

HMO and HMO-POS Deletions

Drug Name
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 200MG/28.5MG
EXSERVAN FILM 50MG

- + 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.

MDCMGN25-formularyflupdt-1124 • Updated November 1, 2024 • Y0034_21_94581_C • Y0094_24_117398_C

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	Requirements/Limits
BIZENGRI SOL 750 DOSE	Tier 5	PA
MEMAN/DONEPZ CAP 14-10MG	Tier 4	MDD QL 30/30
MEMAN/DONEPZ CAP 28-10MG	Tier 4	MDD QL 30/30
MESNA TAB 400MG	Tier 5	
PREVYMIS PAK 20MG	Tier 5	
PREVYMIS PAK 120MG	Tier 5	
TOPIRAMATE CAP 50MG	Tier 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.