

Illinois Notice of Formulary Drug List Changes

A drug's preferred or cost-tier sharing may change on January 1st of each year. If the tier changes, you will be notified of the change at least 60 days before the date the change becomes effective. However, if the United States Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or if the drug's manufacturer notifies the FDA of a manufacturing discontinuance (or potential discontinuance) or removes the drug from the market, the drug will immediately be removed from the formulary.

If you have any questions about these changes, please contact CVS Caremark customer service, available 24 hours a day, 7 days a week, at 866-644-7527.

Effective January 1, 2020, the following formulary changes will apply:

Formulary Prior Authorization Changes

Name of Drug	Name of Drug
Aciphex	Lidotrex Gel 2%
Baraclude Tab	Lorid Tab
Benzonatate 150mg (NDC 69499032945 only)	Minastrin 24 Fe
Berinert	Minivelle
Beyaz	mupirocin cream
Butal/Apap Capsule	Nicaprin Tab
Butrans	Nicazel Tab/Nicazel Tab Forte
Calcipotrien Cre 0.005%	Nudiclo Pak Tabpak
Calcitriol Oin 3mcg/gm	Omnivex Tab
Carbinoxamine Tab 6mg	Onfi
chlorzoxazone Tablet 250mg (NDC 9499033060 only)	Ortho DF Cap 1-3775IU
Colcrys	OrthoTriCyclen Lo
Cordran Oin 0.05%	Oxycontin
Coumadin	Percocet
Dexifol Tab	Prevident
diclofenac sodium gel 1% (NDC 69499031866 only)	Pristiq
Diclofex DC Mis	Procrit Inj
Diclosaicin Mis	Procrit Sdv
Diflorasone Oin	Procrit Vial
Enlite Glucose Senso	Prozac

Epogen Injection	Psorcon Cre 0.05%
Eekeo	Rapaflo
Fenofibrate Tab 120mg	Riboxel Cap
Fenoglide Tab 120mg	Sabril
Feriva Tab 12/7	Singulair
Finacea Gel	Suboxone
Flurandrenol Oin 0.05%	Taliva Cap
FML Liquifilm	Toprol
Folika-D Tab 1-5000	Transderm-Scop
Folika-T Tab	Tronvite Tab
Folika-V Tab	Vectical Oin 3mcg/gm
Freestyle Libre Reader/Sensor	Vivelle Dot
Genicin Tab Vita-S	Xanax/Xanax XR
Granix	Xeliral Pak
Guardian Sensor	Xolegel Gel 2%
Hydrocortisone 1% NDC's 69499032210, 69499034325 only)	Xvite Tab
Hylavite Tab	Yaz
Hysingla ER	Zarxio
Inflamacin Mis 75-0.025	Zohydro ER
Lamictal/Lamictal XR	Zorvolex
Lexapro	Zytiga Tablet
Lialda	
Lidocaine Cre Tretracal	

Formulary Tier Changes

Name of Drug	1. Description of Change
Abstral	Tier 2 to Tier 3
Androgel	Tier 2 to Tier 3
Atralin Gel	Tier 2 to Tier 3
Canasa	Tier 2 to Tier 3
Coreg CR Capsule	Tier 2 to Tier 3
Diclegis	Tier 2 to Tier 3
Differin	Tier 2 to Tier 3
Elidel	Tier 2 to Tier 3
Estrace Vag Cream	Tier 2 to Tier 3
Glassia	Tier 2 to Tier 3
Jublia	Tier 2 to Tier 3

Letairis	Tier 2 to Tier 3
Luzu Cream	Tier 2 to Tier 3
Oracea	Tier 2 to Tier 3
Ranexa	Tier 2 to Tier 3
Rapaflo	Tier 2 to Tier 3
Retin A Micro	Tier 2 to Tier 3
Reyataz	Tier 2 to Tier 3
Safral	Tier 2 to Tier 3
Savella	Tier 2 to Tier 3
Tekturna	Tier 2 to Tier 3
Tracleer	Tier 2 to Tier 3
Uceris Tablet	Tier 2 to Tier 3
Vesicare	Tier 2 to Tier 3