



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 December 1, 2023

Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	6	GC	10/ 1/23
AREXVY SUSR 120mcg/0.5ml	6	GC	10/ 1/23
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA	8/ 1/23
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA	8/ 1/23
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA	8/ 1/23
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA	10/ 1/23
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	2/ 1/23
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)	12/ 1/23
brimonidine tartrate SOLN .1%	2	GC	11/ 1/23
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	6	GC	7/ 1/23
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	6	GC	7/ 1/23
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	6	GC	7/ 1/23
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	6	GC	7/ 1/23
CEFAZOLIN SOLR 2gm, 3gm	4		6/ 1/23
CYCLOPHOSPHAMIDE SOLN 500mg/ml	5	B/D	10/ 1/23
darunavir TABS 600mg	5	QL (60 tabs / 30 days)	8/ 1/23
darunavir TABS 800mg	5	QL (30 tabs / 30 days)	8/ 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
<i>enilloring</i>	2	GC	11/ 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

Additions

Drug Name	Tier	Notes	Effective Date
etoposide SOLN 1gm/50ml	2	GC, B/D	9/ 1/23
EYSUVIS SUSP .25%	4		5/ 1/23
FIASP PMPCRT INJ U-100	3	B/D, SI	11/ 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
<i>haloette</i>	2	GC	10/ 1/23
HEP SOD/NACL INJ 12500UNT	3		6/ 1/23
HEPLISAV-B SOSY 20mcg/0.5ml	6	GC, B/D	4/ 1/23
hydrocortisone (rectal) CREA 1%	2	GC	9/ 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
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA	9/ 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
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)	10/ 1/23
KALYDECO PACK 13.4mg	5	QL (56 packs / 28 days), NM, LA, PA	8/ 1/23

December 1, 2023 - Gold, Gold Community, Gold Freedom, Platinum

ID: 00023341 Version: 18

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, GC = GAP Coverage, SI = Select Insulins

Additions

Drug Name	Tier	Notes	Effective Date
KCL/D5W/NAACL INJ 0.3/0.9%	4		8/ 1/23
KRAZATI TABS 200mg	5	NM, LA, PA	4/ 1/23
lactulose (encephalopathy) SOLN 10gm/15ml	2	GC	8/ 1/23
LEVEMIR FLEXPEN SOPN 100unit/ml	3	SI	5/ 1/23
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	10/ 1/23
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	2	GC, QL (60 caps / 30 days), PA	11/ 1/23
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	2	GC, QL (30 caps / 30 days), PA	11/ 1/23
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	2	GC, QL (60 tabs / 30 days), PA	11/ 1/23
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	2	GC, QL (30 tabs / 30 days), PA	11/ 1/23
LITHIUM SOLN 8meq/5ml	4		12/ 1/23
LUMAKRAS TABS 320mg	5	NM, LA, PA	5/ 1/23
LUPRON DEPOT-PED (6-MONTH KIT) 45mg	5	NM, PA	7/ 1/23
lurasidone hcl TABS 20mg, 40mg, 60mg, 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
MEKINIST SOLR .05mg/m	5	NM, LA, PA	8/ 1/23
MENVEO SOL	6	GC	2/ 1/23
methsuximide CAPS 300mg	2	GC	7/ 1/23
MORPHINE/NAACL INJ IMG/1ML	4	B/D	2/ 1/23
<i>multiple electrolytes ph 5.5</i>	2	GC	9/ 1/23
<i>multiple electrolytes ph 7.4</i>	2	GC	9/ 1/23
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	GC	5/ 1/23

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Additions

Drug Name	Tier	Notes	Effective Date
<i>neo-polycin hc ophth oint 1%</i>	2	GC	5/ 1/23
nitisinone CAPS 20mg	5	NM, PA	9/ 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
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/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
potassium chloride SOLN 20meq/50ml	2	GC	10/ 1/23
primidone TABS 125mg	1	GC	7/ 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

Additions

Drug Name	Tier	Notes	Effective Date
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
STELARA SOLN 130mg/26ml	5	NM, LA, PA	8/ 1/23
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA	8/ 1/23
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA	8/ 1/23
SUNLENCA TBPK 300mg	5	LA	4/ 1/23
TAFINLAR CAPS TBSO 10mg	5	NM, LA, PA	8/ 1/23
TALZENNA CAPS .1mg, .35mg	5	QL (30 caps / 30 days), NM, LA, PA	9/ 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
theophylline TB12 100mg, 200mg	2	GC	11/ 1/23
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA	8/ 1/23
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA	8/ 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
VANFLYTA TABS 17.7mg, 26.5mg	5	NM, LA, PA	11/ 1/23
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	10/ 1/23
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA	9/ 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
avita CREA .025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	2	GC, QL (45 gm / 30 days), PA	11/ 1/23
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
cefaclor SUSR 125mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	cefaclor SUSR 250MG/5ML	2	GC	12/ 1/23
cefaclor SUSR 375mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	cefaclor SUSR 250MG/5ML	2	GC	12/ 1/23
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ceftazidime SOLR 1gm, 2gm, 6gm	2	GC	12/ 1/23
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ceftazidime SOLR 1gm, 2gm, 6gm	2	GC	12/ 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

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	4	B/D	10/ 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
ISOPTO ATROPINE SOLN 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE SOLN 1%	3		11/ 1/23
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider			8/ 1/23
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	aviane tab	2	GC	2/ 1/23

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	8/ 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
<i>lillow</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	GC	12/ 1/23
myorisan CAPS 10mg, 20mg, 30mg, 40mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	claravis CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA	7/ 1/23
nevirapine TB24 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nevirapine TB24 400mg	2	GC	11/ 1/23
NORVIR SOL 80MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100MG	4		4/ 1/23
oxandrolone TABS 10mg	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider			11/ 1/23
oxandrolone TABS 2.5mg	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider			11/ 1/23

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
procto-pak CREA 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	hydrocortisone (rectal) CREA 1%	2	GC	9/ 1/23
rosadan CREA .75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	metronidazole (topical) CREA .75%	2	GC	3/ 1/23
stavudine CAPS 15mg, 20mg, 30mg, 40mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	2	GC	10/ 1/23
SYNERCID INJ 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider			9/ 1/23
toposar SOLN 100mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	etoposide SOLN 100mg/5ml	2	GC, B/D	9/ 1/23
toposar SOLN 1gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	etoposide SOLN 1gm/50ml	2	GC, B/D	9/ 1/23
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG; M-NATAL PLUS TAB	3		12/ 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
KCL/D5W/NACL INJ 0.3/0.9%	2	Tier reduced from 4 to 2	8/ 1/23
chlorpromazine hcl CONC 100mg/ml	2	Tier reduced from 4 to 2	8/ 1/23
chlorpromazine hcl CONC 30mg/ml	2	Tier reduced from 4 to 2	8/ 1/23
PHENYTEK CAP 200MG	2	Tier reduced from 4 to 2	12/ 1/23
PHENYTEK CAP 300MG	2	Tier reduced from 4 to 2	12/ 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) 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 days	7/ 1/23
SYMBICORT AER 80-4.5	3	QL Increased to 3 inhalers / 30 days	7/ 1/23
RINVOQ TB24 45mg	5	QL Increased to 168 tabs/year	9/ 1/23
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	PA (New Starts Only) added	10/ 1/23
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	PA (New Starts Only) added	10/ 1/23
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	PA (New Starts Only) added	10/ 1/23
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	PA (New Starts Only) added	10/ 1/23
BYDUREON BCISE AUIJ 2mg/0.85ml	3	PA (New Starts Only) added	10/ 1/23
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	PA (New Starts Only) added	10/ 1/23
RYBELSUS TABS 3mg, 7mg, 14mg	3	PA (New Starts Only) added	10/ 1/23
VICTOZA SOPN 18mg/3ml	3	PA (New Starts Only) added	10/ 1/23
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	PA Removed	10/ 1/23