



Insurance Company, Inc.

2023

Formulary Addendum

Below is a list of formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 downloadable formulary on the Care N' Care Insurance Company, Inc. website.

For a complete list of drugs covered by Care N' Care Insurance Company, Inc., 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).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call your Customer Experience Team for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

BD - Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days

Table with 5 columns: Drug Name, Current Drug Tier, New Drug Tier, Reason For Change, Alternative Drug, Alternative Drug Tier. Header: 2023 FORMULARY CHANGES. Rows include: EFFECTIVE 01/01/2023, Caziant TABLET 0.1/0.125/0.15 -0.025 MG Oral, Digox Tablet 125 MCG Oral, Digox Tablet 250 MCG Oral, Engerix-B Suspension 20 MCG/ML Injection (prefilled syringe), Lindane Shampoo 1 % External, Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral, Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous.



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2023 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units)	NF	3	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	3	Formulary Enhancement	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
Recombivax HB Suspension 5 MCG/0.5ML Injection (prefilled syringe)	NF	3 + BD	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Tenivac Injectable 5-2 LFU Intramuscular (Injection)	NF	3 + BD	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	3	Formulary Enhancement	N/A
YF-VAX INJECTABLE Subcutaneous (2.5 mL in 1 vial, multi-dose)	NF	3	Formulary Enhancement	N/A
EFFECTIVE 02/01/2023				
Blephamide S.O.P. Ointment 10-0.2 % Ophthalmic	4	NF	CMS Required Deletion	N/A
Calquence Tablet 100 MG Oral	NF	5 + QL 60 + PA	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
Descovy Tablet 120-15 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1	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
Enbrel Solution Reconstituted 25 MG Subcutaneous	5 + PA	NF	CMS Required Deletion	N/A
Fingolimod HCl Capsule 0.5 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Furosemide SOLUTION 10 MG/ML INJECTION (4ML SYRINGE)	1	NF	CMS Required Deletion	N/A
Hyftor Gel 0.2 % External	NF	5 + PA	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 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 18000000 UNIT Injection	5 + BD	NF	CMS Required Deletion	N/A
Jynneos Suspension 0.5 ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	2	Formulary Enhancement	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 + PA	Formulary Enhancement	N/A
Lenalidomide Capsule 20 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Norethindron-Ethinyl Estrad-Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Noxafil Packet 300 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Orkambi Packet 75-94 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units)	3	NF	CMS Required Deletion	N/A
Pirfenidone Tablet 534 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Roflumilast Tablet 500 MCG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	5 + PA	NF	CMS Required Deletion	N/A
Tazarotene Gel 0.05 % External	NF	4 + PA	Formulary Enhancement	N/A
Tazarotene Gel 0.1 % External	NF	4 + PA	Formulary Enhancement	N/A



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Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	NF	2	Formulary Enhancement	N/A
Zonisade Suspension 100 MG/5ML Oral	NF	4 + QL 900	Formulary Enhancement	N/A
EFFECTIVE 03/01/2023				
Amcinonide Cream 0.1 % External	4	NF	CMS Required Deletion	N/A
Auvelity Tablet Extended Release 45-105 MG Oral	NF	4	Formulary Enhancement	N/A
Estradiol Gel 0.25 MG/0.25GM Transdermal	NF	4	Formulary Enhancement	N/A
Estradiol Gel 0.5 MG/0.5GM Transdermal	NF	4	Formulary Enhancement	N/A
Estradiol Gel 0.75 MG/0.75GM Transdermal	NF	4	Formulary Enhancement	N/A
Estradiol Gel 1 MG/GM Transdermal	NF	4	Formulary Enhancement	N/A
Estradiol Gel 1.25 MG/1.25GM Transdermal	NF	4	Formulary Enhancement	N/A
Gleostine CAPSULE 10 MG ORAL	NF	4 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 100 MG ORAL	NF	4 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 40 MG ORAL	NF	4 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 10000000 UNIT Injection	5 + BD	NF	CMS Required Deletion	N/A
Intron A Solution Reconstituted 50000000 UNIT Injection	5 + BD	NF	CMS Required Deletion	N/A
Menest Tablet 2.5 MG Oral	NF	2	Formulary Enhancement	N/A
Paser PACKET 4 GM ORAL	4	NF	CMS Required Deletion	N/A
Roflumilast Tablet 250 MCG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A

Care N’ Care Insurance Company, Inc. 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.



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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 Insurance Company, Inc.** 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.

Care N' Care Insurance Company, Inc. (Care N' Care) is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal