

2021 Formulary Change Notice

Effective: May 1, 2021

CarePartners of Connecticut

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

| Drug name | Type of Change | Coverage | Notes |
|--|----------------|--------------------|-------------------|
| loteprednol 0.005 mg/mg ophthalmic gel | Addition | T3 | Generic Lotemax® |
| lubiprostone | Addition | T3 | Generic Amitiza® |
| meloxicam capsule | Addition | T3 | Generic Vivlodex™ |
| Klisyri® | Addition | T5; PA | |
| Temixys™ | Addition | T5 | |
| Tepmetko® | Addition | T5; PA | |
| Orladeyo™ | Addition | T5; PA; QL (30/30) | |

Key:

PA Prior Authorization

QL Quantity Limit