



2025 Addendum for MCS Classicare Prescription Drug Formulary 1

This document provides a summary of the changes suffered by the Prescription Drug Formulary 1 from December 2024 to January 2025.

MCS Classicare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug and/or move a drug to other cost-sharing tier, we will notify the affected enrollees through the Formulary Change Letter or the Explanation of Benefits (EOB).

Below is an updated drugs list for prescription drugs that have either been included, removed or there has been a change in prior authorization, quantity limits, step therapy restrictions and/or move a drug from its tiered cost-sharing status in the Prescription Drug Formulary 1.

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Amoxicillin-Pot Clavulanate Tablet Chewable 200-28.5 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025
Austedo XR Patient Titration Tablet Extended Release Therapy Pack 12 & 18 & 24 & 30 MG Oral	Tier 5 + Quantity Limit 60 + Prior Authorization	CMS Approved Addition	Not Apply	01.01.2025
Austedo XR Tablet Extended Release 24 Hour 18 MG Oral	Tier 5 + Quantity Limit 60 + Prior Authorization	CMS Approved Addition	Not Apply	01.01.2025
Ciprofloxacin HCl Solution 0.2 % Otic	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Corlanor 5 mg tablet	Non Formulary	CMS Approved Enhancement	ivabradine hcl tablet 5 mg oral, Tier 2 + Quantity Limit 60 + Prior Authorization	01.01.2025
Corlanor 7.5 mg tablet	Non Formulary	CMS Approved Enhancement	ivabradine hcl tablet 7.5 mg oral, Tier 2 + Quantity Limit 60 + Prior Authorization	01.01.2025
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	Tier 4 + Quantity Limit 60	CMS Approved Addition	Not Apply	01.01.2025
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	Tier 4 + Quantity Limit 60	CMS Approved Addition	Not Apply	01.01.2025
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	Tier 4 + Quantity Limit 30	CMS Approved Addition	Not Apply	01.01.2025
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	Tier 4 + Quantity Limit 60	CMS Approved Addition	Not Apply	01.01.2025
Endari 5-gram oral powder packet	Non Formulary	CMS Approved Enhancement	l-glutamine packet 5 gm oral, Tier 2 + Quantity Limit 180 + Prior Authorization	01.01.2025
Entresto Capsule Sprinkle 15-16 MG Oral	Tier 3 + Quantity Limit 240	CMS Approved Addition	Not Apply	01.01.2025
Entresto Capsule Sprinkle 6-6 MG Oral	Tier 3 + Quantity Limit 240/31	CMS Approved Addition	Not Apply	01.01.2025
GaviLyte-N with Flavor Pack Solution Reconstituted 420 GM Oral	Tier 2	CMS Approved Addition	Not Apply	01.01.2025
HumaLOG Junior KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumaLOG KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
HumaLOG Mix 50/50 KwikPen Suspension Pen-injector (50-50) 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumaLOG Mix 75/25 KwikPen Suspension Pen-injector (75-25) 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumaLOG Solution Cartridge 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumaLOG Tempo Pen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumuLIN 70/30 KwikPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
HumuLIN N KwikPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
Insulin Lispro (1 Unit Dial) Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
Insulin Lispro Junior KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
Insulin Lispro Prot & Lispro Suspension Pen-Injector (75-25) 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025
Ivabradine HCl Tablet 5 MG Oral	Tier 2 + Quantity Limit 60 + Prior Authorization	CMS Approved Enhancement	Not Apply	01.01.2025
Ivabradine HCl Tablet 7.5 MG Oral	Tier 2 + Quantity Limit 60 + Prior Authorization	CMS Approved Enhancement	Not Apply	01.01.2025
Lantus SoloStar Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 6 + Quantity Limit 45	CMS Approved Enhancement	Not Apply	01.01.2025

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Leukeran Tablet 2 MG Oral	Non Formulary	CMS Required Deletion	Not Apply	01.01.2025
L-Glutamine Packet 5 GM Oral	Tier 2 + Quantity Limit 180 + Prior Authorization	CMS Approved Addition	Not Apply	01.01.2025
MResvia Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	Tier 1	CMS Approved Addition	Not Apply	01.01.2025
Natacyn Suspension 5 % Ophthalmic	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025
Ojemda Tablet 100 MG Oral (16 pack)	Tier 5 + Quantity Limit 24/28 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
Ojemda Tablet 100 MG Oral (24 pack)	Tier 5 + Quantity Limit 24/28 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
Otezla Tablet 20 MG Oral	Tier 5 + Quantity Limit 60 + Prior Authorization	CMS Approved Addition	Not Apply	01.01.2025
Otezla Tablet Therapy Pack 4 x 10 & 51 x20 MG Oral	Tier 5 + Quantity Limit 55/28 + Prior Authorization	CMS Approved Addition	Not Apply	01.01.2025
Retevmo Tablet 120 MG Oral	Tier 5 + Quantity Limit 60 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
Retevmo Tablet 160 MG Oral	Tier 5 + Quantity Limit 60 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
Retevmo Tablet 40 MG Oral	Tier 5 + Quantity Limit 180 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
Retevmo Tablet 80 MG Oral	Tier 5 + Quantity Limit 120 + Prior Authorization New Starters	CMS Approved Addition	Not Apply	01.01.2025
SandIMMUNE Solution 100 MG/ML Oral	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	Tier 6 + Quantity Limit 45 + Step Therapy New Starters	CMS Approved Enhancement	Not Apply	01.01.2025
Tabloid Tablet 40 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025

DRUG NAME	TYPE OF FORMULARY CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG	EFFECTIVE DATE OF CHANGE
Vaxchora Suspension Reconstituted Oral	Tier 1	CMS Approved Addition	Not Apply	01.01.2025
Zokinvy Capsule 50 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025
Zokinvy Capsule 75 MG Oral	Non Formulary	CMS Approved Deletion	Not Apply	01.01.2025

Ahead you will find some definitions that help you to understand the changes in the Prescription Drug Formulary 1:

Prior authorization – This means your doctor must contact the plan before the plan will cover the drug. Your doctor must show that the drug is medically necessary for it to be covered.

Quantity Limits – This means there is a limit to how much medication or other dosage form you can get at a time.

Step Therapy – This means one or more similar lower cost drugs must be used before the step-therapy drug is covered.

If you have any questions regarding this notification, please contact our Customer Service Center at 787-620-2530 (metro area) or 1-866-627-8183 (toll free). Members with hearing impairment should call 1-866-627-8182 (TTY). Service hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. From April 1 to September 30, Monday through Friday from 8:00 a.m. to 8:00 p.m and Saturdays from 8:00 a.m. to 4:30 p.m. Remember that we have our Service Centers conveniently located throughout the Island to respond to the needs of our members. In MCS we are available to serve you.

MCS Classicare is an HMO plan subscribed by MCS Advantage, Inc.