2026 Formulary Changes for CarePartners of Connecticut

CarePartners of Connecticut HMO/PPO

Effective for fill dates on or after Jan. 1, 2026.

Drugs moving to Non-Covered Status | Tier Changes for 6- and 3-Tier Formularies | Excluded Drugs and additional changes

Drugs moving to Non-Covered Status for 2026 for the 3-Tier and 6-Tier Formularies

* *Generic option is available.*

ALPHAGAN P SOL 0.1% OP *
ALPRAZOLAM TAB 0.5MG; 1MG; 2MG; 3MG ER
ALPRAZOLAM TAB 0.5MG; 1MG; 2MG; 3MG XR
AMCINONIDE CRE 0.1%
APTIOM TAB 200MG; 400MG; 600MG; 800MG *
BEPOTASTINE DRO 1.5% OP
BETIMOL SOL 0.25%
BETIMOL SOL 0.5% OP *
BRILINTA TAB 60MG; 90MG *
BROMSITE DRO 0.075% OP *
BUDESONIDE AER 2MG/ACT
CEPHALEXIN TAB 250MG; 500MG
CHOLBAM CAP 50MG; 250MG
CODEINE SULF TAB 15MG; 60MG
CODEINE SULF TAB 30MG *
COLCHICINE CAP 0.6MG
COMPLERA TAB *
CORLANOR TAB 5MG; 7.5MG *
CYCLOSPORINE EMU 0.05% OP
DARIFENACIN TAB 7.5MG; 15MG ER
DEPO-MEDROL INJ 80MG/ML; 40MG/ML *
DICLOFENAC DIS 1.3%
DOXY 100 INJ 100MG
ENDARI POW 5GM
ENTRESTO TAB 24-26MG; 49-51MG; 97-103MG *
FENOFIBRATE CAP 150MG
FLOLIPID SUS 20MG/5ML; 40MG/5ML
FLURAZEPAM CAP 15MG; CAP 30MG
FRAGMIN INJ 10000/ML; 2500/ML
FRAGMIN INJ 12500UNT; 15000UNT; 18000UNT; 95000UNT
FRAGMIN INJ 2500/0.2; 5000/0.2; 7500/0.3
GLOPERBA SOL 0.6/5ML
HC BUTYRATE OIN 0.1%
HYDROMORPHON TAB 8MG; 12MG; 16MG ER
INGREZZA CAP 40-80MG
INGREZZA CAP 40MG; CAP 60MG; CAP 80MG
KORLYM TAB 300MG *
LEVOFLOXACIN SOL 0.5%
MAYZENT PAK STARTER
MAYZENT TAB 0.25MG; TAB 1MG; TAB 2MG
MESNEX TAB 400MG *
MIGLUSTAT CAP 100MG
MIRABEGRON TAB 25MG ER; 50MG ER
MONDOXYNE NL CAP 100MG
NAMZARIC CAP 14-10MG; 21-10MG; 28-10MG *
NAPROXEN SUS 125/5ML
NEUAC GEL 1.2-5%
OXAZEPAM CAP 10MG; CAP 15MG; CAP 30MG
PHOSPHOLINE SOL 0.125%OP
PROCTOFOAM AER HC 1%
PROLENSA DRO 0.07% OP *
PROLIA INJ 60MG/ML
PROMACTA POW 12.5MG; POW 25MG *
PROMACTA TAB 12.5MG; TAB 25MG; TAB 50MG; TAB 75MG *
PURIXAN SUS 20MG/ML *
PYRUKYND TAB 5MG; 20MG; 50MG
PYRUKYND TAB 20MGX5MG; TAB 50MGX20M
PYRUKYND TAB 5MG TP
QUINIDINE GL TAB 324MG CR
QUINIDINE GL TAB 324MG ER
RECTIV OIN 0.4% *
REVLIMID CAP 2.5MG; 5MG; 10MG; 15MG; 20MG; 25MG *
RISPERDAL INJ 12.5MG; 25MG; 37.5MG; 50MG *
SAXA/METFOR TAB 2.5-1000; 5-500MG; 5-1000MG
SOFOS/VELPAT TAB 400-100
SOLU-CORTEF INJ 100MG *
SOMATULINE INJ 120/.5ML *
SPRYCEL TAB 20MG; 50MG; 70MG; 80MG; 100MG; 140MG *
SUCRAID SOL 8500/ML
TAFLUPROST SOL 0.0015%
TASIGNA CAP 50MG; 150MG; 200MG *
TRACLEER TAB 32MG
TRAMADOL HCL TAB 100MG
TRETINOIN GEL 0.04%; 0.08%; 0.1%
TRETINOIN GEL 0.04%; 0.1% PUMP
TREXALL TAB 5MG; 7.5MG; 7.5MG; 10MG; 15MG
TRIAZOLAM TAB 0.125MG; 0.25MG
VENLAFAXINE TAB 37.5 ER
VIGADRONE POW 500MG
VIGADRONE TAB 500MG
XGEVA INJ
YARGESA CAP 100MG
ZEPOSIA CAP STR KIT

2026 Formulary Changes for CarePartners of Connecticut

CarePartners of Connecticut MEDICARE ADVANTAGE

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 2 for 2026

HYDROCO/APAP TAB 10-300MG
HYDROXYZ HCL SYP 10MG/5ML
HYDROXYZINE SOL 10MG/5ML; 50/25ML
HYDROXYZINE SYP 10MG/5ML
LITHIUM SOL 8MEQ/5ML
MORPHINE SUL TAB 100MG ER; 200MG ER

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 4 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 3 for 2026

AMINOCAPROIC SOL 0.25/ML
AMOX/K CLAV SUS 250/5ML
AMOX/K CLAV TAB 250-125
APRI TAB
CEFAZOL/DEX SOL 1GM; 2GM
CEFAZOLIN INJ 1GM; 2GM; 3GM
CEFTRIAX/DEX INJ 1GM
CEFTRIAXONE/DEX INJ 1GM; 2GM
COLESTIPOL GRA 5GM
DOXYCYC MONO TAB 150MG
KCL/D5W/NACL INJ
KETOROLAC SOL 0.4% OP
METHENAM MAN TAB 500MG; 1000MG
NALOXONE INJ 0.4MG/ML; 4MG/10ML
OCTREOTIDE INJ 50MCG/ML; 100MCG
OPIUM TIN 10MG/ML
PRIMIDONE TAB 125MG
SALSALATE TAB 500MG; TAB 750MG
TAYSOFY CAP 1/20
TESTOST ENAN INJ 200MG/ML
THEOPHYLLINE ELX 80/15ML
TRAZODONE TAB 300MG

For 6-Tier Formulary: Drugs moving from Tier 3 to Tier 4 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

BROMFENAC DRO 0.07% OP
CALCITONIN INJ 200/ML; 400/2ML
CEFAZOLIN INJ 10MG; 500MG
CLOMIPRAMINE CAP 25MG; 50MG; 75MG
CYCLOBENZAPR TAB 7.5MG
DROSPIR/ETHI TAB 3-0.03MG
ETONOGESTREL MIS ETHY EST
FINZALA CHW FE 1/20
FLUOCINONIDE CRE 0.1%
FLUTIC/SALME INH 55/14; 113/14; 232/14
GLUCAGON KIT 1MG
GLYCOPYRROLA SOL 1MG/5ML
ISOSORB DIN TAB 40MG
MIBELAS 24 CHW FE
NORETH/ETHIN TAB FE
QUINIDINE SU TAB 200MG; 300MG
VARENICLINE TAB 1MG

For 6-Tier Formulary: Drugs moving from Tier 3 to Tier 5 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

NUEDEXTA CAP 20-10MG
VENCLEXTA TAB 50MG

2026 Formulary Changes for CarePartners of Connecticut

CarePartners of Connecticut MEDICARE ADVANTAGE

Excluded Drugs for 2026

BENZONATATE CAP 100MG; 150MG; 200MG
CYANOCOBALAM INJ 1000MCG; 10000MCG; 30000MCG
FOLIC ACID TAB 1000MCG; 1MG
HYD POL/CPM SUS 10-8/5ML
HYDROC/HOMAT TAB 5-1.5MG
PROMETH/VC SYP CODEINE
PROMETH/COD SOL 6.25-10
VARDENAFIL TAB 2.5MG; 5MG; 10MG; 20MG
VARDENAFIL TAB 10MG ODT
VITAMIN D CAP 1.25MG; 50000; 50000UNT

Preferred Product Change for Diabetic Testing Supplies for 2026

Moving to Non-Preferred:
ONETOUCH TES VERIO
ONETOUCH TES ULTRA
ONETOUCH KIT VERIO RE
ONETOUCH KIT VERIO FL
ONETOUCH KIT ULTRA 2
ONETOUCH TES ULT BLUE

Preferred in 2026:
Accu-Chek Product Line

Addition of Quantity Limits for 2026

OPIPZA MIS 2MG; 5MG; 10MG (Tier 5)
SELZENTRY TAB 25MG (Tier 4); 75MG (Tier 5)

Addition of Prior Authorization for 2026

REVCOVI INJ 1.6MG/ML (Tier 5)