



2021 Formulary Change Notice

Effective: April 1, 2021

CarePartners of Connecticut

The coverage listed below is effective for CarePartners of Connecticut plans.

Drug name	Type of Change	Coverage	Notes
ivermectin lotion	Addition	T4	Generic Sklice™
nitazoxanide	Addition	T3	Generic Alinia®
Cystadrops®	Addition	T3	
Orgovyx™	Addition	T5; PA	

Key:

PA Prior Authorization