



Insurance Company, Inc.

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

Table with 5 columns: Drug Name, Current Drug Tier, New Drug Tier, Reason For Change, Alternative Drug, Alternative Drug Tier. Header: 2024 FORMULARY CHANGES. Rows include Abrysvo, AmBisome, Amphotericin B, Arexvy, and Austedo.



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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



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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



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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

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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

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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



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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



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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				



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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
miFEPRISStone 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



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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



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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



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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



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Zejula Capsule 100 MG Oral	5 + QL 90/30 + PA	NF	CMS Required Deletion	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.