

2025

FORMULARY ADDENDUM

List of Covered Drugs

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

Formulary ID: 25501 Version: 8

This formulary was updated on 1/1/2025. For more recent information or other questions, please contact Optum Rx at 1-800-707-8194 (TTY: 711), 24 hours a day, 7 days per week or visit www.KelseyCareAdvantage.com.

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

Formulary Addendums as of 01/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	5	PA; QL (30 tabs / 30 days)	1/1/2025
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 tabs / 365 days)	1/1/2025
azurette oral tablets	3		1/1/2025
DRIZALMA SPRINKLE CSDR 20 mg, 60 mg	4	QL (60 tabs / 30 days)	1/1/2025
DRIZALMA SPRINKLE CSDR 30 mg, 40 mg	4	QL (90 tabs / 30 days)	1/1/2025
ENTRESTO ORAL CAPSULE 15-16 MG	3	QL (240 caps / 30 days)	1/1/2025
ENTRESTO ORAL CAPSULE 6-6 MG	3	QL (240 caps / 30 days)	1/1/2025
ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA; QL (60 tabs / 30 days)	1/1/2025
l-glutamine oral packet 5 gm	5	PA	1/1/2025
MRESVIA INTRAMUSCULAR SUSY 50MCG/0.5ML	1		1/1/2025
OTEZLA ORAL TABLET 20 MG	5	PA; QL (60 tabs / 30 days)	1/1/2025
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 MG	5	PA; QL (110 / 365 days)	1/1/2025
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA	1/1/2025
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 tabs / 30 days)	1/1/2025
RETEVMO ORAL TABLET 80 MG	5	PA; QL (60 tabs / 30 days)	1/1/2025
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg, 10 mg	5	PA; QL (30 tabs / 30 days)	1/1/2025
VAXCHORA INTRAMUSCULAR SUSR	3		1/1/2025
VIGAFYDE SOLUTION 100 MG/ML	5	PA	1/1/2025

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alter-native Drug Tier	Alter-native Drug Notes	Effective Date
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Deletion Of Drug From Formulary	Generic Available	ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA; QL (60 tabs / 30 days)	1/1/2025
ENDARI ORAL PACKET 5 GM	Deletion Of Drug From Formulary	Generic Available	l-glutamine oral packet 5 gm	5	PA	1/1/2025

Tier Changes

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

* Lower cost sharing tier

January 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 8

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
-----------	------	-------	----------------