

# 2024

KelseyCare  
Advantage  
★★★★★

## FORMULARY ADDENDUM

### List of Covered Drugs

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

Formulary ID: 00024215 Version: 18

This document was last updated on 12/1/2024. 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 Addendums as of 12/01/2024

## Additions

| Drug Name                                    | Tier | Notes                               | Effective Date |
|----------------------------------------------|------|-------------------------------------|----------------|
| ABRYSVO SOLR 120mcg/0.5ml                    | 1    |                                     | 1/1/2024       |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml    | 5    | QL (56 syringes / 365 days), NM, PA | 11/1/2024      |
| ADALIMUMAB-AACF AJKT 40mg/0.8ml              | 5    | QL (56 pens / 365 days), NM, PA     | 2/1/2024       |
| ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml    | 5    | QL (2 packs / year), NM, PA         | 12/1/2024      |
| AIRSUPRA AER 90-80MCG                        | 3    | QL (3 inhalers / 30 days)           | 11/1/2024      |
| AKEEGA TAB 100/500                           | 5    | QL (60 tabs / 30 days), NM, LA, PA  | 2/1/2024       |
| AKEEGA TAB 50/500MG                          | 5    | QL (60 tabs / 30 days), NM, LA, PA  | 2/1/2024       |
| ALVAIZ TABS 18mg, 36mg                       | 5    | QL (90 tabs / 30 days), NM, LA, PA  | 6/1/2024       |
| ALVAIZ TABS 9mg, 54mg                        | 5    | QL (60 tabs / 30 days), NM, LA, PA  | 6/1/2024       |
| ALVESCO AERS 160mcg/act                      | 4    | QL (2 inhalers / 30 days)           | 7/1/2024       |
| ALVESCO AERS 80mcg/act                       | 4    | QL (3 inhalers / 30 days)           | 7/1/2024       |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 5    | PA                                  | 8/1/2024       |
| AREXVY SUSR 120mcg/0.5ml                     | 1    |                                     | 1/1/2024       |
| AUGTYRO CAPS 40mg                            | 5    | QL (240 caps / 30 days), NM, LA, PA | 3/1/2024       |
| AUSTEDO XR TAB TITR KIT                      | 5    | QL (2 packs / year), NM, PA         | 1/1/2024       |
| AUSTEDO XR TB24 18mg                         | 5    | QL (60 tabs / 30 days), NM, PA      | 10/1/2024      |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg       | 5    | QL (30 tabs / 30 days), NM, PA      | 8/1/2024       |
| AUVELITY TAB 45-105MG                        | 4    | QL (60 tabs / 30 days), PA          | 3/1/2024       |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml     | 5    | B/D, NM                             | 10/1/2024      |
| BOSULIF CAPS 100mg                           | 5    | QL (150 caps / 25 days), NM, PA     | 4/1/2024       |
| BOSULIF CAPS 50mg                            | 5    | QL (360 caps / 30 days), NM, PA     | 4/1/2024       |
| BREO ELLIPTA INH 50-25MCG                    | 3    | QL (60 blisters / 30 days)          | 2/1/2024       |
| bromfenac sodium (ophth) SOLN .07%           | 3    |                                     | 3/1/2024       |
| bromfenac sodium (ophth) SOLN .075%          | 4    |                                     | 4/1/2024       |
| CEFAZOLIN INJ 3GM/150ML-4%                   | 4    |                                     | 12/1/2024      |
| cefazolin sodium SOLR 3gm                    | 3    |                                     | 5/1/2024       |
| chateal eq                                   | 3    |                                     | 4/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Formulary Addendums as of 12/01/2024

### Additions

| Drug Name                                                | Tier | Notes                              | Effective Date |
|----------------------------------------------------------|------|------------------------------------|----------------|
| CYCLOPHOSPHAMIDE SOLN 500mg/ml                           | 5    | B/D                                | 1/1/2024       |
| CYCLOPHOSPHAMIDE SOLN 500mg/ml, 1000mg/10ml, 2000mg/20ml | 5    | B/D                                | 8/1/2024       |
| dabigatran etexilate mesylate CAPS 110mg                 | 4    | QL (120 caps / 30 days)            | 4/1/2024       |
| dasatinib TABS 20mg                                      | 5    | QL (90 tabs / 30 days), NM, PA     | 11/1/2024      |
| dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg            | 5    | QL (30 tabs / 30 days), NM, PA     | 11/1/2024      |
| dexamethasone sodium phosphate SOSY 4mg/ml               | 3    |                                    | 6/1/2024       |
| diclofenac sodium (topical) SOLN 1.5%                    | 3    | QL (300 mL / 28 days)              | 10/1/2024      |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml                    | 4    | B/D                                | 10/1/2024      |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg            | 4    | QL (60 caps / 30 days), PA         | 9/1/2024       |
| emzahh TABS .35mg                                        | 2    |                                    | 6/1/2024       |
| enilloring                                               | 4    |                                    | 1/1/2024       |
| ENTRESTO CAP 15-16MG                                     | 3    | QL (240 caps / 30 days)            | 10/1/2024      |
| ENTRESTO CAP 6-6MG                                       | 3    | QL (240 caps / 30 days)            | 10/1/2024      |
| FASENRA SOSY 10mg/0.5ml                                  | 5    | NM, LA, PA                         | 8/1/2024       |
| FIASP PMPCRT INJ U-100                                   | 3    | B/D                                | 1/1/2024       |
| FRUZAQLA CAPS 1mg                                        | 5    | QL (84 caps / 28 days), NM, LA, PA | 3/1/2024       |
| FRUZAQLA CAPS 5mg                                        | 5    | QL (21 caps / 28 days), NM, LA, PA | 3/1/2024       |
| gabapentin (once-daily) TABS 300mg                       | 4    | QL (180 tabs / 30 days), PA        | 4/1/2024       |
| gabapentin (once-daily) TABS 600mg                       | 4    | QL (90 tabs / 30 days), PA         | 4/1/2024       |
| gavilyte-n/flavor pack                                   | 2    |                                    | 11/1/2024      |
| haloette                                                 | 4    |                                    | 1/1/2024       |
| hydrocortisone sod succinate SOLR 100mg                  | 4    |                                    | 12/1/2024      |
| IDACIO AJKT 40mg/0.8ml                                   | 5    | QL (56 pens / 365 days), NM, PA    | 2/1/2024       |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml                 | 5    | QL (2 packs / year), NM, PA        | 2/1/2024       |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml               | 5    | QL (2 packs / year), NM, PA        | 2/1/2024       |
| IDACIO PSKT 40mg/0.8ml                                   | 5    | QL (56 pens / 365 days), NM, PA    | 2/1/2024       |
| ivabradine hcl TABS 5mg, 7.5mg                           | 4    | QL (60 tabs / 30 days)             | 10/1/2024      |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Formulary Addendums as of 12/01/2024

### Additions

| Drug Name                                                                                              | Tier | Notes                               | Effective Date |
|--------------------------------------------------------------------------------------------------------|------|-------------------------------------|----------------|
| IWILFIN TABS 192mg                                                                                     | 5    | QL (240 tabs / 30 days), NM, LA, PA | 4/1/2024       |
| IXCHIQ INJ                                                                                             | 1    |                                     | 5/1/2024       |
| JENTADUETO TAB 2.5-850                                                                                 | 3    | QL (60 tabs / 30 days)              | 1/1/2024       |
| JYLAMVO SOLN 2mg/ml                                                                                    | 4    | B/D                                 | 7/1/2024       |
| KALYDECO PACK 5.8mg                                                                                    | 5    | QL (56 packs / 28 days), NM, LA, PA | 2/1/2024       |
| kcl 20 meq/l (0.149%) in nacl 0.45% inj                                                                | 3    |                                     | 2/1/2024       |
| kionex SUSP 15gm/60ml                                                                                  | 3    |                                     | 9/1/2024       |
| klayesta POWD 100000unit/gm                                                                            | 3    | QL (60 gm / 30 days)                | 3/1/2024       |
| kourzeq PSTE .1%                                                                                       | 3    |                                     | 2/1/2024       |
| l-glutamine (sickle cell) PACK 5gm                                                                     | 5    | NM, PA                              | 9/1/2024       |
| lanreotide acetate SOLN 120mg/0.5ml                                                                    | 5    | NM, PA                              | 8/1/2024       |
| lanthanum carbonate CHEW 500mg, 1000mg                                                                 | 3    | QL (90 tabs / 30 days)              | 5/1/2024       |
| lanthanum carbonate CHEW 750mg                                                                         | 3    | QL (180 tabs / 30 days)             | 5/1/2024       |
| LAZCLUZE TABS 240mg                                                                                    | 5    | QL (30 tabs / 30 days), NM, LA, PA  | 12/1/2024      |
| LAZCLUZE TABS 80mg                                                                                     | 5    | QL (60 tabs / 30 days), NM, LA, PA  | 12/1/2024      |
| levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1    |                                     | 1/1/2024       |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg                                                          | 4    |                                     | 8/1/2024       |
| lidocan iii PTCH 5%                                                                                    | 4    | QL (3 patches / 1 day), PA          | 4/1/2024       |
| lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg                                                      | 4    | QL (60 caps / 30 days), PA          | 1/1/2024       |
| lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg                                                | 4    | QL (30 caps / 30 days), PA          | 1/1/2024       |
| lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg                                                      | 4    | QL (60 caps / 30 days), PA          | 1/1/2024       |
| lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg                                                      | 4    | QL (30 caps / 30 days), PA          | 1/1/2024       |
| LITHIUM SOLN 8meq/5ml                                                                                  | 4    |                                     | 2/1/2024       |
| LOKELMA PACK 5gm, 10gm                                                                                 | 3    |                                     | 2/1/2024       |
| loteprednol etabonate SUSP .2%                                                                         | 3    |                                     | 5/1/2024       |
| MIEBO SOLN 1.338gm/ml                                                                                  | 3    |                                     | 5/1/2024       |
| mifepristone (hyperglycemia) TABS 300mg                                                                | 5    | NM, PA                              | 4/1/2024       |
| MORPHINE SULFATE SOLN 50mg/ml                                                                          | 4    | B/D                                 | 3/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Formulary Addendums as of 12/01/2024

### Additions

| Drug Name                                                                               | Tier | Notes                                  | Effective Date |
|-----------------------------------------------------------------------------------------|------|----------------------------------------|----------------|
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 3    | QL (4 pens / 28 days), PA              | 2/1/2024       |
| MRESVIA SUSY 50mcg/0.5ml                                                                | 1    |                                        | 10/1/2024      |
| naloxone hcl SOSY .4mg/ml                                                               | 2    |                                        | 10/1/2024      |
| naproxen dr TBEC 500mg                                                                  | 4    | QL (90 tabs / 30 days)                 | 10/1/2024      |
| NEXLETOL TABS 180mg                                                                     | 3    | QL (30 tabs / 30 days)                 | 6/1/2024       |
| NEXLIZET TAB 180/10MG                                                                   | 3    | QL (30 tabs / 30 days)                 | 6/1/2024       |
| nitroglycerin (intra-anal) OINT .4%                                                     | 4    | QL (30 gm / 30 days)                   | 5/1/2024       |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr                                | 4    |                                        | 3/1/2024       |
| OGSIVEO TABS 100mg, 150mg                                                               | 5    | QL (56 tabs / 28 days), NM, LA, PA     | 8/1/2024       |
| OGSIVEO TABS 50mg                                                                       | 5    | QL (180 tabs / 30 days), NM, LA, PA    | 3/1/2024       |
| OJEMDA SUSR 25mg/ml                                                                     | 5    | QL (96 mL / 28 days), NM, LA, PA       | 8/1/2024       |
| OJEMDA TABS 100mg                                                                       | 5    | QL (24 tabs / 28 days), NM, LA, PA     | 8/1/2024       |
| OJJAARA TABS 100mg, 150mg, 200mg                                                        | 5    | QL (30 tabs / 30 days), NM, LA, PA     | 2/1/2024       |
| OMNIPOD 5 G7 KIT INTRO                                                                  | 4    | QL (1 kit / year), PA                  | 4/1/2024       |
| OMNIPOD 5 G7 MIS PODS                                                                   | 4    | QL (15 pods / 30 days), PA             | 4/1/2024       |
| OTEZLA TAB 10/20                                                                        | 5    | QL (110 tabs / year), NM, PA           | 10/1/2024      |
| OTEZLA TABS 20mg                                                                        | 5    | QL (60 tabs / 30 days), NM, PA         | 10/1/2024      |
| PAXLOVID TAB 150-100                                                                    | 3    | QL (40 tabs / 30 days); \$0 Cost Share | 4/1/2024       |
| PAXLOVID TAB 300-100                                                                    | 3    | QL (60 tabs / 30 days); \$0 Cost Share | 4/1/2024       |
| pazopanib hcl TABS 200mg                                                                | 5    | QL (120 tabs / 30 days), NM, PA        | 2/1/2024       |
| PENBRAYA INJ                                                                            | 1    |                                        | 3/1/2024       |
| pitavastatin calcium TABS 1mg, 2mg, 4mg                                                 | 6    | QL (30 tabs / 30 days), ST             | 2/1/2024       |
| potassium chloride SOLN 10meq/50ml                                                      | 3    |                                        | 9/1/2024       |
| proctocort CREA 1%                                                                      | 3    |                                        | 8/1/2024       |
| QULIPTA TABS 10mg, 30mg, 60mg                                                           | 3    | QL (30 tabs / 30 days), PA             | 2/1/2024       |
| RETEVMO TABS 40mg                                                                       | 5    | QL (90 tabs / 30 days), NM, LA, PA     | 10/1/2024      |
| RETEVMO TABS 80mg, 120mg, 160mg                                                         | 5    | QL (60 tabs / 30 days), NM, LA, PA     | 10/1/2024      |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Formulary Addendums as of 12/01/2024

### Additions

| Drug Name                                           | Tier | Notes                                  | Effective Date |
|-----------------------------------------------------|------|----------------------------------------|----------------|
| RINVOQ LQ SOLN 1mg/ml                               | 5    | QL (360 mL / 30 days), NM, PA          | 9/1/2024       |
| risperidone microspheres SRER 12.5mg, 25mg          | 4    | QL (2 injections / 28 days)            | 4/1/2024       |
| risperidone microspheres SRER 37.5mg, 50mg          | 5    | QL (2 injections / 28 days)            | 4/1/2024       |
| ROZLYTREK PACK 50mg                                 | 5    | QL (336 packets / 28 days), NM, LA, PA | 2/1/2024       |
| SCEMBLIX TABS 100mg                                 | 5    | QL (120 tabs / 30 days), NM, PA        | 9/1/2024       |
| TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml                  | 5    | QL (1 syringe / 28 days), NM, LA, PA   | 10/1/2024      |
| tazarotene CREA .05%,                               | 3    | QL (60 gm / 30 days), PA               | 12/1/2024      |
| theophylline TB12 100mg, 200mg                      | 4    |                                        | 1/1/2024       |
| torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg                | 5    | QL (30 tabs / 30 days), NM, LA, PA     | 10/1/2024      |
| TREMFYA SOPN 100mg/ml                               | 5    | QL (1 pen / 28 days), NM, PA           | 6/1/2024       |
| TREMFYA SOSY 100mg/ml                               | 5    | QL (1 syringe / 28 days), NM, PA       | 6/1/2024       |
| tridacaine ii PTCH 5%                               | 4    | QL (3 patches / 1 day), PA             | 10/1/2024      |
| TRUQAP TABS 160mg, 200mg                            | 5    | QL (64 tabs / 28 days), NM, LA, PA     | 3/1/2024       |
| turqoz                                              | 3    |                                        | 2/1/2024       |
| UBRELVY TABS 50mg, 100mg                            | 3    | QL (16 tabs / 30 days), PA             | 2/1/2024       |
| vancomycin hcl SOLR 1.25gm, 1.5gm                   | 4    |                                        | 8/1/2024       |
| VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg | 4    |                                        | 6/1/2024       |
| VANFLYTA TABS 17.7mg, 26.5mg                        | 5    | QL (56 tabs / 28 days), NM, LA, PA     | 2/1/2024       |
| VAXCHORA SUS                                        | 1    |                                        | 11/1/2024      |
| vigadrone TABS 500mg                                | 5    | QL (180 tabs / 30 days), NM, LA, PA    | 1/1/2024       |
| VIGAFYDE SOLN 100mg/ml                              | 5    | QL (900 mL / 30 days), NM, LA, PA      | 11/1/2024      |
| vigpoder PACK 500mg                                 | 5    | QL (180 packets / 30 days), NM, LA, PA | 5/1/2024       |
| VORANIGO TABS 10mg                                  | 5    | QL (60 tabs / 30 days), NM, LA, PA     | 12/1/2024      |
| VORANIGO TABS 40mg                                  | 5    | QL (30 tabs / 30 days), NM, LA, PA     | 12/1/2024      |
| VRAYLAR CAP 1.5-3MG                                 | 4    | QL (2 packs / year)                    | 11/1/2024      |
| XALKORI CPSP 150mg                                  | 5    | QL (180 caps / 30 days), NM, LA, PA    | 2/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Formulary Addendums as of 12/01/2024

### Additions

| Drug Name                                   | Tier | Notes                               | Effective Date |
|---------------------------------------------|------|-------------------------------------|----------------|
| XALKORI CPSP 20mg                           | 5    | QL (240 caps / 30 days), NM, LA, PA | 2/1/2024       |
| XALKORI CPSP 50mg                           | 5    | QL (120 caps / 30 days), NM, LA, PA | 2/1/2024       |
| XCOPRI TABS 25mg                            | 5    | QL (30 tabs / 30 days)              | 8/1/2024       |
| XDEMVY SOLN .25%                            | 5    | NM, LA, PA                          | 9/1/2024       |
| XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml | 5    | NM, LA, PA                          | 5/1/2024       |
| XOLAIR SOSY 300mg/2ml                       | 5    | NM, LA, PA                          | 5/1/2024       |
| yargesa CAPS 100mg                          | 5    | QL (90 caps / 30 days), NM, PA      | 2/1/2024       |
| ZEMAIRA SOLR 4000mg, 5000mg                 | 5    | NM, LA, PA                          | 3/1/2024       |
| ZURZUVAE CAPS 20mg, 25mg                    | 5    | QL (28 caps / 14 days), NM, LA, PA  | 2/1/2024       |
| ZURZUVAE CAPS 30mg                          | 5    | QL (14 caps / 14 days), NM, LA, PA  | 2/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston** ID: 00024215 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.

## Deletions

| Affected Drug                                    | Description of Change           | Reason for Change            | Alternative Drug                                                    | Alternative Drug Tier | Alternative Drug Notes | Effective Date |
|--------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------------------------|-----------------------|------------------------|----------------|
| amabelz tab 0.5-0.1mg                            | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG                    | 3                     |                        | 7/1/2024       |
| amabelz tab 1-0.5MG                              | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG | 3                     |                        | 3/1/2024       |
| amoxicillin & k clavulanate chew tab 200-28.5 mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | amoxicillin & k clavulanate for susp 200-28.5 mg/5ml                | 3                     |                        | 10/1/2024      |
| cefaclor SUSR 125mg/5ml                          | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOL SUS 250MG/5ML                                              | 4                     |                        | 2/1/2024       |
| cefaclor SUSR 375mg/5ml                          | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOL SUS 250MG/5ML                                              | 4                     |                        | 2/1/2024       |
| CEFTAZIDIME/ SOL D5W 1GM                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ                                                     | 4                     |                        | 2/1/2024       |
| CEFTAZIDIME/ SOL D5W 2GM                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ                                                     | 4                     |                        | 2/1/2024       |
| chateal                                          | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CHATEAL EQ                                                          | 3                     |                        | 4/1/2024       |
| ciprofloxacin hcl TABS 100mg                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CIPROFLOXACIN HCL TAB 250 MG                                        | 1                     |                        | 2/1/2024       |
| clindamycin phosphate SOLN 300mg/2ml             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CLINDAMYCIN INJ 600MG/4ML                                           | 3                     |                        | 2/1/2024       |
| CYCLOPHOSPHAMIDE SOLN 500mg/ml                   | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CYCLOPHOSPHAMIDE SOLN 1gm/5ml                                       | 5                     | B/D                    | 9/1/2024       |
| cyclosporine SOLN 50mg/ml                        | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                   |                       |                        | 9/1/2024       |
| efavirenz CAPS 200mg                             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | efavirenz TABS 600mg                                                | 4                     |                        | 11/1/2024      |
| efavirenz CAPS 50mg                              | Deletion Of Drug From Formulary | Manufacturer Discontinuation | efavirenz TABS 600mg                                                | 4                     |                        | 11/1/2024      |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.

## Deletions

| Affected Drug                  | Description of Change           | Reason for Change            | Alternative Drug                                                                                           | Alternative Drug Tier | Alternative Drug Notes                 | Effective Date |
|--------------------------------|---------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|----------------|
| EMCYT CAPS 140mg               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                                                          |                       |                                        | 5/1/2024       |
| erythrocin stearate TABS 250mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | erythromycin base TBEC 250mg                                                                               | 4                     |                                        | 10/1/2024      |
| EXKIVITY CAPS 40mg             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                                                          |                       |                                        | 8/1/2024       |
| FLEBOGAMMA DIF SOLN 10gm/100ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 10GM/100ML;<br>GAMMAPLEX INJ 10GM/100ML;<br>OCTAGAM INJ 10GM/100ML;<br>PRIVIGEN INJ 10GM/100ML | 5                     | NM, LA, PA; NM, LA, PA; NM, PA; NM, PA | 3/1/2024       |
| FLEBOGAMMA DIF SOLN 2.5gm/50ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | OCTAGAM INJ 2.5GM/50ML                                                                                     | 5                     | NM, PA                                 | 3/1/2024       |
| FLEBOGAMMA DIF SOLN 20gm/200ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GAMMAPLEX INJ 20GM/200ML;<br>OCTAGAM INJ 20GM/200ML;<br>PRIVIGEN INJ 20GM/200ML                            | 5                     | NM, LA, PA; NM, PA; NM, PA             | 3/1/2024       |
| FLEBOGAMMA DIF SOLN 5gm/50ml   | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 5GM/50ML;<br>GAMMAPLEX INJ 5GM/50ML;<br>OCTAGAM INJ 5GM/50ML;<br>PRIVIGEN INJ 5GM/50ML         | 5                     | NM, LA, PA; NM, LA, PA; NM, PA; NM, PA | 3/1/2024       |
| GVOKE PFS SOSY 0.5 MG/0.1ML    | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT                                             | 3                     |                                        | 3/1/2024       |
| HUMIRA PEDIA INJ CROHNS        | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN STARTER KIT CD/UC/HS                                                                            | 5                     | QL (3 pens / 28 days), NM, PA          | 8/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.

## Deletions

| Affected Drug                             | Description of Change           | Reason for Change            | Alternative Drug                                            | Alternative Drug Tier | Alternative Drug Notes        | Effective Date |
|-------------------------------------------|---------------------------------|------------------------------|-------------------------------------------------------------|-----------------------|-------------------------------|----------------|
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN STARTER KIT CD/UC/HS                             | 5                     | QL (3 pens / 28 days), NM, PA | 8/1/2024       |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN INJ 40MG/0.8ML                                   | 5                     | QL (6 pens / 28 days), NM, PA | 4/1/2024       |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml  | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN INJ KIT 40 MG/0.8ML                              | 5                     | QL (6 pens / 28 days), NM, PA | 8/1/2024       |
| LEXIVA SUSP 50mg/ml                       | Deletion Of Drug From Formulary | Manufacturer Discontinuation | fosamprenavir calcium TABS 700mg                            | 5                     |                               | 10/1/2024      |
| LIVALO TABS 1mg, 2mg, 4mg                 | Deletion Of Drug From Formulary | Generic Available            | pitavastatin calcium TABS 1mg, 2mg, 4mg                     | 6                     | QL (30 tabs / 30 days), ST    | 5/1/2024       |
| nevirapine TB24 100mg                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NEVIRAPINE TAB ER 400MG                                     | 4                     |                               | 2/1/2024       |
| olopatadine hcl SOLN .1%                  | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AZELASTINE HCL OPHTH SOLN 0.05%                             | 3                     |                               | 2/1/2024       |
| paromomycin sulfate CAPS 250mg            | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                           |                       |                               | 4/1/2024       |
| PENICILLIN G PROCAINE SUSP 600000unit/ml  | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT | 4                     |                               | 3/1/2024       |
| RISPERDAL CONSTA SRER 12.5mg, 25mg        | Deletion Of Drug From Formulary | Generic Available            | risperidone microspheres SRER 12.5mg, 25mg                  | 4                     | QL (2 injections / 28 days)   | 5/1/2024       |
| RISPERDAL CONSTA SRER 37.5mg, 50mg        | Deletion Of Drug From Formulary | Generic Available            | risperidone microspheres SRER 37.5mg, 50mg                  | 5                     | QL (2 injections / 28 days)   | 5/1/2024       |
| stavudine CAPS 15mg, 20mg, 30mg, 40mg     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE                 | 3                     |                               | 1/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.

## Deletions

| Affected Drug                                    | Description of Change           | Reason for Change            | Alternative Drug                                                                                                                            | Alternative Drug Tier | Alternative Drug Notes                                             | Effective Date |
|--------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|----------------|
|                                                  |                                 |                              | TAB, ZIDOVUDINE TAB                                                                                                                         |                       |                                                                    |                |
| SYMJEPI SOSY .15mg/0.3ml                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.15MG                                                                                                                      | 3                     |                                                                    | 2/1/2024       |
| SYMJEPI SOSY .3mg/0.3ml                          | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.3MG                                                                                                                       | 3                     |                                                                    | 2/1/2024       |
| SYNRIBO SOLR 3.5mg                               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ICLUSIG TAB; SCEMBLIX TAB                                                                                                                   | 5                     | QL (30 tabs / 30 days), NM, LA, PA; QL (60 tabs / 30 days), NM, PA | 2/1/2024       |
| taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tiadylter CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2                     |                                                                    | 9/1/2024       |
| TRICARE TAB PRENATAL                             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1MG                                                                                                                         | 3                     |                                                                    | 1/1/2024       |
| TRIZIVIR TAB                                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                                                                                           |                       |                                                                    | 12/1/2024      |
| VOTRIENT TABS 200mg                              | Deletion Of Drug From Formulary | Generic Available            | PAZOPANIB HCL TAB 200 MG                                                                                                                    | 5                     | QL (120 tabs / 30 days), NM, PA                                    | 5/1/2024       |
| VRAYLAR CAP 1.5-3MG                              | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VRAYLAR CAPS 1.5mg; VRAYLAR CAPS 3mg                                                                                                        | 4                     | QL (60 caps / 30 days; QL (30 caps / 30 days)                      | 6/1/2024       |
| ZEJULA CAPS 100mg                                | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ZEJULA TABS 100mg                                                                                                                           | 5                     | QL (30 tabs / 30 days),                                            | 9/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.

**Deletions**

| Affected Drug                  | Description of Change           | Reason for Change            | Alternative Drug             | Alternative Drug Tier | Alternative Drug Notes | Effective Date |
|--------------------------------|---------------------------------|------------------------------|------------------------------|-----------------------|------------------------|----------------|
|                                |                                 |                              |                              |                       | NM, LA, PA             |                |
| zoledronic acid SOLN 4mg/100ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | zoledronic acid CONC 4mg/5ml | 4                     | B/D, NM                | 10/1/2024      |

## Tier Changes

| Affected Drug | Tier* | Notes | Effective Date |
|---------------|-------|-------|----------------|
|---------------|-------|-------|----------------|

\* Lower cost sharing tier

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.

## Requirement Changes

| Drug Name                                                  | Tier | Notes                                | Effective Date |
|------------------------------------------------------------|------|--------------------------------------|----------------|
| CAPLYTA CAPS 10.5mg, 21mg, 42mg                            | 4    | PA removed                           | 1/1/2024       |
| clotrimazole (topical) SOLN 1%                             | 3    | QL Increased to 60 mL / 30 days      | 6/1/2024       |
| DESCOVY TAB 120-15MG                                       | 5    | QL removed                           | 11/1/2024      |
| DESCOVY TAB 200/25MG                                       | 5    | QL removed                           | 11/1/2024      |
| DULERA AER 100-5MCG                                        | 4    | QL Increased to 3 inhalers / 30 days | 4/1/2024       |
| DULERA AER 200-5MCG                                        | 4    | QL Increased to 3 inhalers / 30 days | 4/1/2024       |
| DULERA AER 50-5MCG                                         | 4    | QL Increased to 3 inhalers / 30 days | 4/1/2024       |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg | 5    | QL removed                           | 11/1/2024      |
| emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg | 5    | QL removed                           | 11/1/2024      |
| emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg | 5    | QL removed                           | 11/1/2024      |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg | 4    | QL removed                           | 11/1/2024      |
| HUMIRA PSKT 20mg/0.2ml                                     | 5    | QL Increased to 4 syringes / 28 days | 6/1/2024       |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg                           | 5    | QL Increased to 28 tabs / 28 days    | 3/1/2024       |
| SKYRIZI SOLN 600mg/10ml                                    | 5    | QL Increased to 12 vials / 365 days  | 10/1/2024      |
| THALOMID CAPS 100mg                                        | 5    | QL Increased to 112 caps / 28 days   | 7/1/2024       |
| THALOMID CAPS 50mg                                         | 5    | QL Increased to 84 caps / 28 days    | 7/1/2024       |

**December 01, 2024 - COH Pref, TWU Pref, SHELL Greater Houston**

ID: 00024215 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.