



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.cnhealthplan.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 |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| 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 |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| 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 |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| 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 |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| 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 |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral | 3 | NF | CMS Required Deletion | N/A |
| 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 |
| Viiibryd 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 |
| EFFECTIVE 03/01/2024 | | | | |
| Accutane Capsule 30 MG Oral | 4 | NF | CMS Required Deletion | N/A |
| Akeega Tablet 100-500 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |
| Akeega Tablet 50-500 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Aminonide LOTION 0.1 % EXTERNAL | 4 | NF | CMS Required Deletion | N/A |
| Augtyro Capsule 40 MG Oral | NF | 5 + QL 240/30 + PA | Formulary Enhancement | N/A |
| Kalydeco Packet 5.8 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 10 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 20 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 30 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 40 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 50 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lisdexamfetamine Dimesylate Tablet Chewable 60 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Narcan Liquid 4 MG/0.1ML Nasal | 3 | NF | CMS Required Deletion | N/A |
| Ogsiveo Tablet 50 MG Oral | NF | 5 + QL 180/30 + PA | Formulary Enhancement | N/A |
| Podofilox Gel 0.5 % External | NF | 4 | Formulary Enhancement | N/A |
| Vigpoder Packet 500 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Zenpep Capsule Delayed Release Particles 60000-189600 UNIT Oral | NF | 3 | Formulary Enhancement | N/A |
| EFFECTIVE 04/01/2024 | | | | |
| Bosulif Capsule 100 MG Oral | NF | 5 + QL 180/30 + PA | Formulary Enhancement | N/A |
| Bosulif Capsule 50 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Bromfenac Sodium Solution 0.07 % Ophthalmic | NF | 4 | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Humira-CD/UC/HS Starter Pen-Injector Kit 40 MG/0.8ML Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Iwilfin Tablet 192 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral | NF | 3 | Formulary Enhancement | N/A |
| Nocdurna Tablet Sublingual 27.7 MCG Sublingual | 4 | NF | CMS Required Deletion | N/A |
| Nocdurna Tablet Sublingual 55.3 MCG Sublingual | 4 | NF | CMS Required Deletion | N/A |
| Paromomycin Sulfate Capsule 250 MG Oral | 4 | NF | CMS Required Deletion | N/A |
| Penbraya Suspension Reconstituted Intramuscular | NF | 3 | Formulary Enhancement | N/A |
| Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Xalkori Capsule Sprinkle 150 MG Oral | NF | 5 + QL 180/30 + PA | Formulary Enhancement | N/A |
| Xalkori Capsule Sprinkle 20 MG Oral | NF | 5 + QL 240/30 + PA | Formulary Enhancement | N/A |
| Xalkori Capsule Sprinkle 50 MG Oral | NF | 5 + QL 120/30 + PA | Formulary Enhancement | N/A |
| Zilbrysq Solution Prefilled Syringe 23 MG/0.574ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| Zilbrysq Solution Prefilled Syringe 32.4 MG/0.81ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| EFFECTIVE 05/01/2024 | | | | |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Bromfenac Sodium Solution 0.075 % Ophthalmic | NF | 4 | Formulary Enhancement | N/A |
| Dabigatran Etxilate Mesylate Capsule 110 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Emcyt CAPSULE 140 MG ORAL | 3 | NF | CMS Required Deletion | N/A |
| Heather Tablet 0.35 MG Oral | NF | 2 | Formulary Enhancement | N/A |
| Ixchiq Solution Reconstituted Intramuscular | NF | 3 | Formulary Enhancement | N/A |
| Joenja Tablet 70 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |
| miFEPRISone Tablet 300 MG Oral | NF | 5 + QL 120/30 + PA | Formulary Enhancement | N/A |
| Motpoly XR Capsule Extended Release 24 Hour 100 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Motpoly XR Capsule Extended Release 24 Hour 150 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Motpoly XR Capsule Extended Release 24 Hour 200 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Natpara Cartridge 100 MCG Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Natpara Cartridge 25 MCG Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Natpara Cartridge 50 MCG Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Natpara Cartridge 75 MCG Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Rivfloza Solution 80 MG/0.5ML Subcutaneous | NF | 5 + QL 0.5/30 + PA | Formulary Enhancement | N/A |
| Rivfloza Solution Prefilled Syringe 128 MG/0.8ML Subcutaneous | NF | 5 + QL 0.8/30 + PA | Formulary Enhancement | N/A |
| Rivfloza Solution Prefilled Syringe 160 MG/ML Subcutaneous | NF | 5 + QL 1/30 + PA | Formulary Enhancement | N/A |
| Rozlytrek Packet 50 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Trientine HCl Capsule 500 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Xolair Solution Auto-Injector 150 MG/ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Xolair Solution Auto-Injector 300 MG/2ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| Xolair Solution Auto-Injector 75 MG/0.5ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| Xolair Solution Prefilled Syringe 300 MG/2ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| EFFECTIVE 06/01/2024 | | | | |
| Alvaiz Tablet 18 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Alvaiz Tablet 36 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |
| Alvaiz Tablet 54 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |
| Alvaiz Tablet 9 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Clindamycin Phosphate Gel 1 % External (twice daily) | NF | 2 | Formulary Enhancement | N/A |
| Nitroglycerin Ointment 0.4 % Rectal | NF | 4 | Formulary Enhancement | N/A |
| Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Vraylar Capsule Therapy Pack 1.5 & 3 MG Oral | 4 | NF | CMS Required Deletion | N/A |
| EFFECTIVE 07/01/2024 | | | | |
| Baclofen Tablet 15 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Estradiol Gel 0.75 MG/1.25 GM (0.06%) Transdermal | NF | 4 | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Mirabegron ER Tablet Extended Release 24 Hour 25 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Mirabegron ER Tablet Extended Release 24 Hour 50 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Xcopri Tablet 25 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Yargesa Capsule 100 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |
| Zilbrysq Solution Prefilled Syringe 16.6 MG/0.416ML Subcutaneous | NF | 5 + PA | Formulary Enhancement | N/A |
| EFFECTIVE 08/01/2024 | | | | |
| Exkivity Capsule 40 MG Oral | 5 + QL 120/30 + PA | NF | CMS Required Deletion | N/A |
| Humira-Ped<40kg Crohns Starter Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Humira-Ped>=40kg Crohns Start Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Humira-Ps/UV/Adol HS Starter Pen-Injector Kit 40 MG/0.8ML Subcutaneous | 5 + PA | NF | CMS Required Deletion | N/A |
| Libervant Film 10 MG Buccal | NF | 4 + QL 10/30 | Formulary Enhancement | N/A |
| Libervant Film 12.5 MG Buccal | NF | 4 + QL 10/30 | Formulary Enhancement | N/A |
| Libervant Film 15 MG Buccal | NF | 4 + QL 10/30 | Formulary Enhancement | N/A |
| Libervant Film 5 MG Buccal | NF | 4 + QL 10/30 | Formulary Enhancement | N/A |
| Libervant Film 7.5 MG Buccal | NF | 4 + QL 10/30 | Formulary Enhancement | N/A |
| Varenicline Tartrate Tablet 1 MG Oral (56 pack) | NF | 3 | Formulary Enhancement | N/A |
| EFFECTIVE 09/01/2024 | | | | |
| Austedo XR Tablet Extended Release 24 Hour 30 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Austedo XR Tablet Extended Release 24 Hour 36 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Austedo XR Tablet Extended Release 24 Hour 42 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Austedo XR Tablet Extended Release 24 Hour 48 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Diclofenac Sodium Gel 1 % External | 2 | NF | CMS Required Deletion | N/A |
| GlucaGen HypoKit Solution Reconstituted 1 MG Injection | 3 | NF | CMS Required Deletion | N/A |
| Kionex Suspension 15 GM/60ML Oral | NF | 2 | Formulary Enhancement | N/A |
| Ogsiveo Tablet 100 MG Oral | NF | 5 + QL 56/28 + PA | Formulary Enhancement | N/A |
| Ogsiveo Tablet 150 MG Oral | NF | 5 + QL 56/28 + PA | Formulary Enhancement | N/A |
| Ojemda Suspension Reconstituted 25 MG/ML Oral | NF | 5 + QL 96/28 + PA | Formulary Enhancement | N/A |
| Ojemda Tablet 100 MG Oral | NF | 5 + QL 24/28 + PA | Formulary Enhancement | N/A |
| Scemblix Tablet 100 MG Oral | NF | 5 + QL 120/30 + PA | Formulary Enhancement | N/A |
| Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Viojoy Packet 50 MG Oral | NF | 5 + PA | Formulary Enhancement | N/A |



Insurance Company, Inc.

2024

Formulary Addendum

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 |
| Zejula Capsule 100 MG Oral | 5 + QL 90/30 + PA | NF | CMS Required Deletion | N/A |
| EFFECTIVE 10/01/2024 | | | | |
| Amoxicillin-Pot Clavulanate Tablet Chewable 200-28.5 MG Oral | 2 | NF | CMS Required Deletion | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral | NF | 4 + QL 60/30 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral | NF | 4 + QL 60/30 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral | NF | 4 + QL 30/30 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral | NF | 4 + QL 60/30 | Formulary Enhancement | N/A |
| Entresto Capsule Sprinkle 15-16 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Entresto Capsule Sprinkle 6-6 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Erythrocine Stearate Tablet 250 MG Oral | 4 | NF | CMS Required Deletion | N/A |
| Ivabradine HCl Tablet 5 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Ivabradine HCl Tablet 7.5 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Lexiva Suspension 50 MG/ML Oral | 3 + QL 1575/28 | NF | CMS Required Deletion | N/A |
| L-Glutamine Packet 5 GM Oral | NF | 5 + QL 180/30 + PA | Formulary Enhancement | N/A |
| Naloxone HCl Solution Prefilled Syringe 0.4 MG/ML Injection | NF | 3 | Formulary Enhancement | N/A |
| Torpenz Tablet 10 MG Oral | NF | 5 + QL 60/30 + PA | Formulary Enhancement | N/A |
| Torpenz Tablet 2.5 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |
| Torpenz Tablet 5 MG Oral | NF | 5 + QL 30/30 + PA | Formulary Enhancement | N/A |



2024
Formulary Addendum

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 |
| Torpenz Tablet 7.5 MG Oral | NF | 5 + QL 30/30 + 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

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.