



# 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 July 1, 2023

## Additions

| Drug Name   | Tier | Notes                             | Effective Date |
|---|------|-----------------------------------|----------------|
| AUVELITY TAB 45-105MG                                   | 4    | QL (60 tabs / 30 days), PA        | 2/ 1/23        |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> | 6    | GC                                | 7/ 1/23        |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> | 6    | GC                                | 7/ 1/23        |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> | 6    | GC                                | 7/ 1/23        |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> | 6    | GC                                | 7/ 1/23        |
| CEFAZOLIN SOLR 2gm, 3gm                                 | 4    |                                   | 6/ 1/23        |
| DAYVIGO TABS 5mg, 10mg                                  | 3    | QL (30 tabs / 30 days)            | 5/ 1/23        |
| depo-testosterone SOLN 100mg/ml, 200mg/ml               | 2    | GC, PA                            | 6/ 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        |
| gefitinib TABS 250mg                                    | 5    | NM, PA                            | 7/ 1/23        |
| GLEOSTINE CAPS 100mg                                    | 5    | NM                                | 2/ 1/23        |
| GLEOSTINE CAPS 10mg, 40mg                               | 4    | NM                                | 2/ 1/23        |
| GRALISE TABS 450mg                                      | 4    | QL (120 tabs / 30 days), PA       | 7/ 1/23        |
| GRALISE TABS 750mg, 900mg                               | 4    | QL (60 tabs / 30 days), PA        | 7/ 1/23        |
| HEP SOD/NACL INJ 12500UNT                               | 3    |                                   | 6/ 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        |

## Additions

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|---|------|------------------------------------|----------------|
| INVEGA HAFYERA SUSY<br>1092mg/3.5ml, 1560mg/5ml                                 | 5    | QL (1 injection / 180 days)        | 2/ 1/23        |
| INVEGA TRINZA SUSY 273mg/0.88ml,<br>410mg/1.32ml, 546mg/1.75ml,<br>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        |
| LUPRON DEPOT-PED (6-MONTH KIT)<br>45mg  | 5    | NM, PA                             | 7/ 1/23        |
| lurasidone hcl TABS 20mg, 40mg, 60mg,<br>120mg                                  | 2    | GC, QL (30 tabs / 30 days)         | 5/ 1/23        |
| 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        |
| methsuximide CAPS 300mg   | 2    | GC                                 | 7/ 1/23        |
| MORPHINE/NAACL INJ 1MG/1ML  | 4    | B/D                                | 2/ 1/23        |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op<br/>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        |
| OMNIPOD GO KIT 10UNT/DY   | 4    | QL (15 pods / 30 days), PA         | 7/ 1/23        |
| OMNIPOD GO KIT 15UNT/DY   | 4    | QL (15 pods / 30 days), PA         | 7/ 1/23        |
| OMNIPOD GO KIT 20UNT/DY   | 4    | QL (15 pods / 30 days), PA         | 7/ 1/23        |
| OMNIPOD GO KIT 25UNT/DY   | 4    | QL (15 pods / 30 days), PA         | 7/ 1/23        |
| OMNIPOD GO KIT 30UNT/DY   | 4    | QL (15 pods / 30 days), PA         | 7/ 1/23        |

## Additions

| Drug Name                                | Tier | Notes                               | Effective Date |
|--|------|-------------------------------------|----------------|
| OMNIPOD GO KIT 35UNT/DY                  | 4    | QL (15 pods / 30 days), PA          | 7/ 1/23        |
| OMNIPOD GO KIT 40UNT/DY                  | 4    | QL (15 pods / 30 days), PA          | 7/ 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        |
| posaconazole SUSP 40mg/ml                | 5    | QL (630 mL / 30 days), PA           | 6/ 1/23        |
| POT CHL/NAACL 20MEQ/L IN NAACL 0.45% INJ | 4    |                                     | 2/ 1/23        |
| POT CHL/NAACL 40MEQ/L IN NAACL 0.9% INJ  | 4    |                                     | 2/ 1/23        |
| primidone TABS 125mg                     | 1    | GC                                  |                |
| 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        |
| 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        |

## Additions

| Drug Name               | Tier | Notes                     | Effective Date |
|-------------------------|------|---------------------------|----------------|
| 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 |
|------------------------|---------------------------------|-------------------------------|-----------------------------------|-----------------------|---|----------------|
| avita GEL 0.025%       | Deletion Of Drug From Formulary | Manufacturer Discontinuation  | tretinoin gel 0.025%              | 2                     | GC, QL (45 gm / 30 days(/días)) , PA    | 7/ 1/23        |
| calcitriol INJ 1MCG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation  | calcitriol (oral) SOLN 1mcg/ml    | 2                     | GC, B/D                                 | 7/ 1/23        |
| 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(/días)) , 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(/días)) , NM, PA  | 5/ 1/23        |
| HETLIOZ CAP 20MG       | Deletion Of Drug From Formulary | Generic Available             | tasimelteon CAPS 20mg             | 5                     | QL (30 caps / 30 days(/días)) , NM, PA  | 5/ 1/23        |
| LARISSIA TAB           | Deletion Of Drug From Formulary | Manufacturer Discontinuation  | aviane tab                        | 2                     | GC                                      | 2/ 1/23        |
| lidocaine hcl GEL 2%   | Deletion Of Drug From Formulary | Manufacturer Discontinuation  | glydo PRSY 2%                     | 2                     | GC, QL (60 mL / 30 days(/días)) , PA    | 7/ 1/23        |

## Deletions

| Affected Drug                              | Description of Change                 | Reason for Change               | Alternative Drug                           | Alternative Drug Tier | Alternative Drug Notes | Effective Date |
|--|---------------------------------------|---------------------------------|--|-----------------------|------------------------|----------------|
| myorisan CAPS<br>10mg, 20mg,<br>30mg, 40mg | Deletion Of<br>Drug From<br>Formulary | Manufacturer<br>Discontinuation | claravis CAPS<br>10mg, 20mg,<br>30mg, 40mg | 2                     | GC, PA                 | 7/ 1/23        |
| NORVIR SOL<br>80MG/ML                      | Deletion Of<br>Drug From<br>Formulary | Manufacturer<br>Discontinuation | NORVIR<br>PACKET<br>100MG                  | 4                     |                        | 4/ 1/23        |
| PASER PACK<br>4gm                          | Deletion Of<br>Drug From<br>Formulary | Manufacturer<br>Discontinuation | Consult Your<br>Health Care<br>Provider    |                       |                        | 3/ 1/23        |
| PRENATAL VIT<br>TAB LOW IRON               | Deletion Of<br>Drug From<br>Formulary | Manufacturer<br>Discontinuation | PRENATAL<br>TAB 27-1MG                     | 3                     |                        | 3/ 1/23        |
| rosadan CREA<br>.75%                       | Deletion Of<br>Drug From<br>Formulary | Manufacturer<br>Discontinuation | metronidazole<br>(topical) CREA<br>.75%    | 2                     | GC                     | 3/ 1/23        |

## Tier Changes

| Affected Drug                                     | Tier* | Notes                    | Effective Date |
|---|-------|--------------------------|----------------|
| POTASSIUM CHLORIDE SOLN<br>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        |
| sildenafil citrate (pulmonary hypertension)<br>TABS 20mg | 2    | QL Increased to 360 tabs / 30 days      | 6/ 1/23        |
| SYMBICORT AER 160-4.5                                    | 3    | QL Increased to 3 inhalers / 30<br>days | 7/ 1/23        |
| SYMBICORT AER 80-4.5                                     | 3    | QL Increased to 3 inhalers / 30<br>days | 7/ 1/23        |