

**2022**  
**Formulary Addendum**

Below is a list formulary changes for the benefit year 2022. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2022 downloadable formulary on the **Care N' Care (HMO/PPO)** website.

For a complete list of drugs covered by **Care N' Care (HMO/PPO)**, please visit our Website at [www.cnchealthplan.com](http://www.cnchealthplan.com) or call the Customer Experience Team at 1-877-374-7993 or, for TTY users, 711, October 1 – March 31, seven (7) days a week/8 a.m. – 8 p.m. (CST), or April 1 – September 30, Monday through Friday, 8 a.m. – 8 p.m. (CST).

BD - Part B vs. Part D, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days

<b>2022 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
<b>EFFECTIVE 01/01/2022</b>				
Ayvakit Tablet 25 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	NF	2	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	NF	2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Etravirine Tablet 100 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Intelence Tablet 100 MG Oral	5 + QL 120	NF	Formulary Update	etravirine tablet 100 mg oral, 5 + QL 120

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Intelence Tablet 200 MG Oral	5 + QL 60	NF	Formulary Update	etravirine tablet 200 mg oral, 5 + QL 60
Kaletra Tablet 100-25 MG Oral	3 + QL 300	NF	Formulary Update	lopinavir-ritonavir tablet 100-25 mg oral, 3 + QL 300
Kaletra Tablet 200-50 MG Oral	3 + QL 120	NF	Formulary Update	lopinavir-ritonavir tablet 200-50 mg oral, 3 + QL 120
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	3	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	3 + QL 300	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	5 + QL 240 + PA2 + LA	Formulary Enhancement	N/A
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	NF	1	Formulary Enhancement	N/A
Rezurock Tablet 200 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
SUNItinib Malate Capsule 12.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 37.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Sutent Capsule 12.5 MG Oral	5 + PA2	NF	Formulary Update	sunitinib malate capsule 12.5 mg oral, 5 + PA2

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Sutent Capsule 25 MG Oral	5 + PA2	NF	Formulary Update	sunitinib malate capsule 25 mg oral, 5 + PA2
Sutent Capsule 37.5 MG Oral	5 + PA2	NF	Formulary Update	sunitinib malate capsule 37.5 mg oral, 5 + PA2
Sutent Capsule 50 MG Oral	5 + PA2	NF	Formulary Update	sunitinib malate capsule 50 mg oral, 5 + PA2
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	1	Formulary Enhancement	N/A
Tirosint-SOL Solution 37.5 MCG/ML Oral	NF	4	Formulary Enhancement	N/A
Tirosint-SOL Solution 44 MCG/ML Oral	NF	4	Formulary Enhancement	N/A
Tirosint-SOL Solution 62.5 MCG/ML Oral	NF	4	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	4	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	3	NF	CMS Required Deletion	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	3	NF	CMS Required Deletion	N/A

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<b>EFFECTIVE 01/01/2022 – ADDITIONS</b>				
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	4 + QL 120	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	4 + QL 90	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Difluprednate Emulsion 0.05 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 2.5 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	3	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 0.5 MG Oral	NF	3	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 1 MG Oral	NF	3	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	3	Formulary Enhancement	N/A

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**Care N' Care (HMO/PPO)** will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, you may ask **Care N' Care (HMO/PPO)** to make an exception to our coverage rules. To request a formulary, tiering or utilization restriction exception, please contact the Customer Experience Team at 1-877-374-7993 or, for TTY users, 711, October 1 – March 31, seven (7) days a week/8 a.m. – 8 p.m. (CST), or April 1 – September 30, Monday through Friday, 8 a.m. – 8 p.m. (CST).

This information is available for free in other languages. Please contact the Customer Experience Team at 1-877-374-7993 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 1-877-374-7993 para obtener información adicional

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

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Care N' Care is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.