

# Five Tier Step Therapy

## Formulary Changes December 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: 12/01/2025

CONJUGATED ESTROGEN 0.625MG TB	Added to tier 2
CONJUGATED ESTROGENS 0.3 MG TB	Added to tier 2
CONJUGATED ESTROGENS 0.45MG TB	Added to tier 2
CONJUGATED ESTROGENS 0.9 MG TB	Added to tier 2
CONJUGATED ESTROGENS 1.25MG TB	Added to tier 2
EXXUA ER 18.2 MG TAB (TITRATN)	Added to tier 5; QL added 30/30 days
EXXUA ER 18.2 MG TABLET	Added to tier 5; QL added 30/30 days
EXXUA ER 36.3 MG TABLET	Added to tier 5; QL added 30/30 days

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025

Drug Name	Formulary Change Description
EXXUA ER 54.5 MG TABLET	Added to tier 5; QL added 30/30 days
EXXUA ER 72.6 MG TABLET	Added to tier 5; QL added 30/30 days
INLURIYO 200 MG TABLET	Added to tier 5; PA edit added; QL added 60/30 days
KOSELUGO 5 MG SPRINKLE CAPSULE	Added to tier 5; PA edit added; QL added 600/30 days
KOSELUGO 7.5 MG SPRINKLE CAP	Added to tier 5; PA edit added; QL added 360/30 days
LEVALBUTEROL TAR HFA 45MCG	Added to tier 3; QL added 30/30 days
REXTOVY 4 MG NASAL SPRAY	Added to tier 4
VALTYA 1 MG-35 MCG TABLET	Added to tier 2

#### FORMULARY CHANGES EFFECTIVE: 11/01/2025

ELIQUIS 0.5 MG PKT(1×0.5MG TB)	Added to tier 3; QL added 560/28 days
ELIQUIS 1.5 MG PKT(3×0.5MG TB)	Added to tier 3; QL added 560/28 days
ELIQUIS 2 MG PKT(4X 0.5 MG TB)	Added to tier 3; QL added 560/28 days
ELIQUIS SPRINKLE 0.15 MG CAP	Added to tier 3; QL added 74/30 days
JUBBONTI 60 MG/ML SYRINGE	Added to tier 4; PA edit added
LIOMNY 25 MCG TABLET	Added to tier 2
LIOMNY 5 MCG TABLET	Added to tier 2
LIOMNY 50 MCG TABLET	Added to tier 2
LUIZZA 1 MG-20 MCG TABLET	Added to tier 2
LUIZZA 1.5 MG-30 MCG TABLET	Added to tier 2
REPATHA 140 MG/ML SURECLICK	Increased QL to 6/28 days
REPATHA 140 MG/ML SYRINGE	Increased QL to 6/28 days
WYOST 120 MG/1.7 ML VIAL	Added to tier 5; PA edit added
ZELVYSIA 100 MG POWDER PACKET	Added to tier 5; PA edit added
ZELVYSIA 500 MG POWDER PACKET	Added to tier 5; PA edit added

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025

## Drug Name

## Formulary Change Description

### FORMULARY CHANGES EFFECTIVE: 10/01/2025

ABIGALE 1 MG-0.5 MG TABLET	Added to tier 2
BONSITY 560 MCG/2.24 ML PEN	Added to tier 5; PA edit added
BOSENTAN 32 MG TABLET FOR SUSP	Added to tier 5; PA edit added; QL added 120/30 days
BRUKINSA 160 MG TABLET	Added to tier 5; PA edit added; QL added 60/30 days
HERNEXEOS 60 MG TABLET	Added to tier 5; PA edit added; QL added 180/60 days
MODEYSO 125 MG CAPSULE	Added to tier 5; PA edit added; QL added 20/28 days
PREZCOBIX 675 MG-150 MG TABLET	Added to tier 5; QL added 30/30 days
SACUBITRIL-VALSARTAN 24-26 MG	Added to tier 2; QL added 180/30 days
SACUBITRIL-VALSARTAN 49-51 MG	Added to tier 2; QL added 60/30 days
SACUBITRIL-VALSARTAN 97-103 MG	Added to tier 2; QL added 60/30 days
THALOMID 50 MG CAPSULE	QL Increased to 90/30 days
THALOMID 100 MG CAPSULE	QL Increased to 120/30 days

### FORMULARY CHANGES EFFECTIVE: 09/01/2025

ABIGALE LO 0.5-0.1 MG TABLET	Added to tier 2
FANAPT TITRATION PACK C	Added to tier 4; PA edit added; QL added 8/28 days
FIDAXOMICIN 200 MG TABLET	Added to tier 5; QL added 20/10 days
KERENDIA 40 MG TABLET	Added to tier 3; PA edit added; QL added 30/30 days
ORQUIDEA 0.35 MG TABLET	Added to tier 2
PENMENVY MEN A-B-C-W-Y KIT	Added to tier 1
RIVAROXABAN 1 MG/ML SUSPENSION	Added to tier 2; QL added 620/30 days
TOPIRAMATE 25 MG/ML SOLUTION	Added to tier 2

### FORMULARY CHANGES EFFECTIVE: 08/01/2025

EMTRICIT-RILP-TENOF 200-25-300	Added to tier 5; QL added 30/30 days
--------------------------------	--------------------------------------

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
 Last Updated: 12/01/2025

Drug Name	Formulary Change Description
GALBRIELA 0.8-0.025 MG CHEW TB	Added to tier 2
IBTROZI 200 MG CAPSULE	Added to tier 5; PA edit added; QL added 90/30 days
MELEYA 0.35 MG TABLET	Added to tier 2
PERAMPANEL 10 MG TABLET	Added to tier 5; QL added 30/30 days
PERAMPANEL 12 MG TABLET	Added to tier 5; QL added 30/30 days
PERAMPANEL 2MG TABLET	Added to tier 2; QL added 30/30 days
PERAMPANEL 4 MG TABLET	Added to tier 5; QL added 30/30 days
PERAMPANEL 6 MG TABLET	Added to tier 5; QL added 30/30 days
PERAMPANEL 8 MG TABLET	Added to tier 5; QL added 30/30 days
TICAGRELOR 60 MG TABLET	Added to tier 2

#### FORMULARY CHANGES EFFECTIVE: 07/01/2025

ACTEMRA 162 MG/0.9 ML SYRINGE	Added to tier 5; PA edit added
ACTEMRA ACTPEN 162 MG/0.9 ML	Added to tier 5; PA edit added
AMNESTEEM 30 MG CAPSULE	Added to tier 2
AVMAPKI-FAKZYNJA CO-PACK	Added to tier 5; PA edit added; QL added 66/28 days
EDURANT PED 2.5MG TAB FOR SUSP	Added to tier 5; QL added 180/30 days
ESLICARBAZEPINE 200 MG TABLET	Added to tier 5; QL added 30/30 days
ESLICARBAZEPINE 400 MG TABLET	Added to tier 5; QL added 30/30 days
ESLICARBAZEPINE 600 MG TABLET	Added to tier 5; QL added 60/30 days
ESLICARBAZEPINE 800 MG TABLET	Added to tier 5; QL added 60/30 days
INGREZZA 40 MG CAPSULE	Added to tier 5; PA edit added; QL added 60/30 days
INGREZZA 40 MG SPRINKLE CAP	Added to tier 5; PA edit added; QL added 60/30 days
INGREZZA 60 MG CAPSULE	Added to tier 5; PA edit added; QL added 30/30 days
INGREZZA 60 MG SPRINKLE CAP	Added to tier 5; PA edit added; QL added 30/30 days

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025

Drug Name	Formulary Change Description
INGREZZA 80 MG CAPSULE	Added to tier 5; PA edit added; QL added 30/30 days
INGREZZA 80 MG SPRINKLE CAP	Added to tier 5; PA edit added; QL added 30/30 days
INGREZZA INITIATION PK(TARDIV)	Added to tier 5; PA edit added; QL added 28/28 days
LAMPIT 120 MG TABLET	Added to tier 4
LAMPIT 30 MG TABLET	Added to tier 4
LURBIPR 100 MG TABLET	Added to tier 2; QL added 90/30 days
MIEBO 100% EYE DROP	Added to tier 3; PA edit added; QL added 12/30 days
PRETOMANID 200 MG TABLET	Added to tier 4
PYRUKYND 20 MG TABLET	Added to tier 5; PA edit added; QL added 56/28 days
PYRUKYND 20 MG TAPER PACK	Added to tier 5; PA edit added; QL added 14/28 days
PYRUKYND 20-5 MG TAPER PACK	Added to tier 5; PA edit added; QL added 14/28 days
PYRUKYND 5 MG TABLET	Added to tier 5; PA edit added; QL added 56/28 days
PYRUKYND 5 MG TAPER PACK	Added to tier 5; PA edit added; QL added 7/28 days
PYRUKYND 50 MG TABLET	Added to tier 5; PA edit added; QL added 56/28 days
PYRUKYND 50 MG TAPER PACK	Added to tier 5; PA edit added; QL added 56/28 days
PYRUKYND 50-20 MG TAPER PACK	Added to tier 5; PA edit added; QL added 14/28 days
STEQEYMA 45 MG/0.5 ML SYRINGE	Added to tier 4; PA edit added
STEQEYMA 90 MG/ML SYRINGE	Added to tier 5; PA edit added
TYENNE 162 MG/0.9 ML AUTOINJCT	Added to tier 5; PA edit added
TYENNE 162 MG/0.9 ML SYRINGE	Added to tier 5; PA edit added
XIIDRA 5% EYE DROPS	Added to tier 3; PA edit added; QL added 60/30 days

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

ABIRTEGA 250 MG TABLET	Lowered to tier 2
EULEXIN 125 MG CAPSULE	Added to tier 5

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025

Drug Name	Formulary Change Description
PAXLOVID 300/150-100MG(SEVERE)	Added to tier 2; QL added 11/30 days
TICAGRELOR 90 MG TABLET	Added to tier 2
TREMFYA 200MG/2ML PEN INDCT PK	Added to tier 5; PA edit added
XELRIA FE 0.4-0.035 MG CHEW TB	Added to tier 2
XPOVIO 40 MG ONCE WEEKLY DOSE	Added to tier 5; PA edit added; QL added 16/28 days

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

ABIRTEGA 250 MG TABLET	Added to tier 5; PA edit added; QL added 120/30 days
MERCAPTOPURINE 20 MG/ML SUSPEN	Added to tier 5
OCTREOTIDE ACET ER 10 MG IM VL	Added to tier 5; PA edit added
RALDESY 10 MG/ML SOLUTION	Added to tier 4; QL added 1200/30 days
REVUFORJ 25 MG TABLET	Added to tier 5; PA edit added; QL added 240/30 days
RIVAROXABAN 2.5 MG TABLET	Added to tier 2; QL added 60/30 days
ROMVIMZA 14 MG CAPSULE	Added to tier 5; PA edit added; QL added 8/28 days
ROMVIMZA 20 MG CAPSULE	Added to tier 5; PA edit added; QL added 8/28 days
ROMVIMZA 30 MG CAPSULE	Added to tier 5; PA edit added; QL added 8/28 days
SIMLANDI(CF) AI 80 MG/0.8 ML	Added to tier 5; 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 2

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

FEIRZA 1 MG-20 MCG TABLET	Added to tier 2
FEIRZA 1.5 MG-30 MCG TABLET	Added to tier 2
GOMEKLI 1 MG CAPSULE	Added to tier 5; PA edit added; QL added 168/28 days
GOMEKLI 1 MG TABLET FOR SUSP	Added to tier 5; PA edit added; QL added 168/28 days

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025



Drug Name	Formulary Change Description
GOMEKLI 2 MG CAPSULE	Added to tier 5; 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 2
PAXLOVID 300-100 MG DOSE PACK	Lowered to tier 2
RYBELSUS 1.5 MG TABLET	Added to tier 3; PA edit added; QL added 30/30 days
RYBELSUS 4 MG TABLET	Added to tier 3; PA edit added; QL added 30/30 days
RYBELSUS 9 MG TABLET	Added to tier 3; PA edit added; QL added 30/30 days
SIMLANDI(CF) 20 MG/0.2 ML SYRG	Added to tier 5; PA edit added
SIMLANDI(CF) 80 MG/0.8 ML SYRG	Added to tier 5; PA edit added
VALTYA 1 MG-50 MCG TABLET	Added to tier 2
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 2; QL added 30/30 days
ESOMEPRAZOLE DR 5 MG PACKET	Added to tier 2; QL added 30/30 days
MESNA 400 MG TABLET	Added to tier 5
OPIPZA 10 MG FILM	Added to tier 5; PA edit added; QL added 90/30 days
OPIPZA 2 MG FILM	Added to tier 5; PA edit added; QL added 30/30 days
OPIPZA 5 MG FILM	Added to tier 5; PA edit added; QL added 90/30 days
REVUFORJ 160 MG TABLET	Added to tier 5; PA edit added; QL added 60/30 days

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

AUGTYRO 160 MG CAPSULE	Added to tier 5; 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

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025

Drug Name	Formulary Change Description
BUDESONIDE-FORMOTEROL 80-4.5	QL increase 30.9/30 days
COBENFY 100 MG-20 MG CAPSULE	Added to tier 5; PA edit added; QL added 60/30 days
COBENFY 125 MG-30 MG CAPSULE	Added to tier 5; PA edit added; QL added 60/30 days
COBENFY 50 MG-20 MG CAPSULE	Added to tier 5; PA edit added; QL added 60/30 days
COBENFY STARTER PACK	Added to tier 5; PA edit added; QL added 56/28 days
DANZITEN 71 MG TABLET	Added to tier 5; PA edit added; QL added 112/28 days
DANZITEN 95 MG TABLET	Added to tier 5; PA edit added; QL added 112/28 days
DASATINIB 100 MG TABLET	Added to tier 5; PA edit added; QL added 30/30 days
DASATINIB 140 MG TABLET	Added to tier 5; PA edit added; QL added 30/30 days
DASATINIB 20 MG TABLET	Added to tier 5; PA edit added; QL added 90/30 days
DASATINIB 50 MG TABLET	Added to tier 5; PA edit added; QL added 30/30 days
DASATINIB 70 MG TABLET	Added to tier 5; PA edit added; QL added 30/30 days
DASATINIB 80 MG TABLET	Added to tier 5; 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 2
IMKELDI 80 MG/ML SOLUTION	Added to tier 5; PA edit added; QL added 280/28 days
ITOVEBI 3 MG TABLET	Added to tier 5; PA edit added; QL added 60/30 days
ITOVEBI 9 MG TABLET	Added to tier 5; 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 5; PA edit added; QL added 120/30 days
LUMRYZ 4.5-6-7.5 GM STARTER PK	Added to tier 5; PA edit added; QL added 28/28 days
NIZATIDINE 150 MG CAPSULE	Lowered to tier 2

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025



Drug Name	Formulary Change Description
OCTREOTIDE ACET ER 20 MG IM VL	Added to tier 5; PA edit added
OCTREOTIDE ACET ER 30 MG IM VL	Added to tier 5; PA edit added
OMNIPOD 5 (G6/LIBRE 2 PLUS)	Added to tier 3; PA edit added; QL added 15/30 days
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Added to tier 3; PA edit added; QL added 1/720 days
PAXLOVID 150-100 MG DOSE PACK	Lowered to tier 3
PAXLOVID 300-100 MG DOSE PACK	Lowered to tier 3
PREDNISOLONE AC 1% EYE DROP	Lowered to tier 2
REVUFORJ 110 MG TABLET	Added to tier 5; PA edit added; QL added 120/30 days
SIMLANDI(CF) 40 MG/0.4 ML SYRG	Added to tier 5; PA edit added
TAZAROTENE 0.05% CREAM	Added to tier 2; PA edit added
TREMFYA 200 MG/2 ML PEN	Added to tier 5; PA edit added
TREMFYA 200 MG/2 ML SYRINGE	Added to tier 5; PA edit added
VANCOMYCIN HCL 1.75 GRAM VIAL	Added to tier 4
VANCOMYCIN HCL 2 GRAM VIAL	Added to tier 4

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

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

ST = Step Therapy.

Formulary ID: 25485\_Version 20  
Last Updated: 12/01/2025