



**Notice of Changes to the Formulary (Drug List)  
that Affect Your Drug Coverage**

7/30/2025

Beginning on **September 1<sup>st</sup>, 2025**, the following drugs are being removed from the 2025 formulary. They are being removed from the formulary because **they are no longer Part D eligible. The drugs are not eligible for Part D coverage as of August 1<sup>st</sup>, 2025.**

EUTHYROX (LEVOTHYROXINE) SODIUM 0.025 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.05 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.075 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.088 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.1 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.112 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.125 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.137 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.15 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.175 MG ORAL TABLET

EUTHYROX (LEVOTHYROXINE) SODIUM 0.2 MG ORAL TABLET

Should you have any questions, please call us at Doctors Health Care Plans Member Services at 1-833-342-7463 TTY 711, 7 days a week; 8AM to 8PM EST.

Thank you.

*Doctors HealthCare Plans, Inc.*