



Insurance Company, Inc.

2019

Formulary Addendum

Below is a list formulary changes for the benefit year 2019. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2019 downloadable formulary on the **Care N' Care Health Plan** website.

For a complete list of drugs covered by **Care N' Care Health Plan**, please visit our Web site at www.cnchealthplan.com or call Care N' Care Health Plan Healthcare Concierge, 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, HR – High Risk Medication, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy

2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4	4 + PA1	Formulary Update	N/A
Avelox SOLUTION 400 MG/250ML Intravenous	4	NF	CMS Required Deletion	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	4	Formulary Enhancement	N/A
Cefotaxime Sodium Solution Reconstituted 1 GM Injection	NF	4	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Dalfampridin Tablet Extended Release 12 Hour 10 MG Oral	NF	5 + QL 60 + PA1	Formulary Enhancement	N/A
Desoximetasone Ointment 0.05 % External	NF	2	Formulary Enhancement	N/A
Estropipate Tablet 1.5 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A

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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ketoprofen Capsule 75 MG Oral	2	NF	CMS Required Deletion	N/A
Klor-Con Sprinkle Capsule Extended Release 10 MEQ Oral	NF	2	Formulary Enhancement	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	NF	2	Formulary Enhancement	N/A
Norethin Ace-Eth Estrad-FE TABLET 1-20 MG-MCG(24) Oral	NF	1	Formulary Enhancement	N/A
Norethin-Eth Estradiol-Fe TABLET CHEWABLE 0.8-25 MG-MCG ORAL	NF	2	Formulary Enhancement	N/A
NUPLAZID CAP 34MG	NF	5 + PA2	Formulary Enhancement	N/A
NUPLAZID TAB 10MG	NF	5 + PA2	Formulary Enhancement	N/A
Potassium Chloride Solution 2 MEQ/ML Intravenous	NF	2	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	3 + ST1	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	2	NF	CMS Required Deletion	N/A
Xeljanz Tablet 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 25000 UNIT Oral	3	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 5000 UNIT Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Adapalene Solution 0.1 % External	NF	4	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	5 + QL 60 + PA1	NF	Formulary Update	dalfampridine 10 mg, 5 + QL 60 + PA1
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 3 + PA1
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 3 + PA1
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 20.25 mg/actuat, 3 + PA1
Arikayce Suspension 590 MG/8.4ML Inhalation	NF	4 + PA1	Formulary Enhancement	N/A
Azelaic Acid Gel 15 % External	NF	4	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	5 + QL 270 + PA2 + LA	Formulary Enhancement	N/A
Braftovi Capsule 75 MG Oral	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Buprenorphine Patch Weekly 10 MCG/HR Transdermal	NF	3 + QL 8/28	Formulary Enhancement	N/A
Buprenorphine Patch Weekly 15 MCG/HR Transdermal	NF	3 + QL 8/28	Formulary Enhancement	N/A
Buprenorphine Patch Weekly 20 MCG/HR Transdermal	NF	3 + QL 8/28	Formulary Enhancement	N/A
Buprenorphine Patch Weekly 5 MCG/HR Transdermal	NF	3 + QL 8/28	Formulary Enhancement	N/A
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Cefotaxime Sodium Solution Reconstituted 2 GM Injection	4	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	4 + QL 480	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Colesevelam HCl Packet 3.75 GM Oral	NF	3	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Copiktra Capsule 25 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
DAPTOmycin Solution Reconstituted 350 MG Intravenous	NF	4	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Desoximetasone Liquid 0.25 % External	NF	4	Formulary Enhancement	N/A
Dorzolamide HCl-Timolol Mal PF Solution 22.3-6.8 MG/ML Ophthalmic	NF	2	Formulary Enhancement	N/A
Epidiolex Solution 100 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	4	Formulary Enhancement	N/A
Finacea GEL 15 % EXTERNAL	4	NF	Formulary Update	azelaic acid 0.15 mg/mg, 4
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	3 + QL 30	NF	Formulary Update	bupropion hydrochloride 450 mg, 3 + QL 30

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Galafold Capsule 123 MG Oral	NF	5 + QL 15 + PA1 + LA	Formulary Enhancement	N/A
Hexalen CAPSULE 50 MG ORAL	5	NF	CMS Required Deletion	N/A
Hydrocortisone Butyrate Lotion 0.1 % External	NF	3	Formulary Enhancement	N/A
INVanz Solution Reconstituted 1 GM Injection	4	NF	Formulary Update	ertapenem 1000 mg, 4
Ketoprofen Capsule 25 MG Oral	NF	4	Formulary Enhancement	N/A
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	1	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 25 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	2	Formulary Enhancement	N/A
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	NF	4	Formulary Enhancement	N/A
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Norvir CAPSULE 100 MG ORAL	4 + QL 360	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Onfi SUSPENSION 2.5 MG/ML ORAL	4 + QL 480	NF	Formulary Update	clobazam 2.5 mg/ml, 4 + QL 480
Onfi TABLET 10 MG Oral	4 + QL 60	NF	Formulary Update	clobazam 10 mg, 4 + QL 60
Onfi TABLET 20 MG Oral	5 + QL 60	NF	Formulary Update	clobazam 20 mg, 4 + QL 60
Orilissa Tablet 150 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Orilissa Tablet 200 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Orkambi Packet 100-125 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Pifeltro Tablet 100 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	2	NF	CMS Required Deletion	N/A
SSD CREAM 1 % EXTERNAL	NF	1	Formulary Enhancement	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
TakzYRO Solution 300 MG/2ML Subcutaneous	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tibsovo Tablet 250 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Tiglutik Suspension 50 MG/10ML Oral	NF	4	Formulary Enhancement	N/A
Topicort Spray Liquid 0.25 % External	4	NF	Formulary Update	desoximetasone 2.5 mg/ml, 4
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	4	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 750 MG Intravenous	NF	4	Formulary Enhancement	N/A
Versacloz Suspension 50 MG/ML Oral	5	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	3	NF	Formulary Update	colesevelam hydrochloride 3750 mg, 3
Xarelto Tablet 2.5 MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	5 + BD	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ZTlido Patch 1.8 % External	NF	4 + QL 90 + PA1	Formulary Enhancement	N/A
Zytiga TABLET 250 MG ORAL	5 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate 250 mg, 5 + QL 120 + PA2
EFFECTIVE 03/01/2019				
Afeditab CR Tablet Extended Release 24 Hour 30 MG Oral	1	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (5/25) Solution 5 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Daurismo Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Daurismo Tablet 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 25 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 50 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Hailey 24 Fe Tablet 1-20 MG-MCG(24) Oral	NF	1	Formulary Enhancement	N/A
Invirase CAPSULE 200 MG Oral	5 + QL 300	NF	CMS Required Deletion	N/A
Lokelma Packet 10 GM Oral	NF	4	Formulary Enhancement	N/A
Lokelma Packet 5 GM Oral	NF	4	Formulary Enhancement	N/A
Lynparza Capsule 50 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Metipranolol Solution 0.3 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	NF	5 + PA1	Formulary Enhancement	N/A
Polyethylene Glycol 3350 Powder Oral	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Retacrit Solution 10000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 2000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 3000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 4000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 40000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Silodosin Capsule 4 MG Oral	NF	4	Formulary Enhancement	N/A
Silodosin Capsule 8 MG Oral	NF	4	Formulary Enhancement	N/A
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	NF	2	Formulary Enhancement	N/A
Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Tirosint Capsule 175 MCG Oral	NF	3	Formulary Enhancement	N/A
Tirosint Capsule 200 MCG Oral	NF	3	Formulary Enhancement	N/A
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Vitrakvi Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Vitrakvi Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Vitrakvi Solution 20 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xospata Tablet 40 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Zenchant Tablet 0.4-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zerit Solution Reconstituted 1 MG/ML Oral	3	NF	CMS Required Deletion	N/A

Care N’ Care Health Plan 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 Health Plan** to make an exception to our coverage rules. To request a formulary, tiering or utilization restriction exception, please contact your Care N’ Care Health Plan Healthcare Concierge, 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 your Care N’ Care Health Plan Healthcare Concierge 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.

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