

2024

FORMULARY ADDENDUM

List of Covered Drugs

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

Formulary ID: 00024215 Version: 10

This document was last updated on 04/01/2024 . 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 Addendum as of April 1, 2024

Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	1	GC	1/ 1/24
ADALIMUMAB-AACF AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA	2/ 1/24
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA	2/ 1/24
AREXVY SUSR 120mcg/0.5ml	1	GC	1/ 1/24
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA	3/ 1/24
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA	1/ 1/24
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	3/ 1/24
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA	4/ 1/24
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA	4/ 1/24
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)	2/ 1/24
bromfenac sodium (ophth) SOLN .07%	3		3/ 1/24
bromfenac sodium (ophth) SOLN .075%	4		4/ 1/24
<i>chateal eq</i>	3		4/ 1/24
CYCLOPHOSPHAMIDE SOLN 500mg/ml	5	B/D	1/ 1/24
dabigatran etexilate mesylate CAPS 110mg	4	QL (120 caps / 30 days)	4/ 1/24
<i>enilloring</i>	4		1/ 1/24
FIASP PMPCRT INJ U-100	3	B/D	1/ 1/24
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA	3/ 1/24
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA	3/ 1/24
gabapentin (once-daily) TABS 300mg	4	QL (180 tabs / 30 days), PA	4/ 1/24
gabapentin (once-daily) TABS 600mg	4	QL (90 tabs / 30 days), PA	4/ 1/24
<i>haloette</i>	4		1/ 1/24
IDACIO AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/ 1/24

April 1, 2024 - Classic, Freedom, Signature, Secure, Thrive

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Additions

Drug Name	Tier	Notes	Effective Date
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/ 1/24
IDACIO PSKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/ 1/24
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA	4/ 1/24
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)	1/ 1/24
KALYDECO PACK 5.8mg	5	QL (56 packs / 28 days), NM, LA, PA	2/ 1/24
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3		2/ 1/24
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)	3/ 1/24
kourzeq PSTE .1%	3		2/ 1/24
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	1/ 1/24
lidocan iii PTCH 5%	4	QL (3 patches / 1 day), PA	4/ 1/24
lisdexamphetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA	1/ 1/24
lisdexamphetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA	1/ 1/24
LITHIUM SOLN 8meq/5ml	4		2/ 1/24
LOKELMA PACK 5gm, 10gm	3		2/ 1/24
mifepristone (hyperglycemia) TABS 300mg	5	NM, PA	4/ 1/24
MORPHINE SULFATE SOLN 50mg/ml	4	B/D	3/ 1/24
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/ 1/24
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4		3/ 1/24

Additions

Drug Name	Tier	Notes	Effective Date
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA	3/ 1/24
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA	2/ 1/24
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA	4/ 1/24
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA	4/ 1/24
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share	4/ 1/24
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); \$0 Cost Share	4/ 1/24
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA	2/ 1/24
PENBRAYA INJ	1	GC	3/ 1/24
pitavastatin calcium TABS 1mg, 2mg, 4mg	6	GC, QL (30 tabs / 30 days), ST	2/ 1/24
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA	2/ 1/24
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)	4/ 1/24
risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)	4/ 1/24
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA	2/ 1/24
theophylline TB12 100mg, 200mg	4		1/ 1/24
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA	3/ 1/24
<i>turqoz</i>	3		2/ 1/24
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA	2/ 1/24
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA	2/ 1/24
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	1/ 1/24
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA	2/ 1/24
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA	2/ 1/24
XALKORI CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA	2/ 1/24

Additions

Drug Name	Tier	Notes	Effective Date
yargesa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA	2/ 1/24
ZEMAIRA SOLR 4000mg, 5000mg	5	NM, LA, PA	3/ 1/24
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA	2/ 1/24
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA	2/ 1/24

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Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
amabelz tab 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDR ONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	3		3/ 1/24
cefaclor SUSR 125mg/5ml,	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/ 1/24
cefaclor SUSR 375mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/ 1/24
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/ 1/24
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/ 1/24
<i>chateal</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CHATEAL EQ	3		4/ 1/24
ciprofloxacin hcl TABS 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXA CIN HCL TAB 250 MG	1	GC	2/ 1/24
clindamycin phosphate SOLN 300mg/2ml,	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCI N INJ 600MG/4ML	3		2/ 1/24

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
FLEBOGAMMA DIF SOLN 10gm/100ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/ 1/24
FLEBOGAMMA DIF SOLN 2.5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	5	NM, PA	3/ 1/24
FLEBOGAMMA DIF SOLN 20gm/200ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	5	NM, LA, PA; NM, PA; NM, PA	3/ 1/24
FLEBOGAMMA DIF SOLN 5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/ 1/24
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/ 1/24

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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/ 1/24
nevirapine TB24 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	4		2/ 1/24
olopatadine hcl SOLN .1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	3		2/ 1/24
paromomycin sulfate CAPS 250mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider			4/ 1/24
PENICILLIN G PROCAINE SUSP 600000unit/ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	4		3/ 1/24
stavudine CAPS 15mg, 20mg, 30mg, 40mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABI NE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	3		1/ 1/24
SYMJEPI SOSY .15mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	3		2/ 1/24
SYMJEPI SOSY .3mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	3		2/ 1/24

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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/ 1/24
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	3		1/ 1/24

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Tier Changes

Affected Drug	Tier*	Notes	Effective Date
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* Lower cost sharing tier

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Requirement Changes

Drug Name	Tier	Notes	Effective Date
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	PA Removed	1/ 1/24
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL Increased to 28 tabs / 28 days	3/ 1/24
DULERA AER 50-5MCG	4	QL Increased to 3 inhalers / 30 days	4/ 1/24
DULERA AER 100-5MCG	4	QL Increased to 3 inhalers / 30 days	4/ 1/24
DULERA AER 200-5MCG	4	QL Increased to 3 inhalers / 30 days	4/ 1/24