Retiree RxCare

Base

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
FANAPT TITRATION PACK C	Added; PA edit added; QL added 8/28 days
FIDAXOMICIN 200 MG TABLET	Added; QL added 20/10 days
KERENDIA 40 MG TABLET	Added; PA edit added; QL added 30/30 days
ORQUIDEA 0.35 MG TABLET	Added
PENMENVY MEN A-B-C-W-Y KIT	Added
RIVAROXABAN 1 MG/ML SUSPENSION	Added; QL added 620/30 days

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

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

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

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

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

Drug Name	Formulary Change Description
INGREZZA 40 MG CAPSULE	Added; PA edit added; QL added 60/30 days
INGREZZA 40 MG SPRINKLE CAP	Added; PA edit added; QL added 60/30 days
INGREZZA 60 MG CAPSULE	Added; PA edit added; QL added 30/30 days
INGREZZA 60 MG SPRINKLE CAP	Added; PA edit added; QL added 30/30 days
INGREZZA 80 MG CAPSULE	Added; PA edit added; QL added 30/30 days
INGREZZA 80 MG SPRINKLE CAP	Added; PA edit added; QL added 30/30 days
INGREZZA INITIATION PK(TARDIV)	Added; PA edit added; QL added 28/28 days
LAMPIT 120 MG TABLET	Added
LAMPIT 30 MG TABLET	Added
LURBIPR 100 MG TABLET	Added; QL added 90/30 days
MIEBO 100% EYE DROP	Added; PA edit added; QL added 12/30 days
PRETOMANID 200 MG TABLET	Added
PYRUKYND 20 MG TABLET	Added; PA edit added; QL added 56/28 days
PYRUKYND 20 MG TAPER PACK	Added; PA edit added; QL added 14/28 days
PYRUKYND 20-5 MG TAPER PACK	Added; PA edit added; QL added 14/28 days
PYRUKYND 5 MG TABLET	Added; PA edit added; QL added 56/28 days
PYRUKYND 5 MG TAPER PACK	Added to tier 4; PA edit added; QL added 7/28 days
PYRUKYND 50 MG TABLET	Added; PA edit added; QL added 56/28 days
PYRUKYND 50 MG TAPER PACK	Added; PA edit added; QL added 56/28 days
PYRUKYND 50-20 MG TAPER PACK	Added; PA edit added; QL added 14/28 days
STEQEYMA 45 MG/0.5 ML SYRINGE	Added; PA edit added
STEQEYMA 90 MG/ML SYRINGE	Added; PA edit added
TYENNE 162 MG/0.9 ML AUTOINJCT	Added; PA edit added

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

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

Drug Name	Formulary Change Description
TYENNE 162 MG/0.9 ML SYRINGE	Added; PA edit added
XIIDRA 5% EYE DROPS	Added; PA edit added; QL added 60/30 days
FORMULARY CHANGES EFFECTIVE: 06/01/2025	
EULEXIN 125 MG CAPSULE	Added
PAXLOVID 300/150-100MG(SEVERE)	Added; QL added 11/30 days
TICAGRELOR 90 MG TABLET	Added
TREMFYA 200MG/2ML PEN INDCT PK	Added; PA edit added
XELRIA FE 0.4-0.035 MG CHEW TB	Added
XPOVIO 40 MG ONCE WEEKLY DOSE	Added; PA edit added; QL added 16/28 days
FORMULARY CHANGES EFFECTIVE: 05/01/2025	
ABIRTEGA 250 MG TABLET	Added; PA edit added; QL added 120/30 days
MERCAPTOPURINE 20 MG/ML SUSPEN	Added
OCTREOTIDE ACET ER 10 MG IM VL	Added; PA edit added
RALDESY 10 MG/ML SOLUTION	Added; QL added 1200/30 days
REVUFORJ 25 MG TABLET	Added; PA edit added; QL added 240/30 days
RIVAROXABAN 2.5 MG TABLET	Added; QL added 60/30 days
ROMVIMZA 14 MG CAPSULE	Added; PA edit added; QL added 8/28 days
ROMVIMZA 20 MG CAPSULE	Added; PA edit added; QL added 8/28 days
ROMVIMZA 30 MG CAPSULE	Added; PA edit added; QL added 8/28 days
SIMLANDI(CF) AI 80 MG/0.8 ML	Added; PA edit added
VIMKUNYA 40 MCG/0.8 ML SYRINGE	Added
VIVOTIF EC CAPSULE	Added
XARAH FE 1 MG/20-30-35 MCG TAB	Added

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

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

Drug Name	Formulary Change Description
FORMULARY CHANGES EFFECTIVE: 04/01/2025	
FEIRZA 1 MG-20 MCG TABLET	Added
FEIRZA 1.5 MG-30 MCG TABLET	Added
GOMEKLI 1 MG CAPSULE	Added; PA edit added; QL added 168/28 days
GOMEKLI 1 MG TABLET FOR SUSP	Added; PA edit added; QL added 168/28 days
GOMEKLI 2 MG CAPSULE	Added; PA edit added; QL added 84/28 days
MIGLUSTAT 100 MG CAPSULE	Increased QL to 180/30 days
RYBELSUS 1.5 MG TABLET	Added; PA edit added; QL added 30/30 days
RYBELSUS 4 MG TABLET	Added; PA edit added; QL added 30/30 days
RYBELSUS 9 MG TABLET	Added; PA edit added; QL added 30/30 days
SIMLANDI(CF) 20 MG/0.2 ML SYRG	Added; PA edit added
SIMLANDI(CF) 80 MG/0.8 ML SYRG	Added; PA edit added
VALTYA 1 MG-50 MCG TABLET	Added
YARGESA 100 MG CAPSULE	Increased QL to 180/30 days
FORMULARY CHANGES EFFECTIVE: 03/01/2025	
ESOMEPRAZOLE DR 2.5 MG PACKET	Added; QL added 30/30 days
ESOMEPRAZOLE DR 5 MG PACKET	Added; QL added 30/30 days
MESNA 400 MG TABLET	Added
OPIPZA 10 MG FILM	Added; PA edit added; QL added 90/30 days
OPIPZA 2 MG FILM	Added; PA edit added; QL added 30/30 days
OPIPZA 5 MG FILM	Added; PA edit added; QL added 90/30 days
REVUFORJ 160 MG TABLET	Added; PA edit added; QL added 60/30 days

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

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

Drug Name	Formulary Change Description
FORMULARY CHANGES EFFECTIVE: 02/01/2025	
AUGTYRO 160 MG CAPSULE	Added; 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; PA edit added; QL added 60/30 days
COBENFY 125 MG-30 MG CAPSULE	Added; PA edit added; QL added 60/30 days
COBENFY 50 MG-20 MG CAPSULE	Added; PA edit added; QL added 60/30 days
COBENFY STARTER PACK	Added; PA edit added; QL added 56/28 days
DANZITEN 71 MG TABLET	Added; PA edit added; QL added 112/28 days
DANZITEN 95 MG TABLET	Added; PA edit added; QL added 112/28 days
DASATINIB 100 MG TABLET	Added; PA edit added; QL added 30/30 days
DASATINIB 140 MG TABLET	Added; PA edit added; QL added 30/30 days
DASATINIB 20 MG TABLET	Added; PA edit added; QL added 90/30 days
DASATINIB 50 MG TABLET	Added; PA edit added; QL added 30/30 days
DASATINIB 70 MG TABLET	Added; PA edit added; QL added 30/30 days
DASATINIB 80 MG TABLET	Added; 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
IMKELDI 80 MG/ML SOLUTION	Added; PA edit added; QL added 280/28 days

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

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

Drug Name	Formulary Change Description
ITOVEBI 3 MG TABLET	Added; PA edit added; QL added 60/30 days
ITOVEBI 9 MG TABLET	Added; 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; PA edit added; QL added 120/30 days
LUMRYZ 4.5-6-7.5 GM STARTER PK	Added; PA edit added; QL added 28/28 days
OCTREOTIDE ACET ER 20 MG IM VL	Added; PA edit added
OCTREOTIDE ACET ER 30 MG IM VL	Added; PA edit added
OMNIPOD 5 (G6/LIBRE 2 PLUS)	Added; PA edit added; QL added 15/30 days
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Added; PA edit added; QL added 1/720 days
REVUFORJ 110 MG TABLET	Added; PA edit added; QL added 120/30 days
SIMLANDI(CF) 40 MG/0.4 ML SYRG	Added; PA edit added
TAZAROTENE 0.05% CREAM	Added; PA edit added
TREMFYA 200 MG/2 ML PEN	Added; PA edit added
TREMFYA 200 MG/2 ML SYRINGE	Added; PA edit added
VANCOMYCIN HCL 1.75 GRAM VIAL	Added
VANCOMYCIN HCL 2 GRAM VIAL	Added

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

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