



2019 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 at least 30 days before the date that the change becomes effective. 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 2/1/2019**

Drug	Cost sharing	Restrictions*
ADAPALENE 0.1 % TOPICAL SOLUTION	Tier 2	PA
BRAFTOVI 50 MG CAPSULE	Tier 5	PA QL LA
BRAFTOVI 75 MG CAPSULE	Tier 5	PA QL LA
CLOBAZAM 10 MG TABLET	Tier 4	PA
CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	Tier 4	PA
CLOBAZAM 20 MG TABLET	Tier 4	PA
COLESEVELAM 3.75 GRAM ORAL POWDER PACKET	Tier 2	
COPIKTRA 15 MG CAPSULE	Tier 5	PA QL LA
COPIKTRA 25 MG CAPSULE	Tier 5	PA QL LA
DALFAMPRIDINE ER 10 MG TABLET, EXTENDED RELEASE, 12 HR	Tier 5	PA
DELSTRIGO 100 MG-300 MG-300 MG TABLET	Tier 5	QL
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	Tier 5	PA
EPIDIOLEX 100 MG/ML ORAL SOLUTION	Tier 5	PA LA
KETOPROFEN 25 MG CAPSULE	Tier 2	
LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE	Tier 5	PA
LENVIMA 4 MG CAPSULE	Tier 5	PA
LORBRENA 100 MG TABLET	Tier 5	PA

Drug	Cost sharing	Restrictions*
LORBRENA 25 MG TABLET	Tier 5	PA
MEKTOVI 15 MG TABLET	Tier 5	PA QL LA
MOLINDONE 10 MG TABLET	Tier 2	
MOLINDONE 25 MG TABLET	Tier 2	
MOLINDONE 5 MG TABLET	Tier 2	
MULPLETA 3 MG TABLET	Tier 5	PA QL
NAFCILLIN 2 GRAM SOLUTION FOR INJECTION	Tier 2	PA
NUPLAZID 10 MG TABLET	Tier 5	PA QL
NUPLAZID 34 MG CAPSULE	Tier 5	PA QL
ORLISSA 150 MG TABLET	Tier 5	PA
ORLISSA 200 MG TABLET	Tier 5	PA
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET	Tier 5	PA
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET	Tier 5	PA
PIFELTRO 100 MG TABLET	Tier 5	QL
SOTALOL 120 MG TABLET	Tier 2	
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	Tier 5	QL
TADALAFIL 2.5 MG TABLET	Tier 4	PA QL
TADALAFIL 5 MG TABLET	Tier 4	PA QL
TALZENNA 0.25 MG CAPSULE	Tier 5	PA QL
TALZENNA 1 MG CAPSULE	Tier 5	PA QL
TIBSOVO 250 MG TABLET	Tier 5	PA QL
VANCOMYCIN 750 MG INTRAVENOUS SOLUTION	Tier 2	PA
VIZIMPRO 15 MG TABLET	Tier 5	PA QL
VIZIMPRO 30 MG TABLET	Tier 5	PA QL
VIZIMPRO 45 MG TABLET	Tier 5	PA QL
XARELTO 2.5 MG TABLET	Tier 3	
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA QL LA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	PA QL LA
ZORTRESS 1 MG TABLET	Tier 5	PA

Future Removed Products: **Effective 2/1/2019**

Drug	Reason
AFEDITAB CR 60 MG TABLET,EXTENDED RELEASE	Removed from Formulary
CEFOTAXIME 2 GRAM SOLUTION FOR INJECTION	Removed from Formulary
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	Removed from Formulary
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	Removed from Formulary
HEXALEN 50 MG CAPSULE	Removed from Formulary
KIMIDESS (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Removed from Formulary
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	Removed from Formulary
NORVIR 100 MG CAPSULE	Removed from Formulary
PERIOGARD 0.12 % MOUTHWASH	Removed from Formulary
SODIUM CHLORIDE 2.5 MEQ/ML INTRAVENOUS SOLUTION	Removed from Formulary
TRIAMCINOLONE ACETONIDE 55 MCG NASAL SPRAY AEROSOL	Removed from Formulary
VERSACLOZ 50 MG/ML ORAL SUSPENSION	Removed from Formulary



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, 2020.

This document includes ConnectiCare Medicare Plan's partial formulary as of 2/01/2019. 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 **1-800-842-9710**.

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