



2021 Formulary Change Notice

Effective: June 1, 2021

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
droxidopa	Addition	T5; PA	Generic Northera
Hetlioz® suspension	Addition	T5; PA	
Impavido®	Addition	T5	
Ukoniq™	Addition	T5; PA	
Bronchitol®	Addition	T5; QL (560/28)	560 capsules per 28 days
Skyrizi™	Update	T5; PA; QL (1/28)	1 Kit per 28 days
Rinvoq™	Update	T5; PA; QL (30/30)	30 tablets per 30 days
Stelara®	Update	T5; PA; QL (1/28)	1ml per 28 days

Key:

PA Prior Authorization

QL Quantity Limit