



2022 Marketplace 5T/6T Exchange Formulary Updates

Removals	Additions	Tier Changes	Utilization Management Changes
30	48	7	23

Removals

Drug Class	Removed Product(s)	Formulary Options
ACE INHIBITOR COMBINATIONS	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB	benazepril/hydrochlorothiazide tab 10-12.5, 20-12.5, 20-25, benazepril tab, hydrochlorothiazide cap/tab
	TRANDOLAPRIL/VERAPAMIL	trandolapril/verapamil tab 1-240 ER, 2-240 ER, trandolapril tab, verapamil cap ER/tab/tab ER
ANGIOTENSIN II RECEPTOR ANTAGONISTS	EDARBI TAB	candesartan tab, irbesartan tab, losartan pot tab, olmesartan medox tab, telmisartan tab, valsartan tab
ANTIALLERGICS	BEPREVE DROPS 1.5%	bepotastine drops 1.5%
	LASTACFT SOL 0.25%	azelastine drops, bepotastine drops, cromolyn sodium solution op, epinastine drops, olopatadine drops, olopatadine solution
ANTIANKXIETY	CHLORDIAZEPOXIDE HCL CAP (10 mg & 25 mg high cost NDCs)	Use other generic NDCs
ANTICHOLINERGICS	HYOSCYAMINE SULFATE DISINTERGRATING TAB/ SUBLINGUAL TAB/TAB	dicyclomine cap/solution/tab, glycopyrrolate tab, methscopolamine tab
	INCRUSE ELLIPTA INH	SPIRIVA AEROSOL/CAP HANDIHALER/SPRAY
ANTICONSULSANTS	APTOM TAB	carbamazepine, divalproex, felbamate, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, primidone, tiagabine, topiramate, valproic acid, VIMPAT, XCOPRI, zonisamide
	BRIVIACT INJ/SOL/TAB	carbamazepine, divalproex, felbamate, fosphenytoin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, primidone, tiagabine, topiramate, valproic acid, VIMPAT, XCOPRI, zonisamide

	FYCOMPA SUSPENSION/TAB	carbamazepine, divalproex, felbamate, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, primidone, tiagabine, topiramate, valproic acid, VIMPAT, XCOPRI, zonisamide
ANTI-INFLAMMATORIES	FML FORTE SUS 0.25% OP	dexameth phosol op, DUREZOL EMU, FML OIN, loteprednol sus, PRED SOD PHO SOL OP, prednisolone sus op
	MAXIDEX SUS 0.1% OP	dexameth phosol op, DUREZOL EMU, FML OIN, loteprednol sus, PRED SOD PHO SOL OP, prednisolone sus op
	PRED MILD SUS 0.12% OP	dexameth phosol op, DUREZOL EMU, FML OIN, loteprednol sus, PRED SOD PHO SOL OP, prednisolone sus op
ANTIPARKINSONIAN AGENTS	CARBIDOPA/LEVODOPA TAB	carbidopa/levodopa tab
ANTIRETROVIRAL AGENTS	INTELENCE TAB	etravirine tab
ANTIRETROVIRAL COMBINATION AGENTS	KALETRA TAB	lopinavir/ritonavir tab
BETA AGONISTS	PERFOROMIST NEBULIZER	formoterol nebulizer
DERMATOLOGY, LOCAL ANESTHETICS	LIDOCAINE-PRILOCAINE CREAM KIT 2.5-2.5%	lidocaine/prilocaine cream 2.5-2.5
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	LACTIC ACID LOTION 10%	ammonium lactate cream/lotion
HEMATOPOIETIC GROWTH FACTORS	NEULASTA INJ/KIT	ZIEXTENZO INJ
	UDENYCA INJ	ZIEXTENZO INJ
HORMONAL ANTINEOPLASTIC AGENTS	LUPRON DEPOT-PEDIATRIC INJ	SUPPRELIN LA KIT, TRIPTODUR SUSPENSION
HUMAN GROWTH HORMONES	HUMATROPE INJ	NORDITROPIN INJ
KINASE INHIBITORS	SUTENT CAP	sunitinib cap
LAXATIVES	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	CLENPIQ SOL
	SUPREP BOWEL SOL PREP KIT	CLENPIQ SOL
MISCELLANEOUS	HUMATROPEN MIS	NORDIPEN MIS DEVICE
OPIOID ANALGESICS	OXYCONTIN TAB CR	hydrocodone tab ER, oxycodone tab ER, XTAMPZA ER CAP
PULMONARY ARTERIAL HYPERTENSION	TRACLEER TAB	ambrisentan tab, bosentan tab, OPSUMIT TAB

Additions

Drug Class	Product(s) Added
ANTIALLERGICS	ZERVIAE DROPS 0.24% (non-preferred)
ANTIANXIETY	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB (non-preferred)
	CHLORDIAZEPOXIDE HCL CAP
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	BREZTRI AERO AER SPHERE (preferred)
	STIOLTO AEROSOL (preferred)
ANTICONVULSANTS	NAYZILAM SPR (preferred)
	RUFINAMIDE SUSPENSION/TAB
	XCOPRI PAK/TAB (preferred)
ANTIHISTAMINES	DEXCHLORPHENIRAMINE MALEATE ORAL SOLUTION (non-preferred)
ANTI-INFECTIVES	NEOMYCIN-BACITRAC ZN-POLYMYX OP OIN
ANTI-INFECTIVE/ANTI-INFLAMMATORY	PRED-G SUS OP (non-preferred)
	ZYLET SUS 0.5-0.3% (non-preferred)
ANTI-INFECTIVES - MISCELLANEOUS	ALBENDAZOLE TAB (non-preferred)
ANTIPARKINSONIAN AGENTS	INBRIJA CAP (preferred specialty)
ATTENTION DEFICIT HYPERACTIVITY DISORDER	AMPHETAMINE EXTENDED RELEASE SUSPENSION (non-preferred)
BETA AGONISTS	ARFORMOTEROL TARTRATE SOLUTION NEBULIZER
	SEREVENT DIS AEROSOL (preferred)
DERMATOLOGY, ANTIBIOTICS	CORTISPORIN OIN 1% (non-preferred)
DERMATOLOGY, ANTIFUNGALS	LULICONAZOLE CREAM (non-preferred)
DERMATOLOGY, CORTICOSTEROIDS	BRYHALI LOTION (preferred)
	DESOXIMETASONE SPRAY (non-preferred)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	ACYCLOVIR CREAM 5% (non-preferred)
ESTROGENS	IMVEXXY MAIN/STARTER SUP (preferred)
GLUCOCORTICOIDS	EMFLAZA SUS/TAB (non-preferred specialty)
HEMATOPOIETIC GROWTH FACTORS	ZIEXTENZO INJ (preferred specialty)

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HEPATITIS C	PEGINTRON KIT (non-preferred)
HUMAN GROWTH HORMONES	NORDITROPIN INJ (preferred specialty)
HYPNOTICS	DAYVIGO TAB (preferred)
	ESTAZOLAM TAB (non-preferred)
	TRIAZOLAM TAB (non-preferred)
INFLAMMATORY BOWEL DISEASE	BUDESONIDE TAB ER
LAXATIVES	CLENPIQ SOL (preferred outside of ACA range)
MISCELLANEOUS	HAEGARDA INJ (non-preferred specialty)
	NORDIPEN DEL MIS SYSTEM (preferred)
	NORDIPEN 5 INJECTION DEVICE (preferred)
	OFEV CAP (preferred specialty)
	PERPHENAZINE-AMITRIPTYLINE TAB (non-preferred)
	SUPPRELIN LA KIT (preferred specialty)
	TRIPTODUR SUSPENSION (preferred specialty)
MUSCULOSKELETAL THERAPY AGENTS	CARISOPRODOL W/ ASPIRIN & CODEINE TAB (non-preferred)
NARCOLEPSY/CATAPLEXY	SUNOSI TAB (preferred)
NASAL STEROIDS	MOMETASONE FUROATE NASAL SUSP
OPIOID ANALGESICS	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB (non-preferred)
OTIC	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN (non-preferred)
PROTON PUMP INHIBITORS	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ CAP DR THERAPY PACK
	OMEPRazole-SODIUM BICARBONATE POWDER PACK FOR SUSP (non-preferred)
STEROID INHALANTS	ALVESCO AEROSOL (non-preferred)
URINARY ANTISPASMODICS	MIRABEGRON TAB ER 24 HR (preferred)

Tier Changes

Drug Class	Product(s)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	BEVESPI AEROSOL (non-preferred)
ANTIPARKINSONIAN AGENTS	APOKYN INJ (non-preferred specialty)

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CHELATING AGENTS	PENICILLAMINE TAB (preferred specialty)
HEMATOPOIETIC GROWTH FACTORS	MIRCERA INJ (preferred specialty)
IMMUNOMODULATORS	ACTIMMUNE INJ (non-preferred specialty)
MISCELLANEOUS	METHYLDOPA TAB (non-preferred)
	OSPHERA TAB (non-preferred)

UM Changes

Drug Class	Target Product(s)	UM Change
ANTICONVULSANTS	GABAPENTIN CAP/SOLN/TAB	Quantity Limit and Post Limit Prior Authorization for GABAPENTIN
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	OZEMPIC INJ	Quantity Limit for OZEMPIC; Step Therapy and Prior Authorization maintained
	TRULICITY INJ	Quantity Limit for TRULICITY; Step Therapy and Prior Authorization maintained
	VICTOZA INJ	Quantity Limit for VICTOZA; Step Therapy and Prior Authorization maintained
COLD/COUGH	GUAIFENESIN-CODEINE SOLN	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
	HYDROCODONE W/ HOMATROPINE TAB/SYRUP	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
	HYDROCOD POLST- CHLORPHEN POLST ER SUSP	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
	PROMETHAZINE W/ CODEINE SYRUP	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
	PROMETHAZINE- PHENYLEPHRINE-CODEINE SYRUP	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
	TUZISTRA XR SUS	Quantity Limit and Post Limit Prior Authorization for Opioid Containing Cough and Cold Products; subject to 7-day limit
CONTRACEPTIVES	FC2 FEMALE MIS CONDOM	Quantity Limit and Post Limit Prior Authorization for Female Condoms
DERMATOLOGY, ANTIPSORIATICS	CALCITRIOL OINT	Step Therapy for CALCITRIOL
	CALCIPOTRIENE SOLN 0.005%	Step Therapy for CALCIPOTRIENE

DERMATOLOGY, ANTISEBORRHEICS	KETOCONAZOLE SHAMPOO 2%	Quantity Limit and Post Limit Prior Authorization for KETOCONAZOLE
DERMATOLOGY, CORTICOSTEROIDS	CALCIPOTRIENE- BETAMETHASONE DIPROPIONATE OINT	Step Therapy for CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE
DERMATOLOGY, SCABICIDES AND PEDICULIDES	MALATHION LOTION 0.5%	Step Therapy for MALATHION
	SPINOSAD SUSP 0.9%	Step Therapy for SPINOSAD
LEUKOTRIENE MODIFIERS	ZILEUTON TAB ER	Prior Authorization for ZILEUTON
MUSCULOSKELETAL THERAPY AGENTS	CARISOPRODOL W/ASPIRIN & CODEINE TAB	Prior Authorization with Quantity Limit for CARISOPRODOL W/ASPIRIN & CODEINE; Prior Authorization applies for members 70 years and older
NON-OPIOID ANALGESICS	BUTALBITAL- ACETAMINOPHEN-CAFFEINE CAP/TAB	Prior Authorization with Quantity Limit for BUTALBITAL- ACETAMINOPHEN-CAFFEINE; Prior Authorization applies for members 70 years and older
	BUTALBITAL- ACETAMINOPHEN TAB	Prior Authorization with Quantity Limit for BUTALBITAL- ACETAMINOPHEN; PA applies for members 70 years and older
	BUTALBITAL-ASPIRIN- CAFFEINE CAP	Prior Authorization with Quantity Limit for BUTALBITAL- ASPIRIN-CAFFEINE; PA applies for members 70 years and older
OPIOID ANALGESICS	BUTALBITAL- ACETAMINOPHEN-CAFF W/ CODEINE CAP	Prior Authorization with Quantity Limit for BUTALBITAL- ACETAMINOPHEN-CAFF W/CODEINE; PA applies for members 70 years and older