

# 2024

## FORMULARY ADDENDUM

### List of Covered Drugs

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

This document was last updated on [REDACTED]. 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 November 1, 2023

## Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	1	GC	1/ 1/24
AREXVY SUSR 120mcg/0.5ml	1	GC	1/ 1/24
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA	1/ 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
<i>haloette</i>	4		1/ 1/24
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)	1/ 1/24
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	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 tabs / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA	1/ 1/24
theophylline TB12 100mg, 200mg	4		1/ 1/24
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	1/ 1/24

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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

## Tier Changes

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

## Requirement Changes

Drug Name	Tier	Notes	Effective Date
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	PA Removed	1/ 1/24