Retiree **R** Care

Base Step Therapy Formulary Changes April 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: 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 |
| GOMEKLI1 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 |

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PA = Prior Authorization; PA BvD = Medicare Part B vs. Part D; QL = Quantity Limit; ST = Step Therapy. Formulary ID: 25485_Version 10 Last Updated: 04/01/2025

1

| Drug Name | Formulary Change Description | |
|---|---|--|
| 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 | |
| FORMULARY CHANGES EFFECTIVE: 02/0 | 1/2025 | |
| 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 | |

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|--------------------------------|--|
| 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 |
| 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 |

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Drug Name Formulary Change Description

| 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 |

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4