



Highmark Wholecare Medicare Assured Formulary Changes

An Independent Licensee of the Blue Cross Blue Shield Association

Current as of: 4/1/2025

Please be aware that Highmark Wholecare Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Wholecare may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Highmark Wholecare will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Highmark Wholecare will also provide notice to members who are taking the drug in these instances. For **new generic drugs**, we may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. The complete drug formulary can be viewed at any time on our website at <https://highmarkwholecare.com/Medicare/Member-Tools/Medication-Benefits/Formulary-Medication>. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
2/1/2025	ADALIMU-AACF INJ 40/0.8ML	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	ADALIMU-AACF INJ 40/0.8ML	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	ADALIMU-AACF KIT 40/0.8ML	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	ALA-CORT CRE 2.5%	Formulary Deletion	Formulary Reference File Deletion	Hydrocortisone Cream 2.5%	Tier 1
2/1/2025	AUGTYRO CAP 160MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	CARBAMAZEPINE CHEWABLE TABLET 200MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	COBENFY CAP 100-20MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	COBENFY CAP 125-30MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	COBENFY CAP 50-20MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	COBENFY STRT CAP PACK	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	DANZITEN TAB 71MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	DANZITEN TAB 95MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	DIP/TET PED INJ 25-5LFU	Formulary Deletion	Formulary Reference File Deletion	Tenivac Injectable 5-2 LFU	Tier 1
2/1/2025	GALLIFREY TAB 5MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	ITOVEBI TAB 3MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	ITOVEBI TAB 9MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	LEVOFLOXACIN SOL 0.5%	Formulary Deletion	Formulary Reference File Deletion	Levofloxacin Ophthalmic Solution 1.5%	Tier 1
2/1/2025	LUMAKRAS TAB 240MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	MIPLYFFA CAP 124MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	MIPLYFFA CAP 47MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	MIPLYFFA CAP 62MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	MIPLYFFA CAP 93MG	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2025	REVUFORJ TAB 110MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	REVUFORJ TAB 160MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	TRIDERM CRE 0.1%	Formulary Deletion	Formulary Reference File Deletion	Triamcinolone Cream 0.1%	Tier 1
2/1/2025	TRUQAP PAK 160MG	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2025	TRUQAP PAK 200MG	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2025	ALYFTREK TAB 10-50-125mg	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2025	ALYFTREK TAB 4-20-50mg	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2025	COBENFY STRT CAP PACK	Formulary Update	Quantity Limit Update	N/A	N/A
3/1/2025	IMKELDI SOL 80MG/ML	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2025	MICAFUNGIN INJ NAACL 150mg/150ml	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	AQNEURSA POW 1GM	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	MESNA TAB 400MG	Formulary Addition	Generic Available	N/A	N/A
4/1/2025	MESNEX TAB 400MG	Formulary Deletion	Generic Available	Mesna Tablet 400MG	Tier 1
4/1/2025	PREVYMIS PAK 120MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	PREVYMIS PAK 20MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	SYMJEPI INJ 0.15MG	Formulary Deletion	Formulary Reference File Deletion	Epinephrine Injectable 0.15mg	Tier 1
4/1/2025	SYMJEPI INJ 0.3MG	Formulary Deletion	Formulary Reference File Deletion	Epinephrine Injectable 0.3mg	Tier 1
4/1/2025	TOPIRAMATE CAP 50MG	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	TRYNGOLZA INJ 80MG/0.8	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2025	VIVOTIF CAP EC	Formulary Addition	Additional Formulary Option	N/A	N/A