



2023 Medicare Part D Formulary Change

We may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug (or move a drug to a higher cost-sharing tier), we will let you know of the change. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and let you know.

The product changes noted below will be implemented on the Medicare Part D Plan formulary.

To see if your drug is on this list, scroll down or click this [SEARCH] button and enter the name of your drug in the pop-up task pane.

New Added Products: **Effective 4/1/2023**

Drug	Restrictions*
AMJEVITA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE	PA QL
AMJEVITA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	PA QL
AMJEVITA AUTOINJECTOR 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	PA QL
ESTRADIOL VALERATE 10 MG/ML INTRAMUSCULAR OIL	
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	PA
JYNNEOS(PF)(NATIONAL STOCKPILE) 0.5X TO 3.95X 10EXP8/0.5ML SUBCUT SUSP	PA
KRAZATI 200 MG TABLET	PA QL
LUBIPROSTONE 24 MCG CAPSULE	QL
LUBIPROSTONE 8 MCG CAPSULE	QL
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA QL
PIRFENIDONE 267 MG CAPSULE	PA QL
SODIUM OXYBATE 500 MG/ML ORAL SOLUTION	PA QL LA
SUNLENCA 300 MG TABLET	
SUNLENCA 300 MG TABLET (4-TABLET PACK)	

New Added Products: **Effective 3/1/2023**



Drug	Restrictions*
AMLODIPINE 10 MG-VALSARTAN 160 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	
AMLODIPINE 10 MG-VALSARTAN 160 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET	
AMLODIPINE 10 MG-VALSARTAN 320 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET	
AMLODIPINE 5 MG-VALSARTAN 160 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	
AMLODIPINE 5 MG-VALSARTAN 160 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET	
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	ST QL
GLEOSTINE 10 MG CAPSULE	
GLEOSTINE 100 MG CAPSULE	
GLEOSTINE 40 MG CAPSULE	
MENEST 2.5 MG TABLET	PA
ROFLUMILAST 250 MCG TABLET	PA QL
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR	PA QL

New Added Products: **Effective 2/1/2023**

Drug	Restrictions*
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	PA QL LA
CAPLYTA 10.5 MG CAPSULE	QL
CAPLYTA 21 MG CAPSULE	QL
CIPRO 250 MG/5 ML ORAL SUSPENSION	
CIPRO 500 MG/5 ML ORAL SUSPENSION	
DABIGATRAN ETEXILATE 150 MG CAPSULE	
DABIGATRAN ETEXILATE 75 MG CAPSULE	
DESCOVY 120 MG-15 MG TABLET	
DOXYCYCLINE HYCLATE 100 MG TABLET	
FINGOLIMOD 0.5 MG CAPSULE	PA QL
ICOSAPENT ETHYL 0.5 GRAM CAPSULE	
IMBRUVICA 140 MG TABLET	PA QL
IMBRUVICA 70 MG/ML ORAL SUSPENSION	PA QL
INGREZZA 40 MG CAPSULE	PA QL LA

Drug	Restrictions*
INGREZZA 60 MG CAPSULE	PA QL LA
INGREZZA 80 MG CAPSULE	PA QL LA
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK	PA QL LA
LENALIDOMIDE 2.5 MG CAPSULE	PA QL
LENALIDOMIDE 20 MG CAPSULE	PA QL
MESALAMINE ER 500 MG CAPSULE,EXTENDED RELEASE	
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET	PA QL
PENCICLOVIR 1 % TOPICAL CREAM	QL
PHOSPHOLINE IODIDE 0.125 % EYE DROPS	
ROFLUMILAST 500 MCG TABLET	PA QL
SODIUM,POTASSIUM,MAG SULFATES 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLN	
TAZAROTENE 0.05 % TOPICAL GEL	PA
TAZAROTENE 0.1 % TOPICAL GEL	PA
ZONISADE 100 MG/5 ML ORAL SUSPENSION	PA



For more information about how these changes may affect your cost-sharing, such as copayments or coinsurance, or for more information about asking for an updated coverage determination or a formulary exception, please see the plan Evidence of Coverage.

Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please talk to your doctor about any changes or recommendations to your medical care and prescription drug therapy. Alternative drugs and additional information about formulary changes can be found on the plan formulary,

*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist.
[LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2024.

This document includes ConnectiCare Medicare Plan's partial formulary as of April 1, 2023. For a complete, updated formulary, please visit our website at www.connecticare.com/Medicare or call the Member Services number below.

For alternative formats or language, please call Member Services toll free at: 1-800-CCI-CARE (1-800-224-2273) between the hours of 8:00 a.m. and 8:00 p.m., seven days a week. TTY/TDD users should call 711.

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