

2023 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, 2023, the following formulary changes will apply:

Name of Drug/Supply	Drug Usage	Change Occurring
Nuvaring	Contraception	Tier 2 to Tier 1
Restasis	Dry Eyes	Tier 2 to Tier 1
Bystolic	Hypertension	Tier 2 to Tier 3
Durezol	Ophthalmic Anti-Inflammatory	Tier 2 to Tier 3
Velcade	Cancer	Tier 2 to Tier 3
Narcan	Opioid Overdose	Tier 2 to Tier 3
Aklief	Acne	Tier 3 to Tier 2
Aptiom	Seizure Disorder	Tier 3 to Tier 2
Arazlo	Skin Conditions	Tier 3 to Tier 2
Auryxia	Kidney Disease	Tier 3 to Tier 2
Azstarys	ADHD	Tier 3 to Tier 2
Braftovi	Cancer	Tier 3 to Tier 2
Caplyta	Bipolar Depression	Tier 3 to Tier 2
Cotellic	Melanoma	Tier 3 to Tier 2
Doptelet	Chronic Liver Disease	Tier 3 to Tier 2
Endarbi	Chronic Kidney Disease	Tier 3 to Tier 2
Enstilar	Plaque Psoriasis	Tier 3 to Tier 2
Fensolvi	Precocious Puberty	Tier 3 to Tier 2
Gemtesa	Overactive Bladder	Tier 3 to Tier 2
Ilaris	Autoinflammatory Disease	Tier 3 to Tier 2
Inlyta	Kidney Cancer	Tier 3 to Tier 2
Jornay PM	ADHD	Tier 3 to Tier 2
Lenvima	Cancer	Tier 3 to Tier 2
Menopur	Infertility	Tier 3 to Tier 2
Mektovi	Melanoma	Tier 3 to Tier 2

Nexavar Tab	Cancer	Tier 3 to Tier 2
Rhofade	Rosacea	Tier 3 to Tier 2
Quilipta	Migraines	Tier 3 to Tier 2
Siklos	Sickle Cell Anemia	Tier 3 to Tier 2
Talicia	Helicobacter Pylori Gastritis	Tier 3 to Tier 2
Twyneo	Acne	Tier 3 to Tier 2
Xyntha	Hemophilia A	Tier 3 to Tier 2
Zegalogue	Severe Hypoglycemia	Tier 3 to Tier 2
Zelboraf	Melanoma	Tier 3 to Tier 2
Bystolic 2.5mg, 5mg, 10mg	High Blood Pressure	Dose Optimization Additions
Exforge HCT	Hypertension	Dose Optimization Additions
Quilipta 10mg	Migraines	Dose Optimization Additions
Desvenlafaxine ER	Depression	Dose Optimization Deletions
Khedeza ER	Depression	Dose Optimization Deletions
Pexeva 10mg, 20mg	Depression	Dose Optimization Deletions
Vesicare	Overactive Bladder	Dose Optimization Deletions
Adderall XR	ADHD	Prior Authorization
Afinitor	Cancer	Prior Authorization
albuteral sulfate CFC- free aerosol (NDC 66993001968 only)	Asthma	Prior Authorization
Alimta	Cancer	Prior Authorization
Arcalyst	Anti-Inflammatory	Prior Authorization
Arnuity Ellipta	Asthma	Prior Authorization
Asacol HD	Ulcerative Colitis	Prior Authorization
Benefix	Hematologic	Prior Authorization
betamethasone dipropionate ointment 0.05%	Dermatology	Prior Authorization
butalbital- acetaminophen capsule 50-300mg	Pain	Prior Authorization
butalbital- acetaminophen tablet 25-325mg	Pain	Prior Authorization
CapsFenac Pak	Pain	Prior Authorization
Cayston	Cystic Fibrosis	Prior Authorization
Citrinatal Vitamins	Prenatal Vitamins	Prior Authorization

clobetasol emollient foam	Dermatology	Prior Authorization
Concerta	ADHD	Prior Authorization
Dexilant	Gastrointestinal	Prior Authorization
dexlansoprazole del-rel	Gastrointestinal	Prior Authorization
diclofenac capsule 25mg	Pain	Prior Authorization
diclofenac solution 2%	Pain	Prior Authorization
Diclofex DC	Pain	Prior Authorization
doxycycline hyclate tablet 75/150mg DR	Anti-infectives, Antibacterial	Prior Authorization
Duobrii	Dermatology	Prior Authorization
Dymista	Allergies	Prior Authorization
Edluar	Sleep Disorder	Prior Authorization
Epaned	High Blood Pressure	Prior Authorization
Esbriet	Pulmonary Fibrosis	Prior Authorization
Firazyr	Hereditary Angioedema	Prior Authorization
Flovent	Asthma	Prior Authorization
Glucagon Emergency Kit	Metabolic	Prior Authorization
Glucagen Hypokit	Metabolic	Prior Authorization
Ixinity	Hematologic	Prior Authorization
Juxtapid	Cardiovascular Antilipemics	Prior Authorization
Keppra/Keppra XR	Anticonvulsants	Prior Authorization
Lamictal/Lamictal ODT	Anticonvulsants	Prior Authorization
Lamictal XR	Anticonvulsants	Prior Authorization
lansoprazole delayed release orally disintegrating tablet	Gastrointestinal	Prior Authorization
Mekinist	Cancer	Prior Authorization
Movantik	Gastrointestinal	Prior Authorization
Multaq	Irregular Heartbeat	Prior Authorization
MyrbetiQ Tab/Susp	Overactive Bladder/Incontinence	Prior Authorization
Nuedexta	Pseudobulbar Affect	Prior Authorization
Nityr	HT-1	Prior Authorization
Nexterone	Antiarrhythmic	Prior Authorization
Nucala Lyophilized	Asthma	Prior Authorization
Nucynta	Pain	Prior Authorization
Nucynta ER	Pain	Prior Authorization
Opzelara	Dermatology	Prior Authorization

Pentasa	Inflammatory Bowel Disease	Prior Authorization
Prednisolone Sol 10mg/5ml	Endocrine and Metabolic Corticosteroids	Prior Authorization
Prednisolone Sol 20mg/5ml	Endocrine and Metabolic Corticosteroids	Prior Authorization
Quillichew ER	ADHD	Prior Authorization
Quillichew XR	ADHD	Prior Authorization
Qvar Redihaler	Asthma	Prior Authorization
Rixubis	Hematologic	Prior Authorization
Rubraca	Cancer	Prior Authorization
Subsys	Pain	Prior Authorization
Sure Result DSS Premium Pak	Pain and Inflammation	Prior Authorization
Sutent	Cancer	Prior Authorization
Tafinlar	Cancer	Prior Authorization
Tovet	Dermatology	Prior Authorization
Toviaz	Overactive Bladder/Incontinence	Prior Authorization
Votrient	Cancer	Prior Authorization
Vtol LQ	Pain	Prior Authorization
Ziclopro Pak	Pain	Prior Authorization