



2025 Medicare Part D Formulary and Benefit Design Changes

There are important changes coming to the HAP Medicare Part D Formulary and prescription drug benefit design. **All changes outlined in this communication are effective January 1, 2025.**

GLP-1 Changes

- Reminder! GLP-1 drugs are not covered for weight loss or prediabetes (A1c never exceeding 6.5).
- Ozempic and Rybelsus are **non-formulary (not covered)**.
- Mounjaro and Trulicity are tier 3 with prior authorization and two drug step requirements as follows:
 - For new starts, Mounjaro and Trulicity are tier 3 with prior authorization and quantity limits. Members with type 2 diabetes must meet the following criteria:
 - Recent A1c
 - Trial of metformin ER
 - One other drug for diabetes
 - For members currently receiving Ozempic and Rybelsus (covered by HAP previously):
 - Prior authorization will not be required when switching to Mounjaro or Trulicity.
 - A new prescription is the only action required.
 - When switching between two once-weekly GLP-1 receptor agonists, a practical approach is to stop the current GLP-1 receptor agonist and then begin the new GLP-1 receptor agonist 1 week later, on the same day of the week.

Drug	Equivalent Dosing*			
Ozempic		0.25 mg	0.5 mg	2 mg (max)
Rybelsus	3 mg	7 mg	14 mg	
Trulicity		0.75 mg	1.5 mg	4.5 mg (max)
Mounjaro		2.5 mg	5 mg	15 mg (max)

*Recommended based on clinical trials.

Mounjaro and Trulicity Dosing

Please see the dosing guidelines for Mounjaro and Trulicity below. Note: A quantity limit of 2 ml (one injection is 0.5 ml) per 30 is in place for both.

- **Mounjaro (tirzepatide):**
 - Initial, 2.5 mg SQ once weekly for 4 weeks, then increase to 5 mg SQ once weekly
 - If additional glycemic control is needed, increase dosage in 2.5-mg increments (once weekly) after at least 4 weeks on the current dose
 - Max, 15 mg SQ once weekly
- **Trulicity (dulaglutide):**
 - Initial, 0.75 mg SQ once weekly; may increase to 1.5 mg SQ once weekly for additional glycemic control
 - If additional glycemic control is needed, increase the dosage in 1.5-mg increments after at least 4 weeks on the current dosage
 - Max, 4.5 mg SQ once weekly

Medications Being Removed from Medicare Formulary

Below are some commonly used drugs that will be removed from the Medicare Formulary. This is not an all-inclusive list of changes. Please consider prescribing another drug from our Formulary to treat your patient's medical condition. For a complete list of drugs, you can review the 2025 HAP Medicare formulary. Visit hap.org/providers, and select *Provider resources, Formularies*.

If one of your HAP Medicare Advantage patients needs one of the medications listed and can't take any alternative option, you can request an exception. Requests can be submitted by one of the methods below.

- Online: covermymeds.com
- Call: (313) 664-8940, option 1
- Fax: (313) 664-8045

All requests must include medical records and a supporting statement on why an exception is medically necessary.

Drug Name	Dosage Form	Strength	Alternatives
butalbital-acetaminophen-caffeine-codeine	capsule	50-325-40-30mg	• acetaminophen with codeine tablet • butalbital acetaminophen caffeine tablet 50-325-40 • Tencon • butalbital-aspirin-caffeine 50-325-40 • Butalbital-acetaminophen tablet 50-325 capsule
Matzim LA, Tiadylt ER	tablet, capsule	all strengths	diltiazem ER tablets and capsules
Premarin	tablet	all strengths	• estradiol • estradiol patch
Temazepam	capsule	7.5mg, 22.5 mg	temazepam capsule 15mg, 30mg
Rocklatan	ophthalmic	Solution	• latanoprost • Lumigan • travoprost
Azelastine-fluticasone		Nasal spray	• Fluticasone • mometasone

Tier Changes

Below are some tier changes for specific drugs on the 2025 HAP Medicare Formulary.

Drug Name	Dosage Form	Strength	2024 Tier	2025 Tier#	Alternatives
brinzolamide	drops, suspension	1%	2	4	dorzolamide ophthalmic (eye) drops 2%, dorzolamide-timolol ophthalmic
budesonide	capsule, delayed, extended release	3mg	2	4	budesonide rectal foam
budesonide-formoterol	HFA aerosol inhaler	All Strengths	2	4	Fluticasone propionate-salmeterol inhalation
Dofetilide	capsule	All strengths	2	4	amiodarone oral tablet flecainide oral tablet propafenone oral tablet
febuxostat	tablet	80mg	2	4	allopurinol probenecid-colchicine tablet probenecid tablet 500 mg
risedronate	tablet	35mg (12 pack)	2	4	Alendronate ibandronate
travoprost	drops	0.004%	2	4	latanoprost bimatoprost
zolpidem	tablet	All strengths	2	4	trazodone ramelteon alprazolam

Note: 2025 Tier 4 includes a 48% to 50% coinsurance, depending on plan.

Inflation Reduction Act Insulin Copays and Pricing

The table below shows the different cost sharing amounts for insulin covered:

- On our formulary
- As part of a coverage determination or appeal
- As a transition supply

The copay applies even if the member has not met their deductible through all phases of coverage.

All covered insulin* regardless of tier will follow these copays	Pharmacy Advantage (Free In-Home Delivery) (Tiers 3-5)	Preferred Retail Pharmacy (Tiers 3-5)	Standard Retail and Mail Order Pharmacy (Tiers 3-5)
1-month supply	\$35	\$35	\$35
2-month supply	\$70	\$70	\$70
3-month supply	\$105	\$105	\$105

*Insulin administered with an infusion pump covered as a Part B medical benefit is \$35 for a 30-day supply.

Medicare Benefit Design Changes

Below are some changes to prescription drug benefits.

- Member out of pocket maximum is **\$2000** for Part D drugs. After reaching \$2000 out of pocket, patient cost share is \$0.
- Donut hole or coverage gap is eliminated.
- Medicare Prescription Payment Plan Available (optional).
- Phosphate binders are no longer covered under Part D. They are covered under the Part B dialysis bundle.
- HIV PrEP not covered under Part D. It will be covered under Part B with \$0 copay. The diagnosis must be written on the prescription.

Medicare Prescription Payment Plan (M3P)

Effective January 1, 2025, Medicare Advantage members can enroll in The Medicare Prescription Payment Plan. The plan works with the member's current drug coverage to help manage out-of-pocket Medicare Part D drug costs. While it doesn't lower drug costs, it does spread costs across the calendar year (January-December). Member participation is voluntary.

Members with a single prescription costing more than \$600 per month or drug costs exceeding \$2000 in the last year might benefit from this payment plan. Members who are not likely to benefit from this plan:

- Have low drug costs
- Have a low-income subsidy
- Are using patient pharmaceutical assistance programs

To find out more about this new payment plan or to enroll, your Medicare Advantage patients can:

- Visit: <https://express-scripts.calculator.m3p.health/>
- Call: **(866) 845-1803**, 24 hours a day 7 days a week

Members can also view a video explaining M3P:

<https://www.medicare.gov/prescription-payment-plan>.