

# 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: 15

This document was last updated on 9/1/2024. 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 09/01/2024

### Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	1	GC	1/1/2024
ADALIMUMAB-AACF AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/1/2024
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	GC	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 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
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 sodium SOLR 3gm	3		5/1/2024
chateal eq	3		4/1/2024
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
dexamethasone sodium phosphate SOSY 4mg/ml	3		6/1/2024

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive**

ID: 00024215 Version: 15

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.

## Formulary Addendums as of 09/01/2024

### Additions

Drug Name	Tier	Notes	Effective Date
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA	9/1/2024
emzahh TABS .35mg	2	GC	6/1/2024
enilloring	4		1/1/2024
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
haloette	4		1/1/2024
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
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA	4/1/2024
IXCHIQ INJ	1	GC	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
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	1/1/2024

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive**

ID: 00024215 Version: 15

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.

## Formulary Addendums as of 09/01/2024

### Additions

Drug Name	Tier	Notes	Effective Date
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 tabs / 30 days), PA	1/1/2024
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 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
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
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
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

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive**

ID: 00024215 Version: 15

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.

## Formulary Addendums as of 09/01/2024

### Additions

Drug Name	Tier	Notes	Effective Date
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA	2/1/2024
PENBRAYA INJ	1	GC	3/1/2024
pitavastatin calcium TABS 1mg, 2mg, 4mg	6	GC, 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
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
theophylline TB12 100mg, 200mg	4		1/1/2024
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
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
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	1/1/2024
vigpoder PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA	5/1/2024
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA	2/1/2024
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

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive**

ID: 00024215 Version: 15

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.

## Formulary Addendums as of 09/01/2024

### Additions

Drug Name	Tier	Notes	Effective Date
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

## 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
cefaclor SUSR 125mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/1/2024
cefaclor SUSR 375mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR 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	GC	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
EMCYT CAPS 140mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider			5/1/2024
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; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/1/2024

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive** ID: 00024215 Version: 15

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.

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
			10GM/100ML; PRIVIGEN INJ 10GM/100ML			
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; OCTAGAM INJ 20GM/200ML; 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; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/1/2024
GVOKE PFS SOSY 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYOPEN; 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
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

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive** ID: 00024215 Version: 15

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.



## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
LIVALO TABS 1mg, 2mg, 4mg	Deletion Of Drug From Formulary	Generic Available	pitavastatin calcium TABS 1mg, 2mg, 4mg	6	GC, 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 TAB, ZIDOVUDINE TAB	3		1/1/2024
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

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive** ID: 00024215 Version: 15

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.

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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; tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC	9/1/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	3		1/1/2024
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), NM, LA, PA	9/1/2024

## Tier Changes

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

\* Lower cost sharing tier

**September 01, 2024 - Classic, Freedom, Signature, Secure, Thrive** ID: 00024215 Version: 15

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.

## 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
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
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
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