

# Four Tier Step Therapy

## Formulary Changes June 2025



Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions to a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective.

There are two exceptions to the 60-day advance member notification requirement:

1. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.
2. When the FDA approves a first time generic for a brand name drug, we may immediately allow a brand to generic substitution. Notification to the member will be made but can occur after the substitution is made.

### Drug Name

### Formulary Change Description

#### FORMULARY CHANGES EFFECTIVE: 06/01/2025

|                                |                                                     |
|--------------------------------|-----------------------------------------------------|
| ABIRTEGA 250 MG TABLET         | Lowered to tier 1                                   |
| EULEXIN 125 MG CAPSULE         | Added to tier 4                                     |
| PAXLOVID 300/150-100MG(SEVERE) | Added to tier 1; QL added 11/30 days                |
| TICAGRELOR 90 MG TABLET        | Added to tier 1                                     |
| TREMFYA 200MG/2ML PEN INDCT PK | Added to tier 4; PA edit added                      |
| XELRIA FE 0.4-0.035 MG CHEW TB | Added to tier 1                                     |
| XPOVIO 40 MG ONCE WEEKLY DOSE  | Added to tier 4; PA edit added; QL added 16/28 days |

1 = Generic;  
2 = Preferred Brand;  
3 = Non-Preferred Drug;  
4 = Specialty;

PA = Prior Authorization;  
PA BvD = Medicare Part B vs. Part D;  
QL = Quantity Limit;  
ST = Step Therapy.

Formulary ID: 25485\_Version 12  
Last Updated: 06/01/2025

## Drug Name

## Formulary Change Description

### FORMULARY CHANGES EFFECTIVE: 05/01/2025

|                                |                                                      |
|--------------------------------|------------------------------------------------------|
| ABIRTEGA 250 MG TABLET         | Added to tier 4; PA edit added; QL added 120/30 days |
| MERCAPTOPURINE 20 MG/ML SUSPEN | Added to tier 4                                      |
| OCTREOTIDE ACET ER 10 MG IM VL | Added to tier 4; PA edit added                       |
| RALDESY 10 MG/ML SOLUTION      | Added to tier 3; QL added 1200/30 days               |
| REVUFORJ 25 MG TABLET          | Added to tier 4; PA edit added; QL added 240/30 days |
| RIVAROXABAN 2.5 MG TABLET      | Added to tier 1; QL added 60/30 days                 |
| ROMVIMZA 14 MG CAPSULE         | Added to tier 4; PA edit added; QL added 8/28 days   |
| ROMVIMZA 20 MG CAPSULE         | Added to tier 4; PA edit added; QL added 8/28 days   |
| ROMVIMZA 30 MG CAPSULE         | Added to tier 4; PA edit added; QL added 8/28 days   |
| SIMLANDI(CF) AI 80 MG/0.8 ML   | Added to tier 4; PA edit added                       |
| VIMKUNYA 40 MCG/0.8 ML SYRINGE | Added to tier 1                                      |
| VIVOTIF EC CAPSULE             | Added to tier 1                                      |
| XARAH FE 1 MG/20-30-35 MCG TAB | Added to tier 1                                      |

### FORMULARY CHANGES EFFECTIVE: 04/01/2025

|                               |                                                      |
|-------------------------------|------------------------------------------------------|
| FEIRZA 1 MG-20 MCG TABLET     | Added to tier 1                                      |
| FEIRZA 1.5 MG-30 MCG TABLET   | Added to tier 1                                      |
| GOMEKLI 1 MG CAPSULE          | Added to tier 4; PA edit added; QL added 168/28 days |
| GOMEKLI 1 MG TABLET FOR SUSP  | Added to tier 4; PA edit added; QL added 168/28 days |
| GOMEKLI 2 MG CAPSULE          | Added to tier 4; PA edit added; QL added 84/28 days  |
| MIGLUSTAT 100 MG CAPSULE      | Increased QL to 180/30 days                          |
| PAXLOVID 150-100 MG DOSE PACK | Lowered to tier 1                                    |
| PAXLOVID 300-100 MG DOSE PACK | Lowered to tier 1                                    |

1 = Generic;  
 2 = Preferred Brand;  
 3 = Non-Preferred Drug;  
 4 = Specialty;

PA = Prior Authorization;  
 PA BvD = Medicare Part B vs. Part D;  
 QL = Quantity Limit;  
 ST = Step Therapy.

Formulary ID: 25485\_Version 12  
 Last Updated: 06/01/2025

| Drug Name                      | Formulary Change Description                        |
|--------------------------------|-----------------------------------------------------|
| RYBELSUS 1.5 MG TABLET         | Added to tier 2; PA edit added; QL added 30/30 days |
| RYBELSUS 4 MG TABLET           | Added to tier 2; PA edit added; QL added 30/30 days |
| RYBELSUS 9 MG TABLET           | Added to tier 2; PA edit added; QL added 30/30 days |
| SIMLANDI(CF) 20 MG/0.2 ML SYRG | Added to tier 4; PA edit added                      |
| SIMLANDI(CF) 80 MG/0.8 ML SYRG | Added to tier 4; PA edit added                      |
| VALTYA 1 MG-50 MCG TABLET      | Added to tier 1                                     |
| YARGESA 100 MG CAPSULE         | Increased QL to 180/30 days                         |

#### FORMULARY CHANGES EFFECTIVE: 03/01/2025

|                               |                                                     |
|-------------------------------|-----------------------------------------------------|
| ESOMEPRAZOLE DR 2.5 MG PACKET | Added to tier 1; QL added 30/30 days                |
| ESOMEPRAZOLE DR 5 MG PACKET   | Added to tier 1; QL added 30/30 days                |
| MESNA 400 MG TABLET           | Added to tier 4                                     |
| OPIPZA 10 MG FILM             | Added to tier 4; PA edit added; QL added 90/30 days |
| OPIPZA 2 MG FILM              | Added to tier 4; PA edit added; QL added 30/30 days |
| OPIPZA 5 MG FILM              | Added to tier 4; PA edit added; QL added 90/30 days |
| REVUFORJ 160 MG TABLET        | Added to tier 4; PA edit added; QL added 60/30 days |

#### FORMULARY CHANGES EFFECTIVE: 02/01/2025

|                               |                                                     |
|-------------------------------|-----------------------------------------------------|
| AUGTYRO 160 MG CAPSULE        | Added to tier 4; PA edit added; QL added 60/30 days |
| BREYNA 160-4.5 MCG INHALER    | QL increase 30.9/30 days                            |
| BREYNA 80-4.5 MCG INHALER     | QL increase 30.9/30 days                            |
| BUDESONIDE-FORMOTEROL 160-4.5 | QL increase 30.9/30 days                            |
| BUDESONIDE-FORMOTEROL 80-4.5  | QL increase 30.9/30 days                            |
| COBENFY 100 MG-20 MG CAPSULE  | Added to tier 4; PA edit added; QL added 60/30 days |
| COBENFY 125 MG-30 MG CAPSULE  | Added to tier 4; PA edit added; QL added 60/30 days |

1 = Generic;  
2 = Preferred Brand;  
3 = Non-Preferred Drug;  
4 = Specialty;

PA = Prior Authorization;  
PA BvD = Medicare Part B vs. Part D;  
QL = Quantity Limit;  
ST = Step Therapy.

Formulary ID: 25485\_Version 12  
Last Updated: 06/01/2025

| Drug Name                      | Formulary Change Description                         |
|--------------------------------|------------------------------------------------------|
| COBENFY 50 MG-20 MG CAPSULE    | Added to tier 4; PA edit added; QL added 60/30 days  |
| COBENFY STARTER PACK           | Added to tier 4; PA edit added; QL added 56/28 days  |
| DANZITEN 71 MG TABLET          | Added to tier 4; PA edit added; QL added 112/28 days |
| DANZITEN 95 MG TABLET          | Added to tier 4; PA edit added; QL added 112/28 days |
| DASATINIB 100 MG TABLET        | Added to tier 4; PA edit added; QL added 30/30 days  |
| DASATINIB 140 MG TABLET        | Added to tier 4; PA edit added; QL added 30/30 days  |
| DASATINIB 20 MG TABLET         | Added to tier 4; PA edit added; QL added 90/30 days  |
| DASATINIB 50 MG TABLET         | Added to tier 4; PA edit added; QL added 30/30 days  |
| DASATINIB 70 MG TABLET         | Added to tier 4; PA edit added; QL added 30/30 days  |
| DASATINIB 80 MG TABLET         | Added to tier 4; PA edit added; QL added 30/30 days  |
| DULERA 100 MCG-5 MCG INHALER   | QL increase 39/30 days                               |
| DULERA 200 MCG-5 MCG INHALER   | QL increase 39/30 days                               |
| DULERA 50 MCG-5 MCG INHALER    | QL increase 39/30 days                               |
| GALLIFREY 5 MG TABLET          | Added to tier 1                                      |
| IMKELDI 80 MG/ML SOLUTION      | Added to tier 4; PA edit added; QL added 280/28 days |
| ITOVEBI 3 MG TABLET            | Added to tier 4; PA edit added; QL added 60/30 days  |
| ITOVEBI 9 MG TABLET            | Added to tier 4; PA edit added; QL added 30/30 days  |
| JANUMET XR 50-1,000 MG TABLET  | QL increase 60/30 days                               |
| LUMAKRAS 240 MG TABLET         | Added to tier 4; PA edit added; QL added 120/30 days |
| LUMRYZ 4.5-6-7.5 GM STARTER PK | Added to tier 4; PA edit added; QL added 28/28 days  |
| NIZATIDINE 150 MG CAPSULE      | Lowered to tier 1                                    |
| OCTREOTIDE ACET ER 20 MG IM VL | Added to tier 4; PA edit added                       |
| OCTREOTIDE ACET ER 30 MG IM VL | Added to tier 4; PA edit added                       |

1 = Generic;  
2 = Preferred Brand;  
3 = Non-Preferred Drug;  
4 = Specialty;

PA = Prior Authorization;  
PA BvD = Medicare Part B vs. Part D;  
QL = Quantity Limit;  
ST = Step Therapy.

Formulary ID: 25485\_Version 12  
Last Updated: 06/01/2025

| Drug Name                      | Formulary Change Description                         |
|--------------------------------|------------------------------------------------------|
| OMNIPOD 5 (G6/LIBRE 2 PLUS)    | Added to tier 2; PA edit added; QL added 15/30 days  |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | Added to tier 2; PA edit added; QL added 1/720 days  |
| PAXLOVID 150-100 MG DOSE PACK  | Lowered to tier 2                                    |
| PAXLOVID 300-100 MG DOSE PACK  | Lowered to tier 2                                    |
| PREDNISOLONE AC 1% EYE DROP    | Lowered to tier 1                                    |
| REVUFORJ 110 MG TABLET         | Added to tier 4; PA edit added; QL added 120/30 days |
| SIMLANDI(CF) 40 MG/0.4 ML SYRG | Added to tier 4; PA edit added                       |
| TAZAROTENE 0.05% CREAM         | Added to tier 1; PA edit added                       |
| TREMFYA 200 MG/2 ML PEN        | Added to tier 4; PA edit added                       |
| TREMFYA 200 MG/2 ML SYRINGE    | Added to tier 4; PA edit added                       |
| VANCOMYCIN HCL 1.75 GRAM VIAL  | Added to tier 3                                      |
| VANCOMYCIN HCL 2 GRAM VIAL     | Added to tier 3                                      |

1 = Generic;  
2 = Preferred Brand;  
3 = Non-Preferred Drug;  
4 = Specialty;

PA = Prior Authorization;  
PA BvD = Medicare Part B vs. Part D;  
QL = Quantity Limit;  
ST = Step Therapy.

Formulary ID: 25485\_Version 12  
Last Updated: 06/01/2025