2024

FORMULARY ADDENDUM

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Formulary ID: 00024215 Version: 11

This document was last updated on 5/1/2024. For more recent information or other questions, please contact CVS Caremark Member Services at 1-888-970-0914 or, for TTY users, 711, 24 hours a day, 7 days per week.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Formulary Addendums as of 05/01/2024

Additions

Drug Name	Tier	Notes	Effective Date
ABRYSVO SOLR 120mcg/0.5ml	1	GC	1/1/2024
ADALIMUMAB-AACF AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/1/2024
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA	2/1/2024
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA	2/1/2024
AREXVY SUSR 120mcg/0.5ml	1	GC	1/1/2024
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA	3/1/2024
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA	1/1/2024
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA	3/1/2024
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA	4/1/2024
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA	4/1/2024
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)	2/1/2024
bromfenac sodium (ophth) SOLN .07%	3		3/1/2024
bromfenac sodium (ophth) SOLN .075%	4		4/1/2024
cefazolin sodium SOLR 3gm	3		5/1/2024
chateal eq	3		4/1/2024
CYCLOPHOSPHAMIDE SOLN 500mg/ml	5	B/D	1/1/2024
dabigatran etexilate mesylate CAPS 110mg	4	QL (120 caps / 30 days)	4/1/2024
enilloring	4		1/1/2024
FIASP PMPCRT INJ U-100	3	B/D	1/1/2024
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA	3/1/2024
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA	3/1/2024
gabapentin (once-daily) TABS 300mg	4	QL (180 tabs / 30 days), PA	4/1/2024
gabapentin (once-daily) TABS 600mg	4	QL (90 tabs / 30 days), PA	4/1/2024
haloette	4		1/1/2024
IDACIO AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/1/2024
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/1/2024
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA	2/1/2024
IDACIO PSKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA	2/1/2024

PA = Prior Authorization, B/D = Covered Under Medicare Part B or D, ST = Step Therapy,
QL = Quantity Limit, LA = Limited Access, NM = Not Available at Mail-Order, GC = GAP Coverage.

Formulary Addendums as of 05/01/2024

Additions

Drug Name	Tier	Notes	Effective Date
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA	4/1/2024
IXCHIQ INJ	1	GC	5/1/2024
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)	1/1/2024
KALYDECO PACK 5.8mg	5	QL (56 packs / 28 days), NM, LA, PA	2/1/2024
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3		2/1/2024
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)	3/1/2024
kourzeq PSTE .1%	3		2/1/2024
lanthanum carbonate CHEW 500mg, 1000mg	3	QL (90 tabs / 30 days)	5/1/2024
lanthanum carbonate CHEW 750mg	3	QL (180 tabs / 30 days)	5/1/2024
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC	1/1/2024
lidocan iii PTCH 5%	4	QL (3 patches / 1 day), PA	4/1/2024
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA	1/1/2024
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA	1/1/2024
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA	1/1/2024
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA	1/1/2024
LITHIUM SOLN 8meq/5ml	4		2/1/2024
LOKELMA PACK 5gm, 10gm	3		2/1/2024
loteprednol etabonate SUSP .2%	3		5/1/2024
MIEBO SOLN 1.338gm/ml	3		5/1/2024
mifepristone (hyperglycemia) TABS 300mg	5	NM, PA	4/1/2024
MORPHINE SULFATE SOLN 50mg/ml	4	B/D	3/1/2024
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA	2/1/2024
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)	5/1/2024
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	4		3/1/2024
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA	3/1/2024
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA	2/1/2024

Formulary Addendums as of 05/01/2024

Additions

Drug Name	Tier	Notes	Effective Date
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA	4/1/2024
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA	4/1/2024
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); $0 Cost Share	4/1/2024
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); $0 Cost Share	4/1/2024
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA	2/1/2024
PENBRAYA INJ	1	GC	3/1/2024
pitavastatin calcium TABS 1mg, 2mg, 4mg	6	GC, QL (30 tabs / 30 days), ST	2/1/2024
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA	2/1/2024
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)	4/1/2024
risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)	4/1/2024
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA	2/1/2024
theophylline TB12 100mg, 200mg	4		1/1/2024
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA	3/1/2024
turqoz	3		2/1/2024
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA	2/1/2024
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA	2/1/2024
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA	1/1/2024
vigpoder PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA	5/1/2024
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA	2/1/2024
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA	2/1/2024
XALKORI CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA	2/1/2024
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml	5	NM, LA, PA	5/1/2024
XOLAIR SOSY 300mg/2ml	5	NM, LA, PA	5/1/2024
yargesa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA	2/1/2024
ZEMAIRA SOLR 4000mg, 5000mg	5	NM, LA, PA	3/1/2024
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA	2/1/2024

Formulary Addendums as of 05/01/2024

Additions

Drug Name	Tier	Notes	Effective Date
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA	2/1/2024

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alter-native Drug Tier	Alter-native Drug Notes	Effective Date
amabelz tab 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	3		3/1/2024
cefaclor SUSR 125mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/1/2024
cefaclor SUSR 375mg/5ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	4		2/1/2024
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/1/2024
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	4		2/1/2024
chateal	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CHATEAL EQ	3		4/1/2024
ciprofloxacin hcl TABS 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN HCL TAB 250 MG	1	GC	2/1/2024
clindamycin phosphate SOLN 300mg/2ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCIN INJ 600MG/4ML	3		2/1/2024
FLEBOGAMMA DIF SOLN 10gm/100ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	5	NM, LA, PA; NM, LA, PA; NM, PA; NM, PA	3/1/2024
FLEBOGAMMA DIF SOLN 2.5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	5	NM, PA	3/1/2024
FLEBOGAMMA DIF SOLN 20gm/200ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	5	NM, LA, PA; NM, PA; NM, PA	3/1/2024
FLEBOGAMMA DIF SOLN 5gm/50ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML;	5	NM, LA, PA; NM, LA, PA;	3/1/2024

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alter-native Drug Tier	Alter-native Drug Notes	Effective Date
			OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML		NM, PA; NM, PA	
GVOKE PFS SOSY 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	3		3/1/2024
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 pens / 28 days), NM, PA	4/1/2024
LIVALO TABS 1mg, 2mg, 4mg	Deletion Of Drug From Formulary	Generic Available	pitavastatin calcium TABS 1mg, 2mg, 4mg	6	GC, QL (30 tabs / 30 days), ST	5/1/2024
nevirapine TB24 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	4		2/1/2024
olopatadine hcl SOLN .1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	3		2/1/2024
PENICILLIN G PROCAINE SUSP 600000unit/ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	4		3/1/2024
RISPERDAL CONSTA SRER 12.5mg, 25mg	Deletion Of Drug From Formulary	Generic Available	risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)	5/1/2024
RISPERDAL CONSTA SRER 37.5mg, 50mg	Deletion Of Drug From Formulary	Generic Available	risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)	5/1/2024
stavudine CAPS 15mg, 20mg, 30mg, 40mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	3		1/1/2024
SYMJEPI SOSY .15mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	3		2/1/2024
SYMJEPI SOSY .3mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	3		2/1/2024

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alter-native Drug Tier	Alter-native Drug Notes	Effective Date
SYNRIBO SOLR 3.5mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	5	QL (30 tabs / 30 days), NM, LA, PA; QL (60 tabs / 30 days), NM, PA	2/1/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	3		1/1/2024
VOTRIENT TABS 200mg	Deletion Of Drug From Formulary	Generic Available	PAZOPANIB HCL TAB 200 MG	5	QL (120 tabs / 30 days), NM, PA	5/1/2024

Tier Changes

Affected Drug	Tier*	Notes	Effective Date

* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	Effective Date
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	PA Removed	1/1/2024
DULERA AER 100-5MCG	4	QL Increased to 3 inhalers / 30 days	4/1/2024
DULERA AER 200-5MCG	4	QL Increased to 3 inhalers / 30 days	4/1/2024
DULERA AER 50-5MCG	4	QL Increased to 3 inhalers / 30 days	4/1/2024
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL Increased to 28 tabs / 28 days	3/1/2024