



## 2022 Formulary Change Notice

Effective: October 1, 2022

CarePartners of Connecticut

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

Drug name	Type of Change	Coverage	Notes
na sulfate-k sulfate-mg sulf oral solution 17.5- 3.13-1.6 gm/177m	Addition	T3	Generic Suprep®

**Key:**

**PA** Prior Authorization

**QL** Quantity Limit