



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

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Bylvay Capsule 400 MCG Oral	NF	5 + PA	Formulary Enhancement	N/A
Bylvay Capsule 1200 MCG Oral	NF	5 + PA	Formulary Enhancement	N/A
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



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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
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
EFFECTIVE 02/01/2024				
Breo Ellipta Aerosol Powder Breath Activated 50-25 MCG/INH Inhalation	NF	4	Formulary Enhancement	N/A
Brimonidine Tartrate Solution 0.1 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Cefaclor Suspension Reconstituted 125 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Cefaclor Suspension Reconstituted 375 MG/5ML Oral	2	NF	CMS Required Deletion	N/A



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Ciprofloxacin HCl Tablet 100 MG Oral	1	NF	CMS Required Deletion	N/A
Clindamycin Phosphate Solution 300 MG/2ML Injection	4	NF	CMS Required Deletion	N/A
EnilloRing Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A
Fruzaqla Capsule 1 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Fruzaqla Capsule 5 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
glipiZIDE Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	5 + PA	NF	CMS Required Deletion	N/A
Lagevrio Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 10 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 20 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 30 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 40 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 50 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 60 MG Oral	NF	4	Formulary Enhancement	N/A
Lisdexamfetamine Dimesylate Capsule 70 MG Oral	NF	4	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	NF	1	Formulary Enhancement	N/A
Nevirapine ER Tablet Extended Release 24 Hour 100 MG Oral	4 + QL 90/30	NF	CMS Required Deletion	N/A
Ojjaara Tablet 100 MG Oral	NF	5 + QL 30/30 + PA	Formulary Enhancement	N/A
Ojjaara Tablet 150 MG Oral	NF	5 + QL 30/30 + PA	Formulary Enhancement	N/A

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Ojjaara Tablet 200 MG Oral	NF	5 + QL 30/30 + PA	Formulary Enhancement	N/A
Olopatadine HCl Solution 0.1 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Paxlovid (150/100) Tablet Therapy Pack 10 x 150 MG & 10 x 100MG Oral	NF	1	Formulary Enhancement	N/A
Paxlovid (300/100) Tablet Therapy Pack 20 x 150 MG & 10 x 100MG Oral	NF	1	Formulary Enhancement	N/A
PAZOPanib HCl Tablet 200 MG Oral	NF	5 + QL 120/30 + PA	Formulary Enhancement	N/A
Pitavastatin Calcium Tablet 1 MG Oral	NF	3	Formulary Enhancement	N/A
Pitavastatin Calcium Tablet 2 MG Oral	NF	3	Formulary Enhancement	N/A
Pitavastatin Calcium Tablet 4 MG Oral	NF	3	Formulary Enhancement	N/A
Sohonos Capsule 1 MG Oral	NF	5 + QL 28/28 + PA	Formulary Enhancement	N/A
Sohonos Capsule 1.5 MG Oral	NF	5 + QL 56/28 + PA	Formulary Enhancement	N/A
Sohonos Capsule 10 MG Oral	NF	5 + QL 56/28 + PA	Formulary Enhancement	N/A
Sohonos Capsule 2.5 MG Oral	NF	5 + QL 28/28 + PA	Formulary Enhancement	N/A
Sohonos Capsule 5 MG Oral	NF	5 + QL 28/28 + PA	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	3	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	3	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	3	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	3	NF	CMS Required Deletion	N/A

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Synribo Solution Reconstituted 3.5 MG Subcutaneous	5 + PA	NF	CMS Required Deletion	N/A
Tretinoin Microsphere Pump Gel 0.08 % External	NF	4	Formulary Enhancement	N/A
Truqap Tablet 160 MG Oral	NF	5 + QL 64/28 + PA	Formulary Enhancement	N/A
Truqap Tablet 200 MG Oral	NF	5 + QL 64/28 + PA	Formulary Enhancement	N/A
Turqoz Tablet 0.3-30 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Vanflyta Tablet 17.7 MG Oral	NF	5 + QL 56/28 + PA	Formulary Enhancement	N/A
Vanflyta Tablet 26.5 MG Oral	NF	5 + QL 56/28 + PA	Formulary Enhancement	N/A
Viibryd Starter Pack KIT 10 & 20 MG Oral	3	NF	CMS Required Deletion	N/A
Xdemvy Solution 0.25 % Ophthalmic	NF	4 + PA	Formulary Enhancement	N/A
Zurzuvaе Capsule 20 MG Oral	NF	5 + QL 28/14 + PA	Formulary Enhancement	N/A
Zurzuvaе Capsule 25 MG Oral	NF	5 + QL 28/14 + PA	Formulary Enhancement	N/A
Zurzuvaе Capsule 30 MG Oral	NF	5 + QL 14/14 + 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).



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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.