



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.



Greater Houston Plan



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

Formulary Addendum as of March 1, 2023

Additions

Drug Name	Tier	Notes	Effective Date
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	2/ 1/23
fingolimod hcl CAPS .5mg	5	QL (28 caps / 28 days), NM, PA	2/ 1/23
GLEOSTINE CAPS 100mg	5	NM	2/ 1/23
GLEOSTINE CAPS 10mg, 40mg	4	NM	2/ 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
MENVEO SOL	6		2/ 1/23
MORPHINE/NACL INJ 1MG/1ML	4	B/D	2/ 1/23
NORETH/ETHIN TAB FE	2		2/ 1/23
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA	2/ 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
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
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
roflumilast TABS 250mcg, 500mcg	2		2/ 1/23
SKYRIZI SOCT 180mg/1.2ml	5	QL (1 cartridge / 56 days), NM, PA	3/ 1/23

March 1, 2023 - COH Pref, TWU Pref, SHELL Greater Houston

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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
tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA	3/ 1/23
theophylline ELX 80/15ML	2		2/ 1/23
TRIMETHOPRIM TABS 100mg	3		2/ 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
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	aviane tab	2		2/ 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
rosadan CREA .75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	metronidazole (topical) CREA .75%	2		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