



11/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 11/1/2025

Drug	Reason	Cost sharing**	Restrictions***
HERNEXEOS 60 MG TABLET	New Drug	Tier 1	PA QL
KERENDIA 40 MG TABLET	New Drug	Tier 1	PA QL
MODEYSO 125 MG CAPSULE	New Drug	Tier 1	PA QL
rivaroxaban 1 mg/ml oral suspension	New Drug	Tier 1	QL
topiramate 25 mg/ml oral solution	New Drug	Tier 1	PA

Future Removed Products: There were no future removed products this month.

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.10_C

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





10/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 10/1/2025

Drug	Reason	Cost sharing**	Restrictions***
abigale 1 mg-0.5 mg tablet	New Drug	Tier 1	PA
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA
CONEXXENCE 60 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
EDURANT PED 2.5 MG TABLET FOR ORAL SUSPENSION	New Drug	Tier 1	
IBTROZI 200 MG CAPSULE	New Drug	Tier 1	PA QL
orquidea 0.35 mg tablet	New Drug	Tier 1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML INTRAMUSCULAR KIT	New Drug	Tier 1	
perampanel 10 mg tablet	New Drug	Tier 1	QL
perampanel 12 mg tablet	New Drug	Tier 1	QL
perampanel 2 mg tablet	New Drug	Tier 1	QL
perampanel 4 mg tablet	New Drug	Tier 1	QL
perampanel 6 mg tablet	New Drug	Tier 1	QL
perampanel 8 mg tablet	New Drug	Tier 1	QL
sacubitril 24 mg-valsartan 26 mg tablet	New Drug	Tier 1	QL
sacubitril 49 mg-valsartan 51 mg tablet	New Drug	Tier 1	QL
sacubitril 97 mg-valsartan 103 mg tablet	New Drug	Tier 1	QL
tolvaptan (polycystic kidney disease) 15 mg tablet	New Drug	Tier 1	PA
tolvaptan (polycystic kidney disease) 30 mg tablet	New Drug	Tier 1	PA

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119 GA-DSNP-M-3124784-V.9 C

9/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 9/1/2025

Drug	Reason	Cost sharing**	Restrictions***
abigale lo 0.5 mg-0.1 mg tablet	New Drug	Tier 1	PA
AVMAPKI-FAKZYNJA 0.8 MG-200 MG ORAL PACK	New Drug	Tier 1	PA QL
BONSITY 20 MCG/DOSE (560 MCG/2.24 ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA QL
ciprofloxacin 0.2 % ear drops in a dropperette	New Drug	Tier 1	
eltrombopag 12.5 mg powder packet for oral suspension	New Drug	Tier 1	PA
eltrombopag olamine 12.5 mg tablet	New Drug	Tier 1	PA
eltrombopag olamine 25 mg oral powder packet	New Drug	Tier 1	PA
eltrombopag olamine 25 mg tablet	New Drug	Tier 1	PA
eltrombopag olamine 50 mg tablet	New Drug	Tier 1	PA
eltrombopag olamine 75 mg tablet	New Drug	Tier 1	PA
emtricitabine 200 mg-rilpivirine 25 mg- tenofovir disprox 300 mg tablet	New Drug	Tier 1	
ivermectin 6 mg tablet	New Drug	Tier 1	PA QL
JUBBONTI 60 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
levofloxacin 0.5 % eye drops	New Drug	Tier 1	
meleya 0.35 mg tablet	New Drug	Tier 1	
nilotinib hcl 150 mg capsule	New Drug	Tier 1	PA QL
nilotinib hcl 200 mg capsule	New Drug	Tier 1	PA QL
nilotinib hcl 50 mg capsule	New Drug	Tier 1	PA QL
WYOST 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.8_C

8/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 8/1/2025

Drug	Reason	Cost sharing**	Restrictions***
doxycycline hyclate 100 mg intravenous powder for solution	New Drug	Tier 1	PA
eslicarbazepine 200 mg tablet	New Drug	Tier 1	QL
eslicarbazepine 400 mg tablet	New Drug	Tier 1	QL
eslicarbazepine 600 mg tablet	New Drug	Tier 1	QL
eslicarbazepine 800 mg tablet	New Drug	Tier 1	QL
exenatide 10 mcg/dose(250 mcg/ml)2.4 ml subcutaneous pen injector	New Drug	Tier 1	PA QL
exenatide 5 mcg/dose (250 mcg/ml)1.2 ml subcutaneous pen injector	New Drug	Tier 1	PA QL
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION	Formulary Addition	Tier 1	QL ST

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
OPIPZA 2 mg FILM, MEDICATED (EA)	Formulary Addition	Tier 1	QL ST
OPIPZA 5 mg FILM, MEDICATED (EA)	Formulary Addition	Tier 1	QL ST
OPIPZA 10 mg FILM, MEDICATED (EA)	Formulary Addition	Tier 1	QL ST
SUNLENCA 300 MG TABLET	New Drug	Tier 1	
ticagrelor 60 mg tablet	New Drug	Tier 1	
TREMFYA PEN INDUCTION PACK-CROHN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA QL
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA LA

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.** Y0119_GA-DSNP-M-3124784-V.7_C

7/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 7/1/2025

Drug	Reason	Cost sharing**	Restrictions***
amnesteem 30 mg capsule	New Drug	Tier 1	
PAXLOVID 150 MG(6)-100 MG(5) TABLETS IN A DOSE PACK(SEVERE RENAL DOSE)	New Drug	Tier 1	QL
ticagrelor 90 mg tablet	New Drug	Tier 1	
VYNDAQEL 20 MG CAPSULE	Formulary Addition	Tier 1	PA

Future Removed Products: There were no future removed products this month.

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.6_C

6/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 6/1/2025

Drug	Reason	Cost sharing**	Restrictions***
abirtega 250 mg tablet	New Drug	Tier 1	PA QL
clindamycin 150 mg/ml injection solution	New Drug	Tier 1	PA
clindamycin 150 mg/ml injection solution (4 ml)	New Drug	Tier 1	PA
EULEXIN 125 MG CAPSULE	New Drug	Tier 1	
GOMEKLI 1 MG CAPSULE	New Drug	Tier 1	PA QL
GOMEKLI 1 MG TABLET FOR ORAL SUSPENSION	New Drug	Tier 1	PA QL
GOMEKLI 2 MG CAPSULE	New Drug	Tier 1	PA QL
LEUKERAN 2 MG TABLET	New Drug	Tier 1	
mercaptopurine 20 mg/ml oral suspension	New Drug	Tier 1	
NATACYN 5 % EYE DROPS,SUSPENSION	New Drug	Tier 1	
RALDESY 10 MG/ML ORAL SOLUTION	New Drug	Tier 1	
REVUFORJ 25 MG TABLET	New Drug	Tier 1	PA QL
rivaroxaban 2.5 mg tablet	New Drug	Tier 1	QL
ROMVIMZA 14 MG CAPSULE	New Drug	Tier 1	PA QL LA
ROMVIMZA 20 MG CAPSULE	New Drug	Tier 1	PA QL LA
ROMVIMZA 30 MG CAPSULE	New Drug	Tier 1	PA QL LA
TABLOID 40 MG TABLET	New Drug	Tier 1	
VIMKUNYA 40 MCG/0.8 ML INTRAMUSCULAR SYRINGE	New Drug	Tier 1	

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET	New Drug	Tier 1	PA LA
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA QL
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
YESINTEK 90 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.5_C

5/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 5/1/2025

Drug	Reason	Cost sharing**	Restrictions***
isosorbide mononitrate 10 mg tablet	New Drug	Tier 1	
isosorbide mononitrate 20 mg tablet	New Drug	Tier 1	
LAGEVRIO 200 MG CAPSULE (EUA)	New Drug	Tier 1	QL
memantine er 14 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	New Drug	Tier 1	PA
memantine er 21 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	New Drug	Tier 1	PA
memantine er 28 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr	New Drug	Tier 1	PA
SELARSDI 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
SELARSDI 90 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
VIVOTIF 2 BILLION UNIT CAPSULE, DELAYED RELEASE	New Drug	Tier 1	

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.** Y0119_GA-DSNP-M-3124784-V.4_C

4/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 4/1/2025

Drug	Reason	Cost sharing**	Restrictions***
AUSTEDO 12 MG TABLET	Formulary Addition	Tier 1	PA QL
AUSTEDO 6 MG TABLET	Formulary Addition	Tier 1	PA QL
AUSTEDO 9 MG TABLET	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 1	PA QL
AUSTEDO XR TITRATION (WEEK 1-4) 12-18-24- 30 MG TABLET, ER 24HR DOSE PK	Formulary Addition	Tier 1	PA QL
AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG- 12 MG-24 MG TABLET,ER DOSEPACK	Formulary Addition	Tier 1	PA QL
mesna 400 mg tablet	New Drug	Tier 1	

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.3_C

3/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 3/1/2025

Drug	Reason	Cost sharing**	Restrictions***
DANZITEN 71 MG TABLET	New Drug	Tier 1	PA QL
DANZITEN 95 MG TABLET	New Drug	Tier 1	PA QL
enalapril 10 mg-hydrochlorothiazide 25 mg tablet	Formulary Addition	Tier 1	
IMKELDI 80 MG/ML ORAL SOLUTION	New Drug	Tier 1	PA QL
LAGEVRIO 200 MG CAPSULE (EUA)	Formulary Addition	Tier 1	QL
naproxen 500 mg tablet,delayed release	Formulary Addition	Tier 1	

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
REVUFORJ 110 MG TABLET	New Drug	Tier 1	PA QL
REVUFORJ 160 MG TABLET	New Drug	Tier 1	PA QL

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119 GA-DSNP-M-3124784-V.2 C

2/1/2025

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 2/1/2025

Drug	Reason	Cost sharing**	Restrictions***
AUGTYRO 160 MG CAPSULE	New Drug	Tier 1	PA QL
baclofen 15 mg tablet	Formulary Addition	Tier 1	
CAMZYOS 10 MG CAPSULE	Formulary Addition	Tier 1	PA QL
CAMZYOS 15 MG CAPSULE	Formulary Addition	Tier 1	PA QL
CAMZYOS 2.5 MG CAPSULE	Formulary Addition	Tier 1	PA QL
CAMZYOS 5 MG CAPSULE	Formulary Addition	Tier 1	PA QL
COBENFY 100 MG-20 MG CAPSULE	New Drug	Tier 1	QL
COBENFY 125 MG-30 MG CAPSULE	New Drug	Tier 1	QL
COBENFY 50 MG-20 MG CAPSULE	New Drug	Tier 1	QL

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	New Drug	Tier 1	QL
dasatinib 100 mg tablet	New Drug	Tier 1	PA QL
dasatinib 140 mg tablet	New Drug	Tier 1	PA QL
dasatinib 20 mg tablet	New Drug	Tier 1	PA QL
dasatinib 50 mg tablet	New Drug	Tier 1	PA QL
dasatinib 70 mg tablet	New Drug	Tier 1	PA QL
dasatinib 80 mg tablet	New Drug	Tier 1	PA QL
gallifrey 5 mg tablet	New Drug	Tier 1	
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	New Drug	Tier 1	QL
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	New Drug	Tier 1	QL
ITOVEBI 3 MG TABLET	New Drug	Tier 1	PA QL
ITOVEBI 9 MG TABLET	New Drug	Tier 1	PA QL
JENTADUETO 2.5 MG-1,000 MG TABLET	Formulary Addition	Tier 1	QL
JENTADUETO 2.5 MG-500 MG TABLET	Formulary Addition	Tier 1	QL
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition	Tier 1	QL
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition	Tier 1	QL
LAZCLUZE 240 MG TABLET	New Drug	Tier 1	PA QL LA
LAZCLUZE 80 MG TABLET	New Drug	Tier 1	PA QL LA
LUMAKRAS 240 MG TABLET	New Drug	Tier 1	PA QL
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 1	
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 1	
quinapril 20 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 1	
RINVOQ LQ 1 MG/ML ORAL SOLUTION	New Drug	Tier 1	PA QL

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T





Drug	Reason	Cost sharing**	Restrictions***
RYBELSUS 14 MG TABLET	Formulary Addition	Tier 1	PA QL
RYBELSUS 3 MG TABLET	Formulary Addition	Tier 1	PA QL
RYBELSUS 7 MG TABLET	Formulary Addition	Tier 1	PA QL
tazarotene 0.05 % topical cream	New Drug	Tier 1	PA
TRADJENTA 5 MG TABLET	Formulary Addition	Tier 1	QL
TREMFYA 200 MG/2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
TREMFYA PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA QL
VORANIGO 10 MG TABLET	New Drug	Tier 1	PA QL
VORANIGO 40 MG TABLET	New Drug	Tier 1	PA QL

Cost Sharing Tier Changes: There were no cost sharing tier changes this month.

Y0119_GA-DSNP-M-3124784-V.1_C

^{*}Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

^{***}Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy HPC-C1T