



2022 Formulary Change Notice

Effective: July 1, 2022

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
deferiprone	Addition	T5	Generic Ferriprox®
dexlansoprazole	Addition	T3	Generic Dexilant®
Revcovi®	Addition	T5	
lacosamide (100mg, 150mg, 200mg)	Addition	T4; QL (60/30)	Generic Vimpat® 50mg: Covered on T3; QL (60/30)

Key:

PA Prior Authorization

QL Quantity Limit