



2021 Formulary Change Notice

Effective: May 1, 2021

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
loteprednol 0.005 mg/mg ophthalmic gel	Addition	T3	Generic Lotemax®
lubiprostone	Addition	T3	Generic Amitiza®
meloxicam capsule	Addition	T3	Generic Vivlodex™
Klisyri®	Addition	T5; PA	
Temixys™	Addition	T5	
Tepmetko®	Addition	T5; PA	
Orladeyo™	Addition	T5; PA; QL (30/30)	

Key:

PA Prior Authorization

QL Quantity Limit