



2022 Formulary Change Notice

Effective: February 1, 2022

CarePartners of Connecticut

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

| Drug name | Type of Change | Coverage | Notes |
|-----------|----------------|-----------------------|-------|
| Lybalvi® | Addition | T5; PA | |
| Sajazir™ | Addition | T5; PA; QL; (18ml/30) | |
| Tavneos™ | Addition | T5; PA | |
| Winlevi® | Addition | T4; PA | |

Key:

PA Prior Authorization

QL Quantity Limit