



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 drug names like Caziant, Digox, and Engerix-B with their respective tiers and reasons for change.



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

<b>2023 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>
Lindane Shampoo 1 % External	4	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
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
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

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<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>
YF-VAX INJECTABLE Subcutaneous (2.5 mL in 1 vial, multi-dose)	NF	3	Formulary Enhancement	N/A
<b>EFFECTIVE 02/01/2023</b>				
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
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



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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
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
<b>EFFECTIVE 03/01/2023</b>				
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



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<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>
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
<b>EFFECTIVE 04/01/2023</b>				
Digitek TABLET 250 MCG ORAL	1	NF	CMS Required Deletion	N/A
Estradiol Valerate Oil 10 MG/ML Intramuscular	NF	2	Formulary Enhancement	N/A
Femynor Tablet 0.25-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Hepilisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular	NF	3 + BD	Formulary Enhancement	N/A
Krazati Tablet 200 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Leuprolide Acetate Injectable 22.5 MG Intramuscular	NF	4 + PA	Formulary Enhancement	N/A
Norvir SOLUTION 80 MG/ML ORAL	4 + QL 480	NF	CMS Required Deletion	N/A
oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Pirfenidone Capsule 267 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Sodium Oxybate Solution 500 MG/ML Oral	NF	5 + QL 540 + PA	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	NF	5	Formulary Enhancement	N/A
Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	NF	5	Formulary Enhancement	N/A
<b>EFFECTIVE 05/01/2023</b>				
Ezetimibe-Rosuvastatin Tablet 10-10 MG Oral	3	NF	CMS Required Deletion	N/A
Ezetimibe-Rosuvastatin Tablet 10-20 MG Oral	3	NF	CMS Required Deletion	N/A
Ezetimibe-Rosuvastatin Tablet 10-40 MG Oral	3	NF	CMS Required Deletion	N/A
Ezetimibe-Rosuvastatin Tablet 10-5 MG Oral	3	NF	CMS Required Deletion	N/A
Jaypirca Tablet 100 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Jaypirca Tablet 50 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
lamoTRIGine Kit 21 x 25 MG & 7 x 50 MG Oral	NF	4	Formulary Enhancement	N/A
lamoTRIGine Kit 42 x 50 MG & 14x100 MG Oral	NF	4	Formulary Enhancement	N/A
Lurasidone HCl Tablet 120 MG Oral	NF	5	Formulary Enhancement	N/A
Lurasidone HCl Tablet 20 MG Oral	NF	5	Formulary Enhancement	N/A
Lurasidone HCl Tablet 40 MG Oral	NF	5	Formulary Enhancement	N/A
Lurasidone HCl Tablet 60 MG Oral	NF	5	Formulary Enhancement	N/A
Lurasidone HCl Tablet 80 MG Oral	NF	5	Formulary Enhancement	N/A
Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	5 + QL 84/28 + PA	Formulary Enhancement	N/A
Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	5 + QL 112/28 + PA	Formulary Enhancement	N/A
Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	5 + QL 140/28 + PA	Formulary Enhancement	N/A

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Methylphenidate HCl ER (OSM) Tablet Extended Release 45 MG Oral	NF	3	Formulary Enhancement	N/A
Methylphenidate HCl ER (OSM) Tablet Extended Release 63 MG Oral	NF	3	Formulary Enhancement	N/A
Orserdu Tablet 345 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Orserdu Tablet 86 MG Oral	NF	5 + QL 90 + PA	Formulary Enhancement	N/A
Pirmella 1/35 Tablet 1-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
QUetiapine Fumarate Tablet 150 MG Oral	NF	1	Formulary Enhancement	N/A
Rezlidhia Capsule 150 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Ztalmy Suspension 50 MG/ML Oral	NF	5	Formulary Enhancement	N/A
<b>EFFECTIVE 06/01/2023</b>				
Azelastine HCl SOLUTION 0.15 % NASAL	2	NF	CMS Required Deletion	N/A
Endocet TABLET 2.5-325 MG ORAL	NF	3 + QL 360	Formulary Enhancement	N/A
Erleada Tablet 240 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Gentak Ointment 0.3 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Olopatadine HCl SOLUTION 0.2 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Oxandrolone TABLET 10 MG ORAL	4 + PA	NF	CMS Required Deletion	N/A
Oxandrolone TABLET 2.5 MG ORAL	3 + PA	NF	CMS Required Deletion	N/A
Prednicarbate Ointment 0.1 % External	4	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 07/01/2023</b>				
Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	NF	5 + QL 90 + PA	Formulary Enhancement	N/A
Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	NF	5 + QL 90 + PA	Formulary Enhancement	N/A



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<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>
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	3	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	3	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	3	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	3	NF	CMS Required Deletion	N/A
Emoquette Tablet 0.15-30 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Epivir HBV SOLUTION 5 MG/ML ORAL	3	NF	CMS Required Deletion	N/A
Gilenya Capsule 0.25 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Levofloxacin SOLUTION 25 MG/ML Intravenous	4	NF	CMS Required Deletion	N/A
Lumakras Tablet 320 MG Oral	NF	5 + QL 90 + PA	Formulary Enhancement	N/A
Myorisan CAPSULE 10 MG ORAL	4	NF	CMS Required Deletion	N/A
Myorisan CAPSULE 20 MG ORAL	4	NF	CMS Required Deletion	N/A
Myorisan CAPSULE 30 MG ORAL	4	NF	CMS Required Deletion	N/A
Myorisan CAPSULE 40 MG ORAL	4	NF	CMS Required Deletion	N/A
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	3	NF	CMS Required Deletion	N/A
Posaconazole Suspension 40 MG/ML Oral	NF	5 + PA	Formulary Enhancement	N/A
Primidone Tablet 125 MG Oral	NF	1	Formulary Enhancement	N/A
Rotarix Suspension Oral	NF	3	Formulary Enhancement	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	5 + QL 21/28 + PA	NF	CMS Required Deletion	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	5 + QL 42/28 + PA	NF	CMS Required Deletion	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	5 + QL 42/28 + PA	NF	CMS Required Deletion	N/A





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Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	5 + QL 63/28 + PA	NF	CMS Required Deletion	N/A
Zokinvy Capsule 50 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Zokinvy Capsule 75 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2023</b>				
Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular	NF	5 + QL 2.4/56	Formulary Enhancement	N/A
Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular	NF	5 + QL 3.2/56	Formulary Enhancement	N/A
Bylvay (Pellets) Capsule Sprinkle 600 MCG Oral	NF	5	Formulary Enhancement	N/A
Cimetidine HCl Solution 300 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Filspari Tablet 200 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Filspari Tablet 400 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Gefitinib Tablet 250 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Kalydeco Packet 13.4 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Kynmobi Film 10 MG Sublingual	5 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 15 MG Sublingual	5 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 20 MG Sublingual	5 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 25 MG Sublingual	5 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 30 MG Sublingual	5 + QL 150 + PA	NF	CMS Required Deletion	N/A
Levo-T Tablet 100 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 112 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 125 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 137 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 150 MCG ORAL	1	NF	CMS Required Deletion	N/A



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<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>
Levo-T TABLET 175 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 200 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 25 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 300 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 50 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 75 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 88 MCG ORAL	1	NF	CMS Required Deletion	N/A
Mekinist Solution Reconstituted 0.05 MG/ML Oral	NF	5 + QL 1200 + PA	Formulary Enhancement	N/A
Methsuximide Capsule 300 MG Oral	NF	2	Formulary Enhancement	N/A
Nitisinone Capsule 20 MG Oral	NF	5	Formulary Enhancement	N/A
Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral	1	NF	CMS Required Deletion	N/A
Tafinlar Tablet Soluble 10 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Trikafta Therapy Pack 100-50-75 & 75 MG Oral	NF	5 + QL 84/28 + PA	Formulary Enhancement	N/A
Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral	NF	5 + QL 56/28 + PA	Formulary Enhancement	N/A
Turalio Capsule 125 MG Oral	NF	5 + QL 120 + PA	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 25 MG/ML Oral	NF	4	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2023</b>				
Clenpiq Solution 10-3.5-12 MG-GM - GM/175ML Oral	NF	3	Formulary Enhancement	N/A
Darunavir Tablet 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Darunavir Tablet 800 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A



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Imbruvica Tablet 560 MG Oral	5 + PA	NF	CMS Required Deletion	N/A
Lupron Depot-Ped (1-Month) Kit 7.5 MG Intramuscular	NF	5 + PA	Formulary Enhancement	N/A
Lupron Depot-Ped (3-Month) Kit 11.25 MG (Ped) Intramuscular	NF	5 + PA	Formulary Enhancement	N/A
Lupron Depot-Ped (6-Month) Kit 45 MG Intramuscular	NF	5 + PA	Formulary Enhancement	N/A
Procto-Pak Cream 1 % External	2	NF	CMS Required Deletion	N/A
Tirosint Capsule 37.5 MCG Oral	NF	3	Formulary Enhancement	N/A
Tirosint Capsule 44 MCG Oral	NF	3	Formulary Enhancement	N/A
Tirosint Capsule 62.5 MCG Oral	NF	3	Formulary Enhancement	N/A
Turalio Capsule 200 MG Oral	5 + QL 120 + PA	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 10/01/2023</b>				
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular	NF	3	Formulary Enhancement	N/A
Amphotericin B Liposome Suspension Reconstituted 50 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular	NF	3	Formulary Enhancement	N/A
Austedo XR Patient Titration Tablet Extended Release Therapy Pack 6 & 12 & 24 MG Oral	NF	5 + QL 42/28 + PA	Formulary Enhancement	N/A
Daybue Solution 200 MG/ML Oral	NF	5 + QL 3600 + PA	Formulary Enhancement	N/A
Haloette Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A
Multiple Electro Type 1 pH 5.5 Solution Intravenous	NF	3 + BD	Formulary Enhancement	N/A
Penicillin G Procaine Suspension 600000 UNIT/ML Intramuscular	4	NF	CMS Required Deletion	N/A



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Talzenna Capsule 0.1 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Talzenna Capsule 0.35 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 100 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 200 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 300 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 11/01/2023</b>				
Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Nevirapine ER Tablet Extended Release 24 Hour 100 MG Oral	4 + QL 90	NF	CMS Required Deletion	N/A
Tiotropium Bromide Monohydrate Capsule 18 MCG Inhalation	NF	3	Formulary Enhancement	N/A
Vigadrone Tablet 500 MG Oral	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.

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).



Insurance Company, Inc.

**2023**

***Formulary Addendum***

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 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