



2020 CVS/Caremark Prescription Drug Formulary Changes

Effective January 1, 2020

Formulary Exclusions:

Below is a list of medicines that will no longer be covered as of January 1, 2020.

· ALREX OPHTHALMIC SUSPENSION	· ASMANEX HFA INHALER/TWISTHALER
· AVONEX PEN/SYRINGE/VIAL	· BEAU RX GEL
· BUTRANS TRANSDERMAL PATCH	· CARAFATE SUSPENSION/TABLET
· COMBIVENT RESPIMAT INHALER	· COMPLERA TABLET
· DUROLANE SYRINGE	· ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
· EPICERAM EMULSION/PUMP	· FLAREX OPHTHALMIC SUSPENSION
· FREESTYLE 10 LIBRE CONTINUOUS GLUCOSE MONITORING	· FREESTYLE 14 LIBRE CONTINUOUS GLUCOSE
· GUARDIAN 3 CONTINUOUS GLUCOSE MONITOR SENSOR	· GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITOR
· GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITOR	· HYSINGLA ER TABLET
· KAMDOY EMULSION	· LO LOESTRIN FE TABLET
· LOTEMAX OPHTHALMIC GEL/OINTMENT/SUSPENSION	· MINILINK REAL-TIME TRANSMITTER
· MINIMED 3 CONTINUOUS GLUCOSE MONITOR LINK	· MOVIPREP KIT
· NATAZIA TABLET	· ORTHO D CAPSULE
· OSMOPREP TABLET	· OXYCONTIN CR TABLET
· OXYCONTIN ER TABLET	· PLEGRIDY PEN/SYRINGE/STARTER PACK
· PROAIR HFA INHALER/RESPICLICK INHALER	· QTERN TABLET
· RECEDO GEL	· SIL-K PAD GEL PATCH
· SIMPONI PEN/SYRINGE	· STRIBILD TABLET
· TAYTULLA CAPSULE	· TIMOPTIC IN OCULOSE OPHTHALMIC SOLUTION
· TRANSDERM SCOP TRANSDERMAL PATCH	· VERZENIO TABLET
· ZOXYDRO ER CAPSULE	· ZYLET OPHTHALMIC SUSPENSION

If you are currently taking a medication on the above formulary exclusion list, you should speak with your doctor about changing to a covered alternative medication on or after January 1, 2020. If you are clinical unable to take the recommended alternative medication, your physician may submit an appeal request by calling the physician-only toll-free number at 1-866-443-1183

Tier 2 to Tier 3:

Below is a list of medicines that will move from the Tier 2 Copayment to the Tier 3 Copayment effective January 1, 2020.

· ABSTRAL SUBLINGUAL TABLET	· ARALAST NP VIAL
· DICLEGIS TABLET	· ELIDEL CREAM
· GLASSIA INJECTION/VIAL	· JUBLIA TOPICAL SOLUTION
· LETAIRIS TABLET	· LUPRON DEPOT PEDIATRIC INJECTION
· MESTINON SYRUP/TABLET	· MIGRANAL INTRANASAL SPRAY
· NAPROSYN SUSPENSION/TABLET	· NEXAVAR TABLET
· PEGINTRON KIT	· RETIN-A MICRO GEL/PUMP
· REYATAZ CAPSULE/POWDER	· SAFYRAL TABLET
· TARCEVA TABLET	· TEKTRUNA TABLET
· TRACLEER TABLET	· VIREAD POWDER/TABLET

For questions or concerns, please call toll-free at 1-888-865-6590 to speak to a Customer Care representative 24 hours a day, seven days a week.