

Four Tier

Formulary Changes September 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: 09/01/2025		
ABIGALE LO 0.5-0.1 MG TABLET	Added to tier 1	
FANAPT TITRATION PACK C	Added to tier 3; PA edit added; QL added 8/28 days	
FIDAXOMICIN 200 MG TABLET	Added to tier 4; QL added 20/10 days	
KERENDIA 40 MG TABLET	Added to tier 2; PA edit added; QL added 30/30 days	
ORQUIDEA 0.35 MG TABLET	Added to tier 1	
PENMENVY MEN A-B-C-W-Y KIT	Added to tier 1	
RIVAROXABAN 1 MG/ML SUSPENSION	Added to tier 1; QL added 620/30 days	

1 = Generic;

2 = Preferred Brand;

3 = Non-Preferred Drug;

4 = Specialty;

PA = Prior Authorization;

PA BvD = Medicare Part B vs. Part D;

Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

QL = Quantity Limit.

Drug Name	D	ru	q	N	a	m	е
------------------	---	----	---	---	---	---	---

Formulary Change Description

TOPIRAMATE 25 MG/ML SOLUTION	Added to tier 1	
FORMULARY CHANGES EFFECTIVE: 08/01/2025		
EMTRICIT-RILP-TENOF 200-25-300	Added to tier 4; QL added 30/30 days	
GALBRIELA 0.8-0.025 MG CHEW TB	Added to tier 1	
IBTROZI 200 MG CAPSULE	Added to tier 4; PA edit added; QL added 90/30 days	
MELEYA 0.35 MG TABLET	Added to tier 1	
PERAMPANEL 10 MG TABLET	Added to tier 4; QL added 30/30 days	
PERAMPANEL 12 MG TABLET	Added to tier 4; QL added 30/30 days	
PERAMPANEL 2MG TABLET	Added to tier 1; QL added 30/30 days	
PERAMPANEL 4 MG TABLET	Added to tier 4; QL added 30/30 days	
PERAMPANEL 6 MG TABLET	Added to tier 4; QL added 30/30 days	
PERAMPANEL 8 MG TABLET	Added to tier 4; QL added 30/30 days	
TICAGRELOR 60 MG TABLET	Added to tier 1	
FORMULARY CHANGES EFFECTIVE: 07/01/2025		
ACTEMRA 162 MG/0.9 ML SYRINGE	Added to tier 4; PA edit added	
ACTEMRA ACTPEN 162 MG/0.9 ML	Added to tier 4; PA edit added	
AMNESTEEM 30 MG CAPSULE	Added to tier 1	
AVMAPKI-FAKZYNJA CO-PACK	Added to tier 4; PA edit added; QL added 66/28 days	
EDURANT PED 2.5MG TAB FOR SUSP	Added to tier 4; QL added 180/30 days	
ESLICARBAZEPINE 200 MG TABLET	Added to tier 4; QL added 30/30 days	
ESLICARBAZEPINE 400 MG TABLET	Added to tier 4; QL added 30/30 days	
ESLICARBAZEPINE 600 MG TABLET	Added to tier 4; QL added 60/30 days	
ESLICARBAZEPINE 800 MG TABLET	Added to tier 4; QL added 60/30 days	
INGREZZA 40 MG CAPSULE	Added to tier 4; PA edit added; QL added 60/30 days	

^{1 =} Generic;

PA = Prior Authorization;

PA PyD = Modicaro Part P vs. I

PA BvD = Medicare Part B vs. Part D;

QL = Quantity Limit.

Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

2

^{2 =} Preferred Brand;

^{3 =} Non-Preferred Drug;

^{4 =} Specialty;

Formulary Change Description
Added to tier 4; PA edit added; QL added 60/30 days
Added to tier 4; PA edit added; QL added 30/30 days
Added to tier 4; PA edit added; QL added 30/30 days
Added to tier 4; PA edit added; QL added 30/30 days
Added to tier 4; PA edit added; QL added 30/30 days
Added to tier 4; PA edit added; QL added 28/28 days
Added to tier 3
Added to tier 3
Added to tier 1; QL added 90/30 days
Added to tier 2; PA edit added; QL added 12/30 days
Added to tier 3
Added to tier 4; PA edit added; QL added 56/28 days
Added to tier 4; PA edit added; QL added 14/28 days
Added to tier 4; PA edit added; QL added 14/28 days
Added to tier 4; PA edit added; QL added 56/28 days
Added to tier 4; PA edit added; QL added 7/28 days
Added to tier 4; PA edit added; QL added 56/28 days
Added to tier 4; PA edit added; QL added 56/28 days
Added to tier 4; PA edit added; QL added 14/28 days
Added to tier 3; PA edit added
Added to tier 4; PA edit added
Added to tier 4; PA edit added
Added to tier 4; PA edit added
Added to tier 2; PA edit added; QL added 60/30 days

^{1 =} Generic;

PA = Prior Authorization; PA BvD = Medicare Part B vs. Part D; QL = Quantity Limit. Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

^{2 =} Preferred Brand;

^{3 =} Non-Preferred Drug;

^{4 =} Specialty;

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
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

1 = Generic;

PA = Prior Authorization;

Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

2 = Preferred Brand;

PA BvD = Medicare Part B vs. Part D;

3 = Non-Preferred Drug;

4 = Specialty;

QL = Quantity Limit.

Drug Name	Formulary Change Description	
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	
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	

^{1 =} Generic;

PA = Prior Authorization;

PA BvD = Medicare Part B vs. Part D;

QL = Quantity Limit.

Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

^{2 =} Preferred Brand;

^{3 =} Non-Preferred Drug;

^{4 =} Specialty;

Drug Name	Formulary Change Description
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
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

^{1 =} Generic;

PA = Prior Authorization; PA BvD = Medicare Part B vs. Part D; QL = Quantity Limit. Formulary ID: 25485_Version 17 Last Updated: 09/01/2025

^{2 =} Preferred Brand;

^{3 =} Non-Preferred Drug;

^{4 =} Specialty;

Drug Name	Formulary Change Description
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
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.

Formulary ID: 25485_Version 17 Last Updated: 09/01/2025



50 Whitecap Drive North Kingstown, RI 02852 retireerxcarepdp.com