



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

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2020				
Abilify MyCite Tablet 10 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 2 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	5 + PA1	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	5 + BD	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	4	Formulary Enhancement	N/A
Corlanor Solution 5 MG/5ML Oral	NF	4 + QL 450	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	3	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	3	Formulary Enhancement	N/A

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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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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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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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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.