

## Changes to the MAPD Core Formulary

The table below outlines formulary changes for the MAPD Core Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
11/1/2025	Bronchitol Capsule 40 MG Inhalation	Deletion - No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
11/1/2025	Entresto Tablet 24-26MG	Deletion of brand name drug, generic is covered	Sacubitril-Valsartan Tablet 24-26 MG	Tier 3	QL (180 per 30 days)
11/1/2025	Entresto Tablet 49-51MG	Deletion of brand name drug, generic is covered	Sacubitril-Valsartan Tablet 49-51 MG	Tier 3	QL (60 per 30 days)
11/1/2025	Entresto Tablet 97-103MG	Deletion of brand name drug, generic is covered	Sacubitril-Valsartan Tablet 97-103 MG	Tier 3	QL (60 per 30 days)
11/1/2025	Lagevrio Capsule 200 MG	Deletion - No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
11/1/2025	Paraplatin Solution 1000 MG/100ML Intravenous	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

Last Updated: 11/07/2025  
MAPD CORE FORMULARY

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\*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your health care provider can determine if the alternative(s) listed here is appropriate for you given the individualized nature of drug therapy.

\*\*Please refer to the description of your plan for copay/coinsurance amounts.

\*\*\*Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.