



Insurance Company, Inc.

2020

Formulary Addendum

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 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, 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

Table with 5 columns: Drug Name, Current Drug Tier, New Drug Tier, Reason For Change, Alternative Drug, Alternative Drug Tier. Header: 2020 FORMULARY CHANGES. Rows include various drugs like Abilify MyCite, Auryxia, Avonex, Bivigam, Cefixime, Corlanor, Enbrel, Erythromycin.

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	3	Formulary Enhancement	N/A
Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	5	Formulary Enhancement	N/A
Halcinonide Cream 0.1 % External	NF	4	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Jolivette Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
NOVOLIN INJ FLEXPEN	NF	3	Formulary Enhancement	N/A
Nubeqa Tablet 300 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	4	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	3 + QL 900	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Bactroban Nasal Ointment 2 % Nasal	3	NF	CMS Required Deletion	N/A
Chlordiazepoxide-Amitriptyline TABLET 10-25 MG ORAL	NF	2	Formulary Enhancement	N/A
Chlordiazepoxide-Amitriptyline TABLET 5-12.5 MG ORAL	NF	2	Formulary Enhancement	N/A
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	3	Formulary Enhancement	N/A
Constulose Solution 10 GM/15ML Oral	NF	1	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	2	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
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
GAMUNEX-C INJ 10GM/100	NF	5 + BD	Formulary Enhancement	N/A
GAMUNEX-C INJ 2.5GM/25	NF	5 + BD	Formulary Enhancement	N/A
GAMUNEX-C INJ 20GM/200	NF	5 + BD	Formulary Enhancement	N/A
GAMUNEX-C INJ 40/400ML	NF	5 + BD	Formulary Enhancement	N/A
GAMUNEX-C INJ 5GM/50ML	NF	5 + BD	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Ivermectin Cream 1 % External	NF	4	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	4	Formulary Enhancement	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	2	NF	CMS Required Deletion	N/A
Ketodan Foam 2 % External	NF	4	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Metoprolol Tartrate Tablet 37.5 MG Oral	NF	1	Formulary Enhancement	N/A
Metoprolol Tartrate Tablet 75 MG Oral	NF	1	Formulary Enhancement	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	1	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	5 + PA1	NF	CMS Required Deletion	N/A
Promethazine HCl SUPPOSITORY 50 MG Rectal	4	NF	CMS Required Deletion	N/A
Rebetol Solution 40 MG/ML Oral	5	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	2	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	5	NF	CMS Required Deletion	N/A
Soloxide Tablet Delayed Release 150 MG Oral	4	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	2	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	3 + ST1	3	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	3 + BD	3	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Xenleta Tablet 600 MG Oral	NF	4	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	5 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983)	NF	1	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Brukinsa Capsule 80 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	4	NF	CMS Required Deletion	N/A
Doxepin HCl Tablet 3 MG Oral	NF	3	Formulary Enhancement	N/A
Doxepin HCl Tablet 6 MG Oral	NF	3	Formulary Enhancement	N/A
EluRyng Ring 0.12-0.015 MG/24HR Vaginal	NF	3	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal	NF	3	Formulary Enhancement	N/A
Everolimus Tablet 2.5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Halog Cream 0.1 % External	4	NF	Formulary Update	halcinonide cream 0.1 % external, 4
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	2	NF	CMS Required Deletion	N/A
Lyrica Capsule 100 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 100 mg oral, 3 + QL 120
Lyrica Capsule 150 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 150 mg oral, 3 + QL 120

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lyrica Capsule 200 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 200 mg oral, 3 QL 120
Lyrica Capsule 225 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 225 mg oral, 3 + QL 120
Lyrica Capsule 25 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 25 mg oral, 3 + QL 120
Lyrica Capsule 300 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 300 mg oral, 3 + QL 60
Lyrica Capsule 50 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 50 mg oral, 3 + QL 120
Lyrica Capsule 75 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 75 mg oral, 3 + QL 120
Lyrica Solution 20 MG/ML Oral	3 + QL 900	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 3 + QL 900
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	3	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Noxafil Tablet Delayed Release 100 MG Oral	5	NF	Formulary Update	posaconazole tablet delayed release 100 mg oral, 4
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	4 + BD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	4	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	1	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	1	NF	CMS Required Deletion	N/A
Soolantra Cream 1 % External	4	NF	Formulary Update	ivermectin cream 1 % external, 4
Sucralfate Suspension 1 GM/10ML Oral	NF	3	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	4	NF	Formulary Update	cefixime capsule 400 mg oral, 4
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	3 + ST1	NF	Formulary Update	febuxostat tablet 40 mg oral, 3 + ST1
Uloric Tablet 80 MG Oral	3 + ST1	NF	Formulary Update	febuxostat tablet 80 mg oral, 3 + ST1

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 04/01/2020				
Ayvakit Tablet 100 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Calcipotriene-Betameth Diprop Suspension 0.005-0.064 % External	NF	4	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Eurax Cream 10 % External	4	NF	CMS Required Deletion	N/A
Eurax Lotion 10 % External	4	NF	CMS Required Deletion	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fluoroplex Cream 1 % External	NF	4	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	5 + PA2	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	2	NF	CMS Required Deletion	N/A
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG(24) Oral	1	NF	CMS Required Deletion	N/A
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	4	Formulary Enhancement	N/A
Premasol Solution 6 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Rybelsus Tablet 14 MG Oral	NF	3	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	3	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	3	Formulary Enhancement	N/A
Sylatron KIT 600 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tolak CREAM 4 % External	4	3	Formulary Enhancement	N/A
TOLBUTamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
EFFECTIVE 05/01/2020				
Alendronate Sodium Tablet 40 MG Oral	1	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	2	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Farydak Capsule 15 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	2	NF	CMS Required Deletion	N/A
Ionosol-MB in D5W Solution Intravenous	3	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
EFFECTIVE 06/01/2020				
Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal	NF	4	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	NF	5	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	5	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	2 + QL 540	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	4 + BD	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	2	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	2	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	3	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	2	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
Ranitidine HCl Capsule 300 MG Oral	2	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	4 + QL 180	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	4	Formulary Enhancement	N/A
GaviLyte-G Solution Reconstituted 236 GM Oral	NF	1	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	2	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Pemazyre Tablet 13.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Pyrimethamine Tablet 25 MG Oral	NF	5	Formulary Enhancement	N/A
Sunosi Tablet 150 MG Oral	NF	4 + QL 30 + PA1	Formulary Enhancement	N/A
Sunosi Tablet 75 MG Oral	NF	4 + QL 30 + PA1	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	4 + QL 90	NF	CMS Required Deletion	N/A

Formulary ID: 20202 Ver. # 15

Last Updated 08/25/2020

Y0107_19_316_C



Insurance Company, Inc.

2020

Formulary Addendum

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, ST - Step Therapy

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Videx Solution Reconstituted 2 GM Oral	4 + QL 1200	NF	CMS Required Deletion	N/A
EFFECTIVE 08/01/2020				
Aminosyn-PF Solution 10 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Deferasirox Tablet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	3	NF	CMS Required Deletion	N/A
Isturisa Tablet 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Ivermectin Cream 1 % External	4	NF	CMS Required Deletion	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 10 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 15 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 20 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 30 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 40 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 50 MG Oral	NF	4	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 60 MG Oral	NF	4	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	4	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	4	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	5	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	5	Formulary Enhancement	N/A

Formulary ID: 20202 Ver. # 15

Last Updated 08/25/2020

Y0107_19_316_C



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2020

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Nitisinone Capsule 5 MG Oral	NF	5	Formulary Enhancement	N/A
Ogestrel Tablet 0.5-50 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Qinlock Tablet 50 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Tukysa Tablet 150 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	4	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	4	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	4	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	2 + QL 60	NF	CMS Required Deletion	N/A

Formulary ID: 20202 Ver. # 15

Last Updated 08/25/2020

Y0107_19_316_C



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2020

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Table with 5 columns: Drug Name, Current Drug Tier, New Drug Tier, Reason For Change, Alternative Drug, Alternative Drug Tier. Rows include drugs like oxyCODONE-Ibuprofen, Potassium Chloride, Rifamate, Rifater, Tabrecta, Targretin, Teriparatide, and Velphoro.

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.

Formulary ID: 20202 Ver. # 15

Last Updated 08/25/2020

Y0107_19_316_C



Insurance Company, Inc.

2020

Formulary Addendum

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.

Formulary ID: 20202 Ver. # 15

Last Updated 08/25/2020

Y0107_19_316_C