



2024
Formulary Addendum

Below is a list of formulary changes for the benefit year 2024. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2024 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).

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

2024 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2024				
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular	NF	3	Formulary Enhancement	N/A
AmBisome Suspension Reconstituted 50 MG Intravenous	5 + BD	NF	Formulary Update	Amphotericin B Liposome Suspension Reconstituted 50 MG Intravenous, 5 + BD
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
Bylvay Capsule 400 MCG Oral	NF	5 + PA	Formulary Enhancement	N/A
Bylvay Capsule 1200 MCG Oral	NF	5 + 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
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	NF	5 + PA	Formulary Enhancement	N/A
Bylvay (Pellets) Capsule Sprinkle 600 MCG Oral	NF	5 + PA	Formulary Enhancement	N/A
Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Daybue Solution 200 MG/ML Oral	NF	5 + QL 3600 + PA	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Flovent Diskus Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Flovent Diskus Aerosol Powder Breath Activated 250 MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Flovent HFA Aerosol 44 MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Flovent HFA Aerosol 110 MCG/ACT Inhalation	3	NF	CMS Required Deletion	N/A
Flovent HFA Aerosol 220 MCG/ACT Inhalation	3	NF	CMS Required Deletion	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
Plasma-Lyte 148 Solution Intravenous	3 + BD	NF	Formulary Update	Multiple Electro Type 1 pH 5.5 Solution Intravenous, 3 + BD
Talzenna Capsule 0.1 MG Oral	NF	5 + QL 30 + 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
Talzenna Capsule 0.35 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	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
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

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).

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



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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.