Highmark Wholecare Medicare Assured Formulary Changes

Current as of:12/1/2025

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 NACL 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
5/1/2025	ABIRTEGA TAB 250MG	Formulary Addition	Additional Formulary Option	N/A	N/A

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5/1/2025	EVRYSDI TAB 5MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	FEIRZA TAB 1.5/30	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	FEIRZA TAB 1/20	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	GOMEKLI CAP 1MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	GOMEKLI CAP 2MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	GOMEKLI TAB 1MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	IMBRUVICA TAB 560MG	Formulary Deletion	Formulary Reference File Deletion	Imbruvica Tablet 140mg; 280mg; 420mg	Tier 1
5/1/2025	ISOSORB MONO TAB 10MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	ISOSORB MONO TAB 20MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	JOURNAVX TAB 50MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	LEXIVA SUS 50MG/ML	Formulary Deletion	Formulary Reference File Deletion	N/A	N/A
5/1/2025	LYMEPAK TAB 100MG	Formulary Deletion	Formulary Reference File Deletion	Doxycycline Hyclate Tablet 100mg	Tier 1
5/1/2025	METHYLPHENID TAB 27MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	METHYLPHENID TAB 36MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	METHYLPHENID TAB 54MG ER	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	RYBELSUS TAB 1.5MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	RYBELSUS TAB 4MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	RYBELSUS TAB 9MG	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	VIMKUNYA INJ 40/0.8ML	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	VIVOTIF CAP EC	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2025	XARAH FE TAB	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	AURANOFIN CAP 3MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	CORTROPHIN INJ 40/0.5ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	CORTROPHIN INJ 80UNT/ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	EULEXIN CAP 125MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	MERCAPTOPURINE SUSPENSION 20MG/ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	OMNIPOD 5 LB KIT INTRO G6	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	OMNIPOD 5 LB MIS PODS G6	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	OPIPZA MIS 10MG ORAL FILM	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	OPIPZA MIS 2MG ORAL FILM	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	OPIPZA MIS 5MG ORAL FILM	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	PURIXAN SUS 20MG/ML	Formulary Deletion	Generic Available	MERCAPTOPURINE SUSPENSION 20MG/ML	Tier 1
6/1/2025	RALDESY SOL 10MG/ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	REVUFORJ TAB 25MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	ROMVIMZA CAP 14MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	ROMVIMZA CAP 20MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	ROMVIMZA CAP 30MG	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	TREMFYA CROH INJ 200/2ML	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2025	XPOVIO PAK 40MG	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2025	AMNESTEEM CAP 30MG	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2025	BRILINTA TAB 90MG	Formulary Deletion	Generic Available	TICAGRELOR TAB 90MG	Tier 1
7/1/2025	TICAGRELOR TAB 90MG	Formulary Addition	Generic Available	N/A	N/A
7/1/2025	VANRAFIA TAB 0.75MG	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2025	APTIOM TAB 200MG	Formulary Deletion	Generic Available	ESLICARBAZEP TAB 200MG	Tier 1
8/1/2025	APTIOM TAB 400MG	Formulary Deletion	Generic Available	ESLICARBAZEP TAB 400MG	Tier 1
8/1/2025	APTIOM TAB 600MG	Formulary Deletion	Generic Available	ESLICARBAZEP TAB 600MG	Tier 1
8/1/2025	APTIOM TAB 800MG	Formulary Deletion	Generic Available	ESLICARBAZEP TAB 800MG	Tier 1
8/1/2025	AVMAPKI PAK FAKZYNJA	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	BRILINTA TAB 60MG	Formulary Deletion	Generic Available	TICAGRELOR TAB 60MG	Tier 1
8/1/2025	EDURANT PED TAB 2.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	ESLICARBAZEP TAB 200MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	ESLICARBAZEP TAB 400MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	ESLICARBAZEP TAB 600MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	ESLICARBAZEP TAB 800MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	EUTHYROX TAB 25MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 25MCG	Tier 1
8/1/2025	EUTHYROX TAB 50MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 50MCG	Tier 1
8/1/2025	EUTHYROX TAB 75MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 75MCG	Tier 1
8/1/2025	EUTHYROX TAB 88MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 88MCG	Tier 1
8/1/2025	EUTHYROX TAB 100MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 100MCG	Tier 1

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8/1/2025	EUTHYROX TAB 112MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 112MCG	Tier 1
8/1/2025	EUTHYROX TAB 125MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 125MCG	Tier 1
8/1/2025	EUTHYROX TAB 137MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 137MCG	Tier 1
8/1/2025	EUTHYROX TAB 150MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 150MCG	Tier 1
8/1/2025	EUTHYROX TAB 175MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 175MCG	Tier 1
8/1/2025	EUTHYROX TAB 200MCG	Formulary Deletion	No Longer Part D Eligible	LEVOTHYROXINE TAB 200MCG	Tier 1
8/1/2025	JYNARQUE PAK 15MG	Formulary Deletion	Generic Available	TOLVAPTAN PAK 15MG	Tier 1
8/1/2025	JYNARQUE PAK 30-15MG	Formulary Deletion	Generic Available	TOLVAPTAN PAK 30-15MG	Tier 1
8/1/2025	JYNARQUE PAK 45-15MG	Formulary Deletion	Generic Available	TOLVAPTAN PAK 45-15MG	Tier 1
8/1/2025	JYNARQUE PAK 60-30MG	Formulary Deletion	Generic Available	TOLVAPTAN PAK 60-30MG	Tier 1
8/1/2025	JYNARQUE PAK 90-30MG	Formulary Deletion	Generic Available	TOLVAPTAN PAK 90-30MG	Tier 1
8/1/2025	KALETRA SOL	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	LIVMARLI TAB 10MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	LIVMARLI TAB 15MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	LIVMARLI TAB 20MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	LIVMARLI TAB 30MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	MENACTRA INJ	Formulary Deletion	Formulary Reference File Deletion	MENVEO INJ	Tier 1
8/1/2025	MORPHINE SUL INJ 2MG/ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	PAXLOVID PAK	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	RYSTIGGO INJ 280/2ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	RYSTIGGO INJ 420/3ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	RYSTIGGO INJ 560/4ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	RYSTIGGO INJ 840/6ML	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	SUNLENCA TAB 300MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TICAGRELOR TAB 60MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TOLVAPTAN PAK 15MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TOLVAPTAN PAK 30-15MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TOLVAPTAN PAK 45-15MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TOLVAPTAN PAK 60-30MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	TOLVAPTAN PAK 90-30MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	VALTYA 1/50 TAB	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	VYKAT XR TAB 150MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	VYKAT XR TAB 25MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	VYKAT XR TAB 75MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2025	VYVGART HYTRULO INJ	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2025	BONSITY INJ 560/2.24	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2025	COMPLERA TAB	Formulary Deletion	Generic Available	EMTRICITABINE/RILPIVIRINE/TENOFOVIR DF TABLET	Tier 1
9/1/2025	EMTRICITABINE/RILPIVIRINE/TENOFOVIR DF TABLET	Formulary Addition	Generic Available	N/A	Tier 1
9/1/2025	GALBRIELA CHW	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2025	IBTROZI CAP 200MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
9/1/2025	LEVOFLOXACIN OPHTHALMIC SOL 0.5%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2025	MELEYA TAB 0.35MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2025	NILOTINB HCL CAP 150MG	Formulary Addition	Generic Available	N/A	Tier 1
9/1/2025	NILOTINB HCL CAP 200MG	Formulary Addition	Generic Available	N/A	Tier 1
9/1/2025	NILOTINB HCL CAP 50MG	Formulary Addition	Generic Available	N/A	Tier 1
9/1/2025	TASIGNA CAP 150MG	Formulary Deletion	Generic Available	NILOTINB HCL CAP 150MG	Tier 1
9/1/2025	TASIGNA CAP 200MG	Formulary Deletion	Generic Available	NILOTINB HCL CAP 200MG	Tier 1
9/1/2025	TASIGNA CAP 50MG	Formulary Deletion	Generic Available	NILOTINB HCL CAP 50MG	Tier 1
10/1/2025	CALQUENCE CAP 100MG	Formulary Deletion	Capsules No Longer Available	CALQUENCE TAB 100MG	Tier 1
10/1/2025	ENTRESTO TAB 24-26MG	Formulary Deletion	Generic Available	SACUB/VALSAR TAB 24-26MG	Tier 1
10/1/2025	ENTRESTO TAB 49-51MG	Formulary Deletion	Generic Available	SACUB/VALSAR TAB 49-51MG	Tier 1
10/1/2025	ENTRESTO TAB 97-103MG	Formulary Deletion	Generic Available	SACUB/VALSAR TAB 97-103MG	Tier 1
10/1/2025	FANAPT TITRATION PACK B: 1mg & 2mg & 6mg & 8mg	Formulary Addition	Protected Class Medication	N/A	Tier 1
10/1/2025	FANAPT TITRATION PACK C: 1mg & 2mg & 6mg	Formulary Addition	Protected Class Medication	N/A	Tier 1
10/1/2025	IXCHIQ INJ	Formulary Deletion	No Longer Part D Eligible	VIMKUNYA INJ 40/0.8ML	Tier 1
10/1/2025	JYNARQUE TAB 15MG	Formulary Deletion	Generic Available	TOLVAPTAN TAB 15MG	Tier 1
10/1/2025	JYNARQUE TAB 30MG	Formulary Deletion	Generic Available	TOLVAPTAN TAB 30MG	Tier 1
10/1/2025	KERENDIA Tab 40 MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2025	ORQUIDEA TAB 0.35MG	Formulary Addition	Additional Formulary Option	N/A	Tier 1

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10/1/2025	PENMENVY INJ	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2025	PRURADIK LOT 10%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2025	SACUB/VALSAR TAB 24-26MG	Formulary Addition	Generic Available	N/A	Tier 1
10/1/2025	SACUB/VALSAR TAB 49-51MG	Formulary Addition	Generic Available	N/A	Tier 1
10/1/2025	SACUB/VALSAR TAB 97-103MG	Formulary Addition	Generic Available	N/A	Tier 1
10/1/2025	SPEVIGO SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2M	Formulary Addition	Additional Formulary Option	N/A	Tier 1
10/1/2025	TOLVAPTAN TAB 15MG	Formulary Addition	Generic Available	N/A	Tier 1
10/1/2025	TOLVAPTAN TAB 30MG	Formulary Addition	Generic Available	N/A	Tier 1
11/1/2025	BRUKINSA TAB 160MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2025	EPRONTIA SOL 25MG/ML	Formulary Deletion	Generic Available	TOPIRAMATE SOL 25MG/ML	Tier 1
11/1/2025	HERNEXEOS TAB 60MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2025	MAGNESIUM SU INJ 50%	Formulary Addition	Additional Formulary Option	N/A	Tier 1
11/1/2025	MODEYSO CAP 125MG	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2025	PREZCOBIX TAB 675/150	Formulary Addition	Protected Class Medication	N/A	Tier 1
11/1/2025	TOPIRAMATE SOL 25MG/ML	Formulary Addition	Generic Available	N/A	Tier 1