care n care Insurance Company, Inc. | Southwestern Health Resources — Texas Health Resources — UT Southwestern Medical Center

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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Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
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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Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2022				
Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Eprontia Solution 25 MG/ML Oral	NF	3	Formulary Enhancement	N/A
Everolimus Tablet 1 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
Exkivity Capsule 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ezetimibe-Rosuvastatin Tablet 10-10 MG Oral	NF	3	Formulary Enhancement	N/A
Ezetimibe-Rosuvastatin Tablet 10-20 MG Oral	NF	3	Formulary Enhancement	N/A
Ezetimibe-Rosuvastatin Tablet 10-40 MG Oral	NF	3	Formulary Enhancement	N/A
Ezetimibe-Rosuvastatin Tablet 10-5 MG Oral	NF	3	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 100 MG Oral	NF	2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 300 MG Oral	NF	2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 400 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**
Ivermectin TABLET 3 MG ORAL	2	2 + PA2	Formulary Update	N/A
Ketoprofen Capsule 50 MG Oral	2	NF	CMS Required Deletion	N/A
Livmarli Solution 9.5 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Livtencity Tablet 200 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
Naloxone HCl Liquid 4 MG/0.1ML Nasal	NF	3	Formulary Enhancement	N/A
Nylia 1/35 Tablet 1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Picato Gel 0.015 % External	4	NF	CMS Required Deletion	N/A
Picato Gel 0.05 % External	4	NF	CMS Required Deletion	N/A
Scemblix Tablet 20 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Scemblix Tablet 40 MG Oral	NF	5 + QL 300 + PA2	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular	NF	3	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	4	NF	CMS Required Deletion	N/A
Zarah Tablet 3-0.03 MG Oral	2	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2022				
Accutane Capsule 10 MG Oral	NF	4	Formulary Enhancement	N/A
Biktarvy Tablet 30-120-15 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 1200 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 400 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG 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**
Hepatamine Solution 8 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Intron A Solution 10000000 UNIT/ML Injection	5 + BD	NF	CMS Required Deletion	N/A
Intron A Solution 6000000 UNIT/ML Injection	5 + BD	NF	CMS Required Deletion	N/A
Ketoprofen Capsule 75 MG Oral	2	NF	CMS Required Deletion	N/A
Oravig Tablet 50 MG Buccal	3	NF	CMS Required Deletion	N/A
Tri-Previfem Tablet 0.18/0.215/0.25 MG-35 MCG Oral	2	NF	CMS Required Deletion	N/A
VariZIG Solution 125 UNIT/1.2ML Intramuscular	4	NF	CMS Required Deletion	N/A
EFFECTIVE 05/01/2022				
Adapalene Gel 0.1 % External	4	NF	CMS Required Deletion	N/A
Aminosyn-PF Solution 7 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral	1	NF	CMS Required Deletion	N/A
Blephamide Suspension 10-0.2 % Ophthalmic	3	NF	CMS Required Deletion	N/A
Carglumic Acid Tablet 200 MG Oral	NF	5	Formulary Enhancement	N/A
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	4	NF	CMS Required Deletion	N/A
Citalopram Hydrobromide Capsule 30 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**
Maraviroc Tablet 150 MG Oral	NF	3 + QL 240	Formulary Enhancement	N/A
Maraviroc Tablet 300 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Mavyret Packet 50-20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Moxeza Solution 0.5 % Ophthalmic	3	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
Rinvoq Tablet Extended Release 24 Hour 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Talzenna Capsule 0.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 0.75 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Xarelto Suspension Reconstituted 1 MG/ML Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 06/01/2022				
Aztreonam Solution Reconstituted 2 GM Injection	NF	4	Formulary Enhancement	N/A
Betaine Powder Oral	NF	5	Formulary Enhancement	N/A
Farydak Capsule 10 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 15 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Fluoroplex Cream 1 % External	4	NF	CMS Required Deletion	N/A
GaviLyte-N with Flavor Pack SOLUTION RECONSTITUTED 420 GM ORAL	1	NF	CMS Required Deletion	N/A
Invirase Tablet 500 MG Oral	5 + QL 120	NF	CMS Required Deletion	N/A
Kinrix Suspension Intramuscular	3	NF	CMS Required Deletion	N/A
Lacosamide Tablet 100 MG Oral	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**
Lacosamide Tablet 150 MG Oral	NF	4	Formulary Enhancement	N/A
Lacosamide Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Lacosamide Tablet 50 MG Oral	NF	4	Formulary Enhancement	N/A
Lenalidomide Capsule 10 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 15 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Phexxi Gel 1.8-1-0.4 % Vaginal	NF	4	Formulary Enhancement	N/A
Pyrukynd Tablet 20 MG Oral	NF	5 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 5 MG Oral	NF	5 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 50 MG Oral	NF	5 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 5 MG Oral	NF	5 + QL 7/7 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	NF	5 + QL 14/14 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	NF	5 + QL 14/14 + PA1	Formulary Enhancement	N/A
Quadracel Suspension Intramuscular (58 UNT/ML)	NF	3	Formulary Enhancement	N/A
Tekturna HCT Tablet 150-12.5 MG Oral	3	NF	CMS Required Deletion	N/A
Tekturna HCT Tablet 150-25 MG Oral	3	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	5 + QL 30	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2022				
cycloSPORINE Emulsion 0.05 % Ophthalmic	NF	3 + QL 60	Formulary Enhancement	N/A
Deferiprone Tablet 1000 MG Oral	NF	5	Formulary Enhancement	N/A
Dexlansoprazole Capsule Delayed Release 30 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**
Dexlansoprazole Capsule Delayed Release 60 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	3	NF	CMS Required Deletion	N/A
Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	NF	3	Formulary Enhancement	N/A
PreHevbrio Suspension 10 MCG/ML Intramuscular	NF	3 + BD	Formulary Enhancement	N/A
Previfem Tablet 0.25-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Triumeq PD Tablet Soluble 60-5-30 MG Oral	NF	5 + QL 180	Formulary Enhancement	N/A
Varenicline Tartrate 0.5 MG X 11 & 1 MG X 42 Oral	NF	3	Formulary Enhancement	N/A
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	NF	3	Formulary Enhancement	N/A
EFFECTIVE 08/01/2022				
Abacavir-lamiVUDine-Zidovudine Tablet 300-150-300 MG Oral	5 + QL 60	NF	CMS Required Deletion	N/A
Chantix Continuing Month Pak Tablet 1 MG Oral	3	NF	CMS Required Deletion	N/A
Chantix Starting Month Pak Tablet 0.5 MG X 11 & 1 MG X 42 Oral	3	NF	CMS Required Deletion	N/A
Chantix Tablet 0.5 MG Oral	3	NF	CMS Required Deletion	N/A
Chantix Tablet 1 MG Oral	3	NF	CMS Required Deletion	N/A
Chlorzoxazone Tablet 250 MG Oral	NF	3	Formulary Enhancement	N/A
Fluticasone Furoate-Vilanterol Aerosol Powder Breath Activated 100-25 MCG/INH Inhalation	NF	4	Formulary Enhancement	N/A

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Fluticasone Furoate-Vilanterol Aerosol Powder Breath Activated 200-25 MCG/INH Inhalation	NF	4	Formulary Enhancement	N/A
Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	NF	3	Formulary Enhancement	N/A
Lacosamide Solution 10 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Nizatidine Solution 15 MG/ML Oral	2	NF	CMS Required Deletion	N/A
Ondansetron HCl Tablet 24 MG Oral	1 + BD	NF	CMS Required Deletion	N/A
oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	NF	3 + QL 1080	Formulary Enhancement	N/A
Pirfenidone Tablet 267 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pirfenidone Tablet 801 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trizivir Tablet 300-150-300 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Ukoniq Tablet 200 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Vonjo Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
EFFECTIVE 09/01/2022				
Bexarotene Gel 1 % External	NF	5 + PA2	Formulary Enhancement	N/A
Camzyos Capsule 10 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Camzyos Capsule 15 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Camzyos Capsule 2.5 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Camzyos Capsule 5 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A

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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**
Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 4 MG Oral	NF	4	Formulary Enhancement	N/A
Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 8 MG Oral	NF	4	Formulary Enhancement	N/A
Flutamide Capsule 125 MG Oral	1	NF	CMS Required Deletion	N/A
levOCARNitine Solution 1 GM/10ML Oral	1 + BD	1	Formulary Enhancement	N/A
levOCARNitine Tablet 330 MG Oral	1 + BD	1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Mayzent Tablet 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Methyldopa Tablet 250 MG Oral	2	NF	CMS Required Deletion	N/A
Methyldopa Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Orsythia Tablet 0.1-20 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
SORAfenib Tosylate Tablet 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Tekturna HCT Tablet 300-12.5 MG Oral	3	NF	CMS Required Deletion	N/A
Tekturna HCT Tablet 300-25 MG Oral	3	NF	CMS Required Deletion	N/A
Vijoice Tablet Therapy Pack 125 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Vijoice Tablet Therapy Pack 200 & 50 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Vijoice Tablet Therapy Pack 50 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Vilazodone HCl Tablet 10 MG Oral	NF	3	Formulary Enhancement	N/A
Vilazodone HCl Tablet 20 MG Oral	NF	3	Formulary Enhancement	N/A
Vilazodone HCl Tablet 40 MG Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 10/01/2022				
Caziant TABLET 0.1/0.125/0.15 -0.025 MG Oral	2	NF	CMS Required Deletion	N/A
Digox Tablet 125 MCG Oral	1	NF	CMS Required Deletion	N/A
Digox Tablet 250 MCG Oral	1	NF	CMS Required Deletion	N/A
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	NF	3	Formulary Enhancement	N/A

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2022 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	3	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	3	Formulary Enhancement	N/A
EFFECTIVE 11/01/2022				
Lindane Shampoo 1 % External	4	NF	CMS Required Deletion	N/A
Procalamine Solution 3 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	NF	3	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
EFFECTIVE 12/01/2022				
Calquence Tablet 100 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Caplyta Capsule 10.5 MG Oral	NF	5	Formulary Enhancement	N/A
Caplyta Capsule 21 MG Oral	NF	5	Formulary Enhancement	N/A
Dabigatran Etexilate Mesylate Capsule 150 MG Oral	NF	4	Formulary Enhancement	N/A
Dabigatran Etexilate Mesylate Capsule 75 MG Oral	NF	4	Formulary Enhancement	N/A
Enbrel Solution Reconstituted 25 MG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Hyftor Gel 0.2 % External	NF	4 + PA1	Formulary Enhancement	N/A
Icosapent Ethyl Capsule 0.5 GM Oral	NF	4	Formulary Enhancement	N/A
Imbruvica Suspension 70 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Intron A Solution Reconstituted 18000000 UNIT Injection	5 + BD	NF	CMS Required Deletion	N/A
Larissia Tablet 0.1-20 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Lenalidomide Capsule 2.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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2022 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Lenalidomide Capsule 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Norethindron-Ethinyl Estrad-Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Tazarotene Gel 0.05 % External	NF	4	Formulary Enhancement	N/A
Tazarotene Gel 0.1 % External	NF	4	Formulary Enhancement	N/A
Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	NF	2	Formulary Enhancement	N/A

Care N' Care (HMO/PPO) 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 (HMO/PPO)*** to make an 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.

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