

2021 Formulary Change Notice

Effective: October 1, 2021

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
arformoterol inhalation solution	Addition	T3; BvD	Generic Brovana®
etravirine	Addition	T5	Generic Intelence®
formoterol inhalation solution	Addition	T3; BvD	Generic Perforomist®
lopinavir/ritonavir	Addition	T3-T4	Generic Kaletra® T3: 100-25mg T4: 200-50mg
Exservan™	Addition	T5	
Lumakras™	Addition	T5; PA	
Myfembree®	Addition	T5; PA; QL (28/28)	
Qelbree™	Addition	T4	

Key:

PA Prior Authorization

QL Quantity Limit