



2023 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 KelseyCare Advantage 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.

Formulary Addendum as of May 1, 2023

Additions

Drug Name	Tier	Notes	Effective Date
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	2/ 1/23
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)	5/ 1/23
diltiazem hcl TB24 120mg	2	GC	5/ 1/23
epinephrine (anaphylaxis) SOLN 1mg/ml	2	GC	4/ 1/23
ERLEADA TABS 240mg	5	NM, LA, PA	5/ 1/23
estradiol valerate OIL 10mg/ml	2	GC	5/ 1/23
EYSUVIS SUSP .25%	4		5/ 1/23
fingolimod hcl CAPS 0.5mg	5	QL (28 caps / 28 days), NM, PA	2/ 1/23
gabapentin SOLN 300mg/6ml	2	GC, QL (2160 mL / 30 days)	4/ 1/23
GLEOSTINE CAPS 100mg	5	NM	2/ 1/23
GLEOSTINE CAPS 10mg, 40mg	4	NM	2/ 1/23
HEPLISAV-B SOSY 20mcg/0.5ml	6	GC, B/D	4/ 1/23
ibu TABS 400mg	1	GC	4/ 1/23
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA	2/ 1/23
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)	2/ 1/23
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)	2/ 1/23
javygtor PACK 100mg	5	NM, LA, PA	2/ 1/23
javygtor POW 500MG	5	NM, LA, PA	2/ 1/23
javygtor TAB 100MG	5	NM, LA, PA	2/ 1/23
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA	5/ 1/23
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA	5/ 1/23
KRAZATI TABS 200mg	5	NM, LA, PA	4/ 1/23
LEVEMIR FLEXPEN SOPN 100unit/ml	3	SI	5/ 1/23
LUMAKRAS TABS 320mg	5	NM, LA, PA	5/ 1/23
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	2	GC, QL (30 tabs / 30 days)	5/ 1/23

Additions

Drug Name	Tier	Notes	Effective Date
lurasidone hcl TABS 80mg	2	GC, QL (60 tabs / 30 days)	5/ 1/23
LYTGOBI TBPk 4mg	5	NM, LA, PA	4/ 1/23
MENVEO SOL	6	GC	2/ 1/23
MORPHINE/NACL INJ 1MG/1ML	4	B/D	2/ 1/23
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	GC	5/ 1/23
<i>neo-polycin hc ophth oint 1%</i>	2	GC	5/ 1/23
NORETH/ETHIN TAB FE	2	GC	2/ 1/23
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA	2/ 1/23
ORSERDU TABS 86mg, 345mg	5	NM, LA, PA	5/ 1/23
OZEMPIC 2mg/3ml	3	QL (1 pen / 28 days)	3/ 1/23
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA	3/ 1/23
pirfenidone TABS 534mg	5	QL (90 tabs / 30 days), NM, PA	2/ 1/23
<i>polycin ophth oint</i>	1	GC	5/ 1/23
POT CHL/NACL 20MEQ/L IN NACL 0.45% INJ	4		2/ 1/23
POT CHL/NACL 40MEQ/L IN NACL 0.9% INJ	4		2/ 1/23
REZLIDHIA CAPS 150mg	5	NM, LA, PA	4/ 1/23
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)	2/ 1/23
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)	2/ 1/23
ROCKLATAN DRO	4		5/ 1/23
roflumilast TABS 250mcg, 500mcg	2	GC	2/ 1/23
ROTARIX SUS	6	GC	4/ 1/23
SKYRIZI SOCT 180mg/1.2ml	5	QL (1 cartridge / 56 days), NM, PA	3/ 1/23
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA	4/ 1/23
SUNLENCA TBPk 300mg	5	LA	4/ 1/23
tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA	3/ 1/23

Additions

Drug Name	Tier	Notes	Effective Date
theophylline ELX 80/15ML	2	GC	2/ 1/23
TRIMETHOPRIM TABS 100mg	3		2/ 1/23
TURALIO CAPS 125mg	5	NM, LA, PA	4/ 1/23
TYRVAYA SOLN .03mg/act	4		2/ 1/23
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA	2/ 1/23

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
DALIRESP TABS 250mcg	Deletion Of Drug From Formulary	Generic Available	roflumilast TABS 250mcg	2	GC	5/ 1/23
DALIRESP TABS 500mcg	Deletion Of Drug From Formulary	Generic Available	roflumilast TABS 500mcg	2	GC	5/ 1/23
ELLA TAB 30MG	Deletion Of Drug From Formulary	Medicare will no longer cover	Consult Your Health Care Provider			4/ 1/23
ESBRIET CAP 267MG	Deletion Of Drug From Formulary	Generic Available	pirfenidone CAPS 267mg	5	QL (270 tabs / 30 days), NM, PA	5/ 1/23
GILENYA CAP 0.5MG	Deletion Of Drug From Formulary	Generic Available	fingolimod hcl CAPS .5mg	5	QL (28 caps / 28 days), NM, PA	5/ 1/23
HETLIOZ CAP 20MG	Deletion Of Drug From Formulary	Generic Available	tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA	5/ 1/23
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	aviane tab	2	GC	2/ 1/23
NORVIR SOL 80MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100MG	4		4/ 1/23
PASER PACK 4gm	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider			3/ 1/23
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	3		3/ 1/23

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
rosadan CREA .75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	metronidazole (topical) CREA .75%	2	GC	3/ 1/23

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	2	Tier reduced from 4 to 2	2/ 1/23
TRIMETHOPRIM TAB 100MG	2	Tier reduced from 3 to 2	2/ 1/23

* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	Effective Date
VEMLIDY TABS 25mg	5	PA Removed	3/ 1/23