

2024

FORMULARY ADDENDUM

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Formulary ID: 00024215 Version: 9

This document was last updated on 03/01/2024. For more recent information or other questions, please contact CVS Caremark Member Services at 1-888-970-0914 or, for TTY users, 711, 24 hours a day, 7 days per week.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

1-866-535-8343 (TTY: 711)
KelseyCareAdvantage.com

Formulary Addendum as of March 1, 2024

Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	1		1/ 1/24
ADALIMUMAB-AACF AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA	2/ 1/24
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA	2/ 1/24
AREXVY SUSR 120mcg/0.5ml	1		1/ 1/24
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA	3/ 1/24
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA	1/ 1/24
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	3/ 1/24
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)	2/ 1/24
bromfenac sodium (ophth) SOLN .07%	3		3/ 1/24
CYCLOPHOSPHAMIDE SOLN 500mg/ml	5	B/D	1/ 1/24
<i>enilloring</i>	4		1/ 1/24
FIASP PMPCRT INJ U-100	3	B/D	1/ 1/24
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA	3/ 1/24
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA	3/ 1/24
<i>haloette</i>	4		1/ 1/24
IDACIO AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/ 1/24
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/ 1/24
IDACIO PSKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)	1/ 1/24
KALYDECO PACK 5.8mg	5	QL (56 packs / 28 days), NM, LA, PA	2/ 1/24
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3		2/ 1/24
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)	3/ 1/24

March 1, 2024 - COH Pref, TWU Pref, SHELL Greater Houston

ID: 00024215 Version: 9

PA = Prior Authorization, B/D = Covered Under Medicare Part B or D, ST = Step Therapy, QL = Quantity Limit, LA = Limited Access, NM = Not Available at Mail-Order.

Additions

Drug Name	Tier	Notes	Effective Date
kourzeq PSTE .1%	3		2/ 1/24
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		1/ 1/24
lisdexamphetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 caps / 30 days), PA	1/ 1/24
LITHIUM SOLN 8meq/5ml	4		2/ 1/24
LOKELMA PACK 5gm, 10gm	3		2/ 1/24
MORPHINE SULFATE SOLN 50mg/ml	4	B/D	3/ 1/24
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA	2/ 1/24
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4		3/ 1/24
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA	3/ 1/24
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA	2/ 1/24
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA	2/ 1/24
PENBRAYA INJ	1		3/ 1/24
pitavastatin calcium TABS 1mg, 2mg, 4mg	6	QL (30 tabs / 30 days), ST	2/ 1/24
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA	2/ 1/24
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA	2/ 1/24
theophylline TB12 100mg, 200mg	4		1/ 1/24
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA	3/ 1/24
<i>turqoz</i>	3		2/ 1/24

Additions

Drug Name	Tier	Notes	Effective Date
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA	2/ 1/24
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA	2/ 1/24
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	1/ 1/24
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA	2/ 1/24
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA	2/ 1/24
XALKORI CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA	2/ 1/24
yargesa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA	2/ 1/24
ZEMAIRA SOLR 4000mg, 5000mg	5	NM, LA, PA	3/ 1/24
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA	2/ 1/24
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA	2/ 1/24

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Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
amabelz tab 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDR ONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	3		3/ 1/24
cefaclor SUSR 125mg/5ml,	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/ 1/24
cefaclor SUSR 375mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/ 1/24
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/ 1/24
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/ 1/24
ciprofloxacin hcl TABS 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXA CIN HCL TAB 250 MG	1		2/ 1/24
clindamycin phosphate SOLN 300mg/2ml,	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCI N INJ 600MG/4ML	3		2/ 1/24
FLEBOGAMMA DIF SOLN 10gm/100ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/ 1/24

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
FLEBOGAMMA DIF SOLN 2.5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	5	NM, PA	3/ 1/24
FLEBOGAMMA DIF SOLN 20gm/200ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	5	NM, LA, PA; NM, PA; NM, PA	3/ 1/24
FLEBOGAMMA DIF SOLN 5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/ 1/24
GVOKE PFS SOSY 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	3		3/ 1/24
nevirapine TB24 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	4		2/ 1/24
olopatadine hcl SOLN .1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	3		2/ 1/24

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
PENICILLIN G PROCAINE SUSP 600000unit/ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	4		3/ 1/24
stavudine CAPS 15mg, 20mg, 30mg, 40mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABI NE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	3		1/ 1/24
SYMJEPI SOSY .15mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	3		2/ 1/24
SYMJEPI SOSY .3mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	3		2/ 1/24
SYNRIBO SOLR 3.5mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	5	QL (30 tabs / 30 days), NM, LA, PA; QL (60 tabs / 30 days), NM, PA	2/ 1/24
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	3		1/ 1/24

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
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* Lower cost sharing tier

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Requirement Changes

Drug Name	Tier	Notes	Effective Date
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	PA Removed	1/ 1/24
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL Increased to 28 tabs / 28 days	3/ 1/24

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