

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 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

2022 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2022				
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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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2022 – ADDITIONS				
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
EFFECTIVE 02/01/2022				
Adapalene Solution 0.1 % External	4	NF	CMS Required Deletion	N/A
azaTHIOprine Tablet 100 MG Oral	NF	3 + BD	Formulary Enhancement	N/A

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azaTHIOprine Tablet 75 MG Oral	NF	3 + BD	Formulary Enhancement	N/A
Cyclafem 1/35 Tablet 1-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Cyclafem 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Everolimus Tablet 10 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 2 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 3 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 5 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular	NF	5	Formulary Enhancement	N/A
Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 10-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 15-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 20-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 5-10 MG Oral	NF	5	Formulary Enhancement	N/A
Osmolex ER Tablet Extended Release 24 Hour 258 MG Oral	4 + QL 30	NF	CMS Required Deletion	N/A
PARoxetine HCl Suspension 10 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Pentacel Suspension Reconstituted Intramuscular	NF	3	Formulary Enhancement	N/A
Proparacaine HCl Solution 0.5 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Sertraline HCl Capsule 150 MG Oral	NF	2	Formulary Enhancement	N/A
Sertraline HCl Capsule 200 MG Oral	NF	2	Formulary Enhancement	N/A
Tavneos Capsule 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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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.

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