



2022 Formulary Change Notice

Effective: June 1, 2022

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
apomorphine	Addition	T5	Generic Apokyn®
betaine	Addition	T5	Generic Cystadane®
carglumic	Addition	T5; PA	Generic Carbaglu®
lenalidomide	Addition	T5; PA	Generic Revlimid®
maraviroc	Addition	T5; QL	Generic Selzentry® 150mg: QL (60/30) 300mg: QL (120/30)
Besremi®	Addition	T5; PA	
Eprontia™	Addition	T3	
Pyrukynd®	Addition	T5; PA	
Recorlev®	Addition	T5; PA; QL	QL (240/30)

Key:

PA Prior Authorization

QL Quantity Limit