

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: 10

This formulary was updated on 3/1/2025. 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 03/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
adalimumab-aaty (1-pen) subcutaneous solution auto-injector 80mg/0.8mL	5	PA; QL (6 EA / 28 days)	2/1/2025
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20mg/0.2ml	5	PA; QL (1 EA / 28 days)	2/1/2025
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40mg/0.4ml	5	PA; QL (3 EA / 28 days)	2/1/2025
adalimumab-aaty (2-pen) subcutaneous solution auto-injector 40mg/0.4mL	5	PA; QL (6 EA / 28 days)	2/1/2025
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300MG/2ML	5	PA; QL (6 EA / 28 days)	2/1/2025
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	3	QL (32.1 GM / 30 days)	3/1/2025
AUGTYRO ORAL CAPSULE 160 MG	5	PA	2/1/2025
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
COBENFY ORAL CAPSULE 20MG; 50MG, 30MG; 125MG, 20MG; 100MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
COBENFY ORAL CAPSULE STARTER PACK 20 MG; 0	5	PA; QL (112 tabs / 365 days)	2/1/2025
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA	3/1/2025
dasatinib oral tablets 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	PA	2/1/2025
doxepin hydrochloride oral tablets 3 mg, 6 mg	3	QL (30 tabs / 30 days)	2/1/2025
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
gallifrey oral tablets	3		2/1/2025

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 10

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 03/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
hydrocodone-acetaminophen oral tablet 2.5-325 mg	3		2/1/2025
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA	3/1/2025
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
ITOVEBI ORAL TABLET 9 MG	5		2/1/2025
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
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 caps / 5 days)	3/1/2025
LAZCLUZE ORAL TABLET 240 MG	5	PA	2/1/2025
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; QL (60 mL / 30 days)	2/1/2025
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 mL / 30 days)	2/1/2025
LUMAKRAS ORAL TABLET 240 MG	5	PA	2/1/2025
MRESVIA INTRAMUSCULAR SUSY 50MCG/0.5ML	1		1/1/2025
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 mL / 28 days)	2/1/2025
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (0.40 mL / 28 days)	2/1/2025
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG/VIAL	5	PA; QL (3 mL / 28 days)	2/1/2025
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
potassium chloride er oral tablet extended release 15 meq	2		3/1/2025
quinapril/hydrochlorothiazide oral tablets 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	6		2/1/2025
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
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA	3/1/2025
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA	3/1/2025
RINVOQ ORAL SOLUTION 1MG/ML	5	PA; QL (360 mL / 30 days)	2/1/2025

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 10

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 03/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
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
VELTASSA ORAL PACKET 1 GM	4		3/1/2025
VIGAFYDE SOLUTION 100 MG/ML	5	PA	1/1/2025
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
VORANIGO ORAL TABLET 40 MG	5	PA	2/1/2025

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 10

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
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML; OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML; OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML; OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 mL / 28 days)	3/1/2025
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
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML; ENGERIX-B INJECTION SUSPENSION 20 MCG/ML; ENGERIX-B INJECTION SUSPENSION PREFILLED	1	B/D	3/1/2025

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 10

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
			SYRINGE 10 MCG/0.5ML, 20 MCG/ML			
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1		3/1/2025

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5- 2.5-18.5 LF-MCG/0.5	1		2/1/2025
emtricitabine-tenofovir df oral tablet 200- 300 mg	2	QL (30 tabs / 30 days)	2/1/2025
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		2/1/2025
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1		2/1/2025
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		2/1/2025
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	1	B/D	2/1/2025
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1		2/1/2025
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1		2/1/2025
VAXCHORA INTRAMUSCULAR SUSR	1		2/1/2025

* Lower cost sharing tier

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston ID: 00025501 Version: 10

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

March 01, 2025 - COH Pref, TWU Pref, SHELL Greater Houston

ID: 00025501 Version: 10

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.