



## 2022 CVS/Caremark Prescription Drug Formulary Changes

Effective January 1, 2022

### **Formulary Exclusions:**

*Below is a list of medicines that will no longer be covered as of January 1, 2022.*

ADRENALIN	AFINITOR
AIMOVIG	ARANESP
ATRIPLA	BALCOLTRA
BOTOX	CINRYZE
ELIQUIS	ELIQUIS STARTER PACK
FEIBA NF	HAEGARDA
ICLUSIG	LEUKINE
MULPLETA	NPLATE
SYMJEPI	TAVABOROLE
TRUVADA	XALKORI

*If you are currently taking a medication on the above formulary exclusion list, you should speak with your doctor about changing to a covered alternative medication on or after January 1, 2022. If you are clinical unable to take the recommended alternative medication, your physician may submit an appeal request by calling the physician-only toll-free number at 1-866-443-1183*

### **Tier 2 to Tier 3:**

*Below is a list of medicines that will move from the Tier 2 Copayment to the Tier 3 Copayment effective January 1, 2022.*

DDAVP	DIPROLENE
DOPTELET	REYVOW

*For questions or concerns, please call toll-free at 1-888-865-6590 to speak to a Customer Care representative 24 hours a day, seven days a week.*