



2021 CVS/Caremark Prescription Drug Formulary Changes Effective January 1, 2021

Formulary Exclusions:

Below is a list of medicines that will no longer be covered as of January 1, 2021.

ACCU-CHECK TEST STRIPS AND KITS	ADZENYS ER SUSPENSION
ADZENYS XR ORALLY DISINTEGRATING TABLET (ODT)	AMITIZA CAPSULE
APOKYN CARTRIDGE	APTENSIO XR CAPSULE
ARALAST NP VIAL	AZELEX CREAM
BEPREVE OPHTHALMIC SOLUTION	BEVESPIAEROSPHERE INHALER
BORTEZOMIB INJECTION/VIAL	CALCIPOTRIENE/BETAMETHASONE TOPICAL OINTMENT/SUSPENSION
CIPRO HC OTIC SUSPENSION	CIPRODEX OTIC SUSPENSION
DARAPRIM TABLET	DAYTRANA TRANSDERMAL PATCH
DIFFERIN TOPICAL LOTION	ESTRING VAGINAL RING
FABIOR FOAM AEROSOL	FEMRING VAGINAL RING
GEL-ONE SYRINGE	GLASSIA INJECTION/VIAL
GOLYTELY POWDER	HUMATROPE CARTRIDGE KIT/VIAL
INCRUSE ELLIPTA INHALER	INTRAROSA SUPPOSITORY
ISOSORBIDE DINITRATE 40MG TABLET	KYPROLIS INJECTION
LACRISERT OPHTHALMIC INSERT	MENEST TABLET
METAXALONE 400MG TABLET	MIRVASO GEL PUMP
NEULASTA ONPRO KIT	NEULASTA SYRINGE
NUVARING VAGINAL RING	OSPHENA TABLET
OXYMORPHONE TABLET	PAXIL CR TABLET
PAXIL SUSPENSION/TABLET	PEXEVA TABLET
PREMARIN TABLET/VAGINAL CREAM	PROLENSA OPHTHALMIC SOLUTION
SIGNIFOR LAR INJECTION/VIAL	SOMAVERT VIAL
SUPREP BOWEL PREP KIT	TAZORAC TOPICAL CREAM/GEL
TECFIDERA CAPSULE/STARTER PACK	TRACLEER TABLET
TRULANCE TABLET	UDENYCA SYRINGE
VIBRYD STARTER KIT/TABLET	VISCO-3 SYRINGE
ZIRGAN OPHTHALMIC GEL	

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, 2021. 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, 2021.

ARISTADA INITIO SYRINGE	ARISTADA SYRINGE
RISPERDAL CONSTA KIT/VIAL	VARUBI 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.



Formulary Additions:

Below is a list of medicines that will be added back to the formulary as of January 1, 2021.

Tier 1:

ORACEA, ADVAIR DISKUS, ADDERALL XR AND CONCERTA will all be covered under the Tier 1 copay. Please note that their respective generics will be excluded from coverage but the brand products will adjudicate at the Tier 1 (generic) member copayment.

Tier 2:

ALECENSA CAPSULE	ALUNBRIG PAK/TABLET
ANNOVERA VAGINAL RING	BREZTRI AEROSPHERE INHALER
CLENPIQ SOLUTION	DOPTELET TABLET
DUROLANE SYRINGE	ERMEDGE CAPSULE
EUFLEXXA SYRINGE	IMVEXXY VAGINAL INSERTS – STARTER PACK/MAINTENANCE PACK
INBRJA CAPSULE	NAYZILAM NASAL SPRAY
NEXLETOL TABLET	NEXLIZET TABLET
NINLARO CAPSULE	NORDITROPIN FLEXPRO PEN
OCREVUS VIAL	ONE TOUCH ULTRA TEST STRIPS AND KITS
ONE TOUCH VERIO TEST STRIPS AND KITS	PERJETA VIAL
PERSERIS KIT	PHESGO VIAL
TOUJEO MAX SOLOSTAR PEN	TOUJEO SOLOSTAR PEN
VALTOCO NASAL SPRAY	VELCADE VIAL
XCOPRI PAK/TABLET	XOSPATA TABLET
ZIEXTENZO SYRINGE	ZIOPATAN OPHTHALMIC SOLUTION

Tier 3:

FLAREX OPHTHALMIC SUSPENSION	LAMICTAL ORALLY DISINTEGRATING TABLET (ODT)/CHEWABLE TABLET/TABLET AND KITS
LAMICTAL XR TABLET/KIT	