



2021 Formulary Change Notice

Effective: July 1, 2021

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
pregabalin er tablet	Addition	T3	Generic Lyrica® CR
hydrocodone bitartrate er tablet	Addition	T3; QL (60/30)	Generic Hysingla® ER
brinzolamide op suspension	Addition	T3	Generic Azopt®
Fotivda®	Addition	T5; PA	
Lupkynis™	Addition	T5; PA	
Verquvo™	Addition	T4	
Kesimpta®	Addition	T5; PA	

Key:

PA Prior Authorization

QL Quantity Limit