



## 2022 Formulary Change Notice

Effective: April 1, 2022

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
brimonidine tartrate/timolol ophthalmic solution	Addition	T3	Generic Combigan®
Bylvay™	Addition	T5; PA	
Voxzogo™	Addition	T5; PA	

**Key:**

**PA** Prior Authorization