

2024 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, 2024, the following formulary changes will apply:

Name of Drug/Supply	Drug Usage	Change Occuring
Aczone	Dermatology	Prior Authorization
Advair Diskus Advair HFA	Respiratory	Prior Authorization
Aimovig	Migraine	Prior Authorization
Amjevita	Autoimmune Agent	Prior Authorization
Androderm	Endocrine and Metabolic, Androgens	Tier 2 to Tier 3
Aplenzin	Antidepressants	Prior Authorization
Aranesp	Hematologic	Prior Authorization
Arazlo	Dermatology	Prior Authorization
Aubagio	Multiple Sclerosis	Prior Authorization
Avsola	Autoimmune Agents	Prior Authorization
Banzel	Antiseizure	Prior Authorization
Basaglar	Diabetes	Prior Authorization
Besremi	Polycythemia Vera Agents	Tier 3 to Tier 2
Bethkis	Cystic Fibrosis	Prior Authorization
bimatoprost ophthalmic solution 0.03%	Ophthalmic	Prior Authorization
Buphenyl	Urea Cycle Disorder	Prior Authorization
Byooviz	Retinal Disorder	Prior Authorization
Bystolic	High Blood Pressure	Prior Authorization
Caplyta	Antipsychotics, Atypical	Tier 2 to Tier 3
Carbaglu	Endocrinology	Prior Authorization
Cetrotide	Fertility Regulators	Prior Authorization
Cimerli	Retinal Disorder	Prior Authorization
Climara (except Climara Pro)	Menopausal Agent	Prior Authorization
Combigan	Ophthalmic	Prior Authorization
Copaxone 20 mg/ml	Multiple Sclerosis	Prior Authorization

Cystadane	Endocrinology	Prior Authorization
Daliresp	Chronic Obstructive Pulmonary Disease	Prior Authorization
Depakote Depakote ER	Anticonvulsants	Prior Authorization
Diacomit	Antiseizure	Prior Authorization
diclofenac powder 50 mg	Pain and Inflammation	Prior Authorization
Dilantin	Anticonvulsants	Prior Authorization
Daliresp	COPD	Prior Authorization
Dulera (non preferred)	Respiratory	Prior Authorization
Dyanavel XR	ADHD	Prior Authorization
Dysport	Botulinum Toxin	Tier 3 to Tier 2
Edurant	Antiretroviral	Prior Authorization
epinephrine auto-injector (NDCs 00093-XXXX-XX and 49502-XXXX-XX only)	Anaphylaxis Agents	Prior Authorization
Epipen Epipen JR	Anaphylaxis Agents	Prior Authorization
Evotaz	Antiretroviral Agents	Tier 2 to Tier 3
Eylea	Retinal Disorders	Prior Authorization
fenofibrate micronized (30 mg/90mg)	Cardiovascular	Prior Authorization
Fintepla	Antiseizure	Prior Authorization
Firmagon	Cancer	Prior Authorization
Flovent HFA	Asthma	Prior Authorization
fluticasone-salmeterol (except certain NDCs	Respiratory	Prior Authorization
Follistim AQ	Fertility Regulators	Prior Authorization
Fyremadel	Fertility Regulators	Prior Authorization
Ganirelix Acetate	Fertility Regulators	Prior Authorization
Genotropin	Human Growth Hormones	Prior Authorization
Gonal-F	Fertility Regulators	Prior Authorization
Herzuma	Antineoplastic Agents	Prior Authorization
Humatrope	Fertility Regulators	Prior Authorization
Hyqvia	Immune Globulins	Prior Authorization
Intelence	Antiretroviral	Prior Authorization
Iressa	Antineoplastic	Prior Authorization
Isotretinoin capsules 25 mg and 35 mg	Dermatology	Prior Authorization

Jornay PM	ADHD	Prior Authorization
Jynarque	Kidney Disease	Prior Authorization
Kaletra	Antiretroviral	Prior Authorization
Kanjinti	Antineoplastic	Prior Authorization
Kitabis	Cystic Fibrosis	Prior Authorization
Krazati	Antineoplastic Agents	Tier 3 to Tier 2
Lantus	Diabetes	Prior Authorization
Latuda	Antipsychotics	Prior Authorization
Lemtrada	Multiple Sclerosis	Prior Authorization
Levemir	Diabetes	Prior Authorization
Lokelma	Hyperkalemia	Prior Authorization
Lorbrena	Antineoplastic	Prior Authorization
Lumakras	Antineoplastic Agents	Prior Authorization
Lumigan	Ophthalmic	Prior Authorization
Lovaza	Cardiovascular	Prior Authorization
Lucentis	Retinal Disorders	Prior Authorization
Lumryz	Narcolepsy Agents	Tier 3 to Tier 2
Multaq	Antiarrhythmics	Prior Authorization
Mydayis	ADHD	Prior Authorization
Myobloc	Botulinum Toxin	Prior Authorization
Nexavar	Antineoplastic	Prior Authorization
Northera	Cardiovascular	Prior Authorization
Norvir	Antiretroviral	Prior Authorization
Octagam	Immune Globulins	Prior Authorization
Ogivri	Autoimmune Agents	Prior Authorization
Opzelura	Dermatology, Eczema Agents	Tier 3 to Tier 2
Perforomist	Chronic Obstructive Pulmonary Disease	Tier 2 to Tier 3
Pheburane	Urea Cycle Disorders	Tier 3 to Tier 2
Phoslyra Sol	Kidney Disease, Phosphate Binders	Tier 2 to Tier 3
Pomalyst	Antineoplastic Agents	Tier 2 to Tier 3
Praluent	Cardiovascular	Prior Authorization
Prezista	Antiretroviral	Prior Authorization
Prezcobix	Antiretroviral Agents	Tier 2 to Tier 3
Procrit	Hematologic	Prior Authorization
Ravicti	Urea Cycle Disorder	Prior Authorization
Relistor	Opioid-induced constipation	Prior Authorization
Renvela	Kidney Disease	Prior Authorization
Repatha	Cardiovascular	Prior Authorization
Retin-A-Micro	Dermatology	Prior Authorization
Reyataz	Antiretroviral	Prior Authorization
Rhofaden	Dermatology	Tier 2 to Tier 3

Rhopressa	Ophthalmic	Prior Authorization
Rocklatan	Ophthalmic	Prior Authorization
Selzentry	Antiretroviral Agents	Prior Authorization
Symbicort	Respiratory	Prior Authorization
Tadliq	Pulmonary Arterial Hypertension	Tier 3 to Tier 2
Targretin	Antiretroviral Agents	Prior Authorization
Tegretol Tegretol XR	Anticonvulsants	Prior Authorization
Trazimera	Antineoplastic	Prior Authorization
Trileptal	Anticonvulsants	Prior Authorization
Triptodur	Central precocious Puberty	Prior Authorization
Tyvaso DPI	Chronic Obstructive Pulmonary Disease	Prior Authorization
Vemlidy	Anti-infectives	Prior Authorization
Vimpat	Antiseizure	Prior Authorization
Vyvanse	ADHD	Tier 2 to Tier 3
Vyzulta	Ophthalmic	Prior Authorization
Wellbutrn XL	Antidepressants	Prior Authorization
Wixela Inhub	Respiratory	Prior Authorization
Xembify (non preferred)	Immune Globulins	Prior Authorization
Xeomin	Botulinum Toxin	Tier 3 to Tier 2
Xtampza ER	Pain	Prior Authorization
Xyrem	Narcolepsy	Prior Authorization
Zemaira	Respiratory	Prior Authorization
Ziextenzo	Hematologic	Prior Authorization
Zioptan	Ophthalmic	Tier 2 to Tier 3
Zomig Nasal Spray	Migraine, Triptans	Tier 2 to Tier 3