



Insurance Company, Inc.

2021

**Formulary Addendum**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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.cnhealthplan.com](http://www.cnhealthplan.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

<b>2021 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 01/01/2021</b>				
Aminosyn II Solution 10 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	5	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	2	NF	CMS Required Deletion	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A

Formulary ID: 21516 Ver. # 5

Last Updated 12/08/2020

Y0107\_19\_316\_C



Insurance Company, Inc.

2021

**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

<b>2021 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>
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Halog Solution 0.1 % External	NF	4	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
IamoTRiGine Kit 25 & 50 & 100 MG Oral	NF	4	Formulary Enhancement	N/A
Lorcet Plus TABLET 7.5-325 MG Oral	2 + QL 360	NF	CMS Required Deletion	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	3	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	5	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

Formulary ID: 21516 Ver. # 5

Last Updated 12/08/2020

Y0107\_19\_316\_C



Insurance Company, Inc.

2021

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

Table with 5 columns: Drug Name, Current Drug Tier, New Drug Tier, Reason For Change, Alternative Drug, Alternative Drug Tier. Rows include Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral, Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral, and Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous.

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.

Formulary ID: 21516 Ver. # 5

Last Updated 12/08/2020

Y0107\_19\_316\_C



Insurance Company, Inc.

**2021**

***Formulary Addendum***

---

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

Formulary ID: 21516 Ver. # 5

Last Updated 12/08/2020

Y0107\_19\_316\_C