



## Advanced Control Formulary™ Change Summary Report Effective 07-01-2021

This report highlights all changes (additions, deletions, and removals) to the CVS Caremark® Advanced Control Formulary.

### ADDITIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Guide, Accu-Chek SmartView</b> blood glucose test strips, monitoring kits	Endocrine and Metabolic/ Antidiabetics/ Supplies	Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Guide, and Accu-Chek SmartView strips and kits are used to test and monitor blood glucose levels in those who have diabetes.	To provide an additional option for testing and monitoring blood glucose levels.
<b>Advate</b> (antihemophilic factor [recombinant]) intravenous solution for injection	Hematologic/ Hemophilia A Agents	Advate is indicated for use in children and adults with hemophilia A for: <ul style="list-style-type: none"> <li>• Control and prevention of bleeding episodes</li> <li>• Perioperative management</li> <li>• Routine prophylaxis to prevent or reduce the frequency of bleeding episodes</li> </ul>	To provide an additional option for the prophylaxis and treatment of bleeding associated with hemophilia A.
<b>Afstyla</b> (antihemophilic factor [recombinant] single chain) intravenous solution for injection	Hematologic/ Hemophilia A Agents	Afstyla is indicated for use in adults and children with hemophilia A for: <ul style="list-style-type: none"> <li>• On-demand treatment and control of bleeding episodes</li> <li>• Perioperative management of bleeding</li> </ul>	To provide an additional option for the prophylaxis and treatment of bleeding associated with hemophilia A.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>• Routine prophylaxis to reduce the frequency of bleeding episodes</li> </ul>	
<b>Cutaquig</b> (immune globulin [human]-hipp) subcutaneous solution for injection	Immunologic Agents/ Immunomodulators/ Immune Globulins	Cutaquig is indicated for treatment of primary humoral immunodeficiency in adults.	To provide an option for the treatment of primary humoral immunodeficiency.
<b>Durezol</b> (difluprednate) ophthalmic emulsion	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	Durezol is indicated for: <ul style="list-style-type: none"> <li>• The treatment of inflammation and pain associated with ocular surgery</li> <li>• The treatment of endogenous anterior uveitis</li> </ul>	To provide an additional ophthalmic steroidal anti-inflammatory option.
<b>Eloctate</b> (antihemophilic factor [recombinant] Fc fusion protein) intravenous solution for injection	Hematologic/ Hemophilia A Agents	Eloctate is indicated for use in adults and children with hemophilia A for: <ul style="list-style-type: none"> <li>• On-demand treatment and control of bleeding episodes</li> <li>• Perioperative management of bleeding</li> <li>• Routine prophylaxis to reduce the frequency of bleeding episodes</li> </ul>	To provide an additional option for the prophylaxis and treatment of bleeding associated with hemophilia A.
<b>Esperoct</b> (antihemophilic factor [recombinant] glycopegylated-exei) intravenous solution for injection	Hematologic/ Hemophilia A Agents	Esperoct is indicated for use in adults and children with hemophilia A for: <ul style="list-style-type: none"> <li>• On-demand treatment and control of bleeding episodes</li> <li>• Perioperative management of bleeding</li> <li>• Routine prophylaxis to reduce the frequency of bleeding episodes</li> </ul>	To provide an additional option for the prophylaxis and treatment of bleeding associated with hemophilia A.
<b>Firmagon</b> (degarelix)	Antineoplastic Agents/ Prostate Cancer/	Firmagon is indicated for treatment of patients with advanced prostate cancer.	To provide an additional option for the treatment of advanced prostate cancer.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
subcutaneous solution for injection	Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists		
<b>Kanjinti</b> (trastuzumab-anns) intravenous solution for injection	Antineoplastic Agents/ Biosimilars	Kanjinti is indicated for: <ul style="list-style-type: none"> <li>• The treatment of human epidermal growth factor receptor 2 (HER2) overexpressing breast cancer</li> <li>• The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma</li> </ul>	To provide an additional option for the treatment of HER2-positive breast cancer and gastric or gastroesophageal junction adenocarcinoma.
<b>Kynmobi</b> (apomorphine) sublingual film	Central Nervous System/ Antiparkinsonian Agents	Kynmobi is indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.	To provide an additional option for the treatment of “off” episodes in patients with Parkinson’s disease.
<b>Lonsurf</b> (trifluridine-tipiracil) oral tablet	Antineoplastic Agents/ Antimetabolites	Lonsurf is indicated for the treatment of adult patients with: <ul style="list-style-type: none"> <li>• Metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-vascular endothelial growth factor biological therapy, and if RAS wild-type, an anti-epidermal growth factor receptor therapy</li> <li>• Metastatic gastric or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that included a</li> </ul>	To provide an oral option for the treatment of metastatic colorectal cancer and gastric or gastroesophageal junction adenocarcinoma.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, human epidermal growth factor receptor 2 (HER2)/neu-targeted therapy	
<b>Natesto</b> (testosterone) intranasal gel	Endocrine and Metabolic/ Androgens	Natesto is indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone: <ul style="list-style-type: none"> <li>• Primary hypogonadism (congenital or acquired)</li> <li>• Hypogonadotropic hypogonadism (congenital or acquired)</li> </ul>	To provide an additional option for the treatment of male hypogonadism.
<b>Qsymia</b> (phentermine-topiramate ext-rel) oral extended-release capsule	Endocrine and Metabolic/ Antiobesity/ Oral	Qsymia is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index of: <ul style="list-style-type: none"> <li>• 30 kg/m or greater (obese)</li> <li>• 27 kg/m or greater (overweight) in the presence of at least one weight-related comorbidity such as hypertension, type 2 diabetes mellitus, or dyslipidemia</li> </ul>	To provide an additional option for the treatment of obesity.
<b>Ruxience</b> (rituximab-pvvr) intravenous solution for injection	Antineoplastic Agents/ Biosimilars	Ruxience is indicated for the treatment of adult patients with: <ul style="list-style-type: none"> <li>• Non-Hodgkin's Lymphoma (NHL):               <ul style="list-style-type: none"> <li>○ Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent</li> </ul> </li> </ul>	To provide an option for the treatment of NHL, CLL, GPA, and MPA.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>○ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy</li> <li>○ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy</li> <li>○ Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens</li> <li>● Chronic Lymphocytic Leukemia (CLL):             <ul style="list-style-type: none"> <li>○ Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)</li> </ul> </li> <li>● Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and</li> </ul>	

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		Microscopic Polyangiitis (MPA) in combination with glucocorticoids	
<b>Stivarga</b> (regorafenib) oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Stivarga is indicated for the treatment of patients with: <ul style="list-style-type: none"> <li>• Metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-vascular endothelial growth factor therapy, and, if RAS wild-type, an anti-epidermal growth factor receptor therapy</li> <li>• Locally advanced, unresectable, or metastatic gastrointestinal stromal tumor who have been previously treated with imatinib mesylate and sunitinib malate</li> <li>• Hepatocellular carcinoma who have been previously treated with sorafenib</li> </ul>	To provide an oral option for the treatment of metastatic colorectal cancer, gastrointestinal stromal tumor, and hepatocellular carcinoma.
<b>Supprelin LA</b> (histrelin) subcutaneous implant	Endocrine and Metabolic/ Central Precocious Puberty	Supprelin LA is indicated for the treatment of children with central precocious puberty.	To provide an option for the treatment of central precocious puberty.
<b>Trazimera</b> (trastuzumab-qyyp) intravenous solution for injection	Antineoplastic Agents/ Biosimilars	Trazimera is indicated for: <ul style="list-style-type: none"> <li>• The treatment of human epidermal growth factor receptor 2 (HER2) overexpressing breast cancer</li> </ul>	To provide an additional option for the treatment of HER2-positive breast cancer and gastric or gastroesophageal junction adenocarcinoma.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma</li> </ul>	
<b>Triptodur</b> (triptorelin) intramuscular extended-release suspension for injection	Endocrine and Metabolic/ Central Precocious Puberty	Triptodur is indicated for the treatment of pediatric patients 2 years and older with central precocious puberty.	To provide an option for the treatment of central precocious puberty.
<b>Zirabev</b> (bevacizumab-bvzr) intravenous solution for injection	Antineoplastic Agents/ Biosimilars	Zirabev is indicated for the treatment of: <ul style="list-style-type: none"> <li>Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first or second-line treatment</li> <li>Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first line bevacizumab product-containing regimen</li> <li>Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment</li> <li>Recurrent glioblastoma in adults</li> </ul>	To provide a parenteral option for the treatment of metastatic colorectal cancer, non-small cell lung cancer, recurrent glioblastoma, metastatic renal cell carcinoma, cervical cancer, epithelial ovarian cancer, fallopian tube cancer, and primary peritoneal cancer.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>• Metastatic renal cell carcinoma in combination with interferon alfa</li> <li>• Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan</li> <li>• Epithelial ovarian, fallopian tube, or primary peritoneal cancer:               <ul style="list-style-type: none"> <li>○ In combination with carboplatin and paclitaxel, followed by Zirabev as a single agent, for stage III or IV disease following initial surgical resection</li> <li>○ In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens</li> <li>○ In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Zirabev as a single agent, for platinum-sensitive recurrent disease</li> </ul> </li> </ul>	
<b>Generic Agents:</b>			

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>asenapine</b> sublingual tablet	Central Nervous System/ Antipsychotics/ Atypicals	Asenapine is indicated for: <ul style="list-style-type: none"> <li>• Schizophrenia in adults</li> <li>• Bipolar I disorder:               <ul style="list-style-type: none"> <li>○ Acute monotherapy treatment of manic or mixed episodes, in adults and pediatric patients 10 to 17 years of age</li> <li>○ Adjunctive treatment to lithium or valproate in adults</li> <li>○ Maintenance monotherapy treatment in adults</li> </ul> </li> </ul>	To provide an additional generic atypical antipsychotic option for the treatment of schizophrenia and bipolar I disorder.
<b>deferasirox</b> oral granules, oral soluble tablet, oral tablet	Hematologic/ Chelating Agents	Deferasirox is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Chronic iron overload due to blood transfusions in patients 2 years of age and older</li> <li>• Chronic iron overload in patients 10 years of age and older with nontransfusion-dependent thalassemia syndromes, and with a liver iron (Fe) concentration of at least 5 mg Fe per gram of dry weight (Fe/g dw) and a serum ferritin greater than 300 mcg/L</li> </ul>	To provide a generic option for the treatment of iron overload.
<b>deferiprone</b> oral tablet	Hematologic/ Chelating Agents	Deferiprone is indicated for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.	To provide a generic option for the treatment of iron overload.

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<b>deferoxamine</b> intramuscular/ intravenous/ subcutaneous solution for injection	Hematologic/ Chelating Agents	Deferoxamine is indicated for the treatment of acute iron intoxication and of chronic iron overload due to transfusion-dependent anemias.	To provide a generic option for the treatment of iron overload.
<b>disopyramide</b> oral capsule	Cardiovascular/ Antiarrhythmics	Disopyramide is indicated for the treatment of documented ventricular arrhythmias, such as sustained ventricular tachycardia, that, in the judgment of the physician, are life-threatening.	To provide a generic class IA antiarrhythmic option.
<b>icatibant</b> subcutaneous solution for injection	Immunologic Agents/ Hereditary Angioedema	Icatibant is indicated for treatment of acute attacks of hereditary angioedema in adults 18 years of age and older.	To provide a generic option for the treatment of hereditary angioedema.
<b>penicillamine capsule</b> oral capsule	Hematologic/ Chelating Agents	Penicillamine capsule is indicated in the treatment of Wilson's disease, cystinuria, and in patients with severe, active rheumatoid arthritis who have failed to respond to an adequate trial of conventional therapy.	To provide a generic option for the treatment of Wilson's disease and cystinuria.
<b>sapropterin</b> oral powder for solution, oral soluble tablet	Endocrine and Metabolic/ Phenylketonuria Treatment Agents	Sapropterin is indicated to reduce blood phenylalanine levels in adult and pediatric patients one month of age and older with hyperphenylalaninemia due to tetrahydrobiopterin (BH4) responsive phenylketonuria.	To provide a generic option for the treatment of phenylketonuria.
<b>trientine</b> oral capsule	Hematologic/ Chelating Agents	Trientine is indicated in the treatment of patients with Wilson's disease who are intolerant of penicillamine.	To provide a generic option for the treatment of Wilson's disease.

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**DELETIONS:**

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Firazyr</b> (icatibant) subcutaneous solution for injection	Immunologic Agents/ Hereditary Angioedema	Firazyr is indicated for treatment of acute attacks of hereditary angioedema in adults 18 years of age and older.	Availability of additional options for the treatment of acute attacks of hereditary angioedema.  Preferred options on the Advanced Control Formulary include icatibant and Ruconest (C1 esterase inhibitor, recombinant).
<b>Kaletra</b> (lopinavir-ritonavir) oral tablet	Anti-infectives/ Antiretroviral Agents/ Protease Inhibitors	Kaletra is indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 infection in adults and pediatric patients (14 days and older).	Availability of additional protease inhibitor options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include atazanavir, lopinavir-ritonavir solution, Evotaz (atazanavir-cobicistat), Prezcofix (darunavir-cobicistat), and Prezista (darunavir).
<b>Saphris</b> (asenapine) sublingual tablet	Central Nervous System/ Antipsychotics/ Atypicals	Saphris is indicated for: <ul style="list-style-type: none"> <li>• Schizophrenia in adults</li> <li>• Bipolar I disorder:               <ul style="list-style-type: none"> <li>○ Acute monotherapy treatment of manic or mixed episodes, in adults and pediatric patients 10 to 17 years of age</li> <li>○ Adjunctive treatment to lithium or valproate in adults</li> </ul> </li> </ul>	Availability of additional atypical antipsychotic options for the treatment of schizophrenia and bipolar I disorder.  Preferred options on the Advanced Control Formulary include aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, Latuda (lurasidone), and Vraylar (cariprazine).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>Maintenance monotherapy treatment in adults</li> </ul>	

**REMOVALS:**

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Aptivus</b> (tipranavir) oral capsule, oral solution	Anti-infectives/ Antiretroviral Agents/ Protease Inhibitors	Aptivus, co-administered with ritonavir, is indicated for combination antiretroviral treatment of human immunodeficiency virus type 1 (HIV-1) infected patients who are treatment-experienced and infected with HIV-1 strains resistant to more than one protease inhibitor.	Availability of additional protease inhibitor options for the treatment of human immunodeficiency virus type 1.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>Avastin</b> (bevacizumab) intravenous solution for injection	Antineoplastic Agents/ Monoclonal Antibodies	Avastin is indicated for the treatment of: <ul style="list-style-type: none"> <li>Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment</li> <li>Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for</li> </ul>	Availability of an additional parenteral option for the treatment of metastatic colorectal cancer, non-small cell lung cancer, recurrent glioblastoma, metastatic renal cell carcinoma, cervical cancer, epithelial ovarian cancer, fallopian tube cancer, and primary peritoneal cancer.  The preferred option on the Advanced Control Formulary is Zirabev (bevacizumab-bvzr).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<p>second-line treatment in patients who have progressed on a first-line Avastin-containing regimen</p> <ul style="list-style-type: none"> <li>• Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment</li> <li>• Recurrent glioblastoma in adults</li> <li>• Metastatic renal cell carcinoma in combination with interferon alfa</li> <li>• Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan</li> <li>• Epithelial ovarian, fallopian tube, or primary peritoneal cancer:               <ul style="list-style-type: none"> <li>○ In combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage III or IV disease following initial surgical resection</li> <li>○ In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no</li> </ul> </li> </ul>	

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		<p>more than 2 prior chemotherapy regimens</p> <ul style="list-style-type: none"> <li>○ In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin as a single agent, for platinum-sensitive recurrent disease</li> <li>● Hepatocellular carcinoma (HCC) in combination with atezolizumab for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy</li> </ul>	
<b>Betimol</b> (timolol) ophthalmic solution	Topical/ Ophthalmic/ Beta-Blockers/ Nonselective	Betimol is indicated in the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma.	<p>Availability of an additional ophthalmic nonselective beta-blocker option for the treatment of elevated intraocular pressure.</p> <p>The preferred option on the Advanced Control Formulary is timolol maleate solution.</p>
<b>BromSite</b> (bromfenac) ophthalmic solution	Topical/ Ophthalmic/ Anti-Inflammatories/ Nonsteroidal	BromSite is indicated for the treatment of postoperative inflammation and prevention of ocular pain in patients undergoing cataract surgery.	<p>Availability of additional ophthalmic nonsteroidal anti-inflammatory options.</p> <p>Preferred options on the Advanced Control Formulary include bromfenac, diclofenac, and ketorolac.</p>
<b>Cresemba</b> (isavuconazonium) oral capsule	Anti-infectives/ Antifungals	<p>Cresemba is indicated use in the treatment of:</p> <ul style="list-style-type: none"> <li>● Invasive aspergillosis</li> <li>● Invasive mucormycosis</li> </ul>	Availability of an additional antifungal option for the treatment of aspergillosis.

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			The preferred option on the Advanced Control Formulary is itraconazole.
<b>Desferal</b> (deferroxamine) intramuscular/ intravenous/ subcutaneous solution for injection	Hematologic/ Chelating Agents	Desferal is indicated for the treatment of acute iron intoxication and of chronic iron overload due to transfusion-dependent anemias.	Availability of additional options for the treatment of iron overload.  Preferred options on the Advanced Control Formulary include deferasirox, deferiprone, and deferroxamine.
<b>Elmiron</b> (pentosan) oral capsule	Genitourinary/ Interstitial Cystitis	Elmiron is indicated for the relief of bladder pain or discomfort associated with interstitial cystitis.	Availability of additional options for the treatment of interstitial cystitis.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>Exjade</b> (deferasirox) oral soluble tablet	Hematologic/ Chelating Agents	Exjade is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Chronic iron overload due to blood transfusions in patients 2 years of age and older</li> <li>• Chronic iron overload in patients 10 years of age and older with non-transfusion dependent thalassemia syndromes, and with a liver iron (Fe) concentration of at least 5 mg Fe per gram of dry weight and a serum ferritin greater than 300 mcg/L</li> </ul>	Availability of additional options for the treatment of iron overload.  Preferred options on the Advanced Control Formulary include deferasirox, deferiprone, and deferroxamine.
<b>Ferriprox</b> (deferiprone) oral solution, oral tablet	Hematologic/ Chelating Agents	Ferriprox is indicated for the treatment of patients with transfusional iron overload due	Availability of additional options for the treatment of iron overload.

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		to thalassemia syndromes when current chelation therapy is inadequate.	Preferred options on the Advanced Control Formulary include deferasirox, deferiprone, and deferoxamine.
<b>Flarex</b> (fluorometholone acetate) ophthalmic suspension	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	Flarex is indicated for use in the treatment of steroid responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the eye.	Availability of additional ophthalmic steroidal anti-inflammatory options.  Preferred options on the Advanced Control Formulary include dexamethasone, loteprednol, prednisolone acetate 1%, and Durezol (difluprednate).
<b>FML S.O.P.</b> (fluorometholone) ophthalmic ointment	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	FML S.O.P is indicated for the treatment of corticosteroid-responsive inflammation of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the globe.	Availability of additional ophthalmic steroidal anti-inflammatory options.  Preferred options on the Advanced Control Formulary include dexamethasone, loteprednol, prednisolone acetate 1%, and Durezol (difluprednate).
<b>Herceptin</b> (trastuzumab) intravenous solution for injection	Antineoplastic Agents/ Monoclonal Antibodies	Herceptin is indicated for: <ul style="list-style-type: none"> <li>• The treatment of human epidermal growth factor receptor 2 (HER2) overexpressing breast cancer</li> <li>• The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma</li> </ul>	Availability of additional options for the treatment of HER2-positive breast cancer and gastric or gastroesophageal junction adenocarcinoma.  Preferred options on the Advanced Control Formulary include Kanjinti (trastuzumab-anns) and Trazimera (trastuzumab-qyyp).
<b>Herceptin Hylecta</b> (trastuzumab-hyaluronidase-oysk) subcutaneous solution for injection	Antineoplastic Agents/ Monoclonal Antibodies	Herceptin Hylecta is indicated in adults for the treatment of human epidermal growth factor receptor 2 (HER2) overexpressing breast cancer.	Availability of additional options for the treatment of HER2-positive breast cancer.  Preferred options on the Advanced Control Formulary include Kanjinti (trastuzumab-anns) and Trazimera (trastuzumab-qyyp).

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<b>Inveltys</b> (loteprednol) ophthalmic suspension	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	Inveltys is indicated for the treatment of post-operative inflammation and pain following ocular surgery.	Availability of additional ophthalmic steroidal anti-inflammatory options.  Preferred options on the Advanced Control Formulary include dexamethasone, loteprednol, prednisolone acetate 1%, and Durezol (difluprednate).
<b>Invirase</b> (saquinavir) oral tablet	Anti-infectives/ Antiretroviral Agents/ Protease Inhibitors	Invirase is indicated for the treatment of human immunodeficiency virus type 1 infection in combination with ritonavir and other antiretroviral agents in adults (over the age of 16 years).	Availability of additional protease inhibitor options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include atazanavir, lopinavir-ritonavir solution, Evotaz (atazanavir-cobicistat), Prezcofix (darunavir-cobicistat), and Prezista (darunavir).
<b>Jadenu</b> (deferasirox) oral granules, oral tablet	Hematologic/ Chelating Agents	Jadenu is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Chronic iron overload due to blood transfusions in patients 2 years of age and older</li> <li>• Chronic iron overload in patients 10 years of age and older with non-transfusion dependent thalassemia syndromes, and with a liver iron (Fe) concentration of at least 5 mg Fe per gram of dry weight (Fe/g dw) and a serum ferritin greater than 300 mcg/L</li> </ul>	Availability of additional options for the treatment of iron overload.  Preferred options on the Advanced Control Formulary include deferasirox, deferiprone, and deferoxamine.
<b>Kuvan</b> (sapropterin) oral powder for solution, oral soluble tablet	Endocrine and Metabolic/ Phenylketonuria Treatment Agents	Kuvan is indicated to reduce blood phenylalanine levels in adult and pediatric patients one month of age and older with hyperphenylalaninemia due to	Availability of an additional option for the treatment of phenylketonuria.

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		tetrahydrobiopterin (BH4) responsive phenylketonuria.	The preferred option on the Advanced Control Formulary is sapropterin.
<b>Lexiva</b> (fosamprenavir) oral suspension, oral tablet	Anti-infectives/ Antiretroviral Agents/ Protease Inhibitors	Lexiva is indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 infection.	Availability of additional protease inhibitor options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include atazanavir, lopinavir-ritonavir solution, Evotaz (atazanavir-cobicistat), Prezcobix (darunavir-cobicistat), and Prezista (darunavir).
<b>Librax</b> (chlordiazepoxide-clidinium) oral capsule	Gastrointestinal/ Antispasmodics	Librax: <ul style="list-style-type: none"> <li>• Is indicated to control emotional and somatic factors in gastrointestinal disorders</li> <li>• May also be used as adjunctive therapy in the treatment of:               <ul style="list-style-type: none"> <li>○ Peptic ulcer</li> <li>○ Irritable bowel syndrome</li> <li>○ Acute enterocolitis</li> </ul> </li> </ul>	Availability of additional antispasmodic options.  Preferred options on the Advanced Control Formulary include dicyclomine, hyoscyamine sulfate, and hyoscyamine sulfate orally disintegrating tablet.
<b>Lithostat</b> (acetoxyamic acid) oral tablet	Genitourinary/ Miscellaneous	Lithostat is indicated as adjunctive therapy in patients with chronic urea-splitting urinary infection.	Availability of additional options for the treatment of chronic urinary tract infection.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>Lupron Depot 3.75 mg and 11.25 mg</b> (leuprolide acetate)	Endocrine and Metabolic/ Endometriosis	Lupron Depot is indicated for: <ul style="list-style-type: none"> <li>• Endometriosis</li> </ul>	Availability of additional options for the treatment of endometriosis and uterine fibroids.

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intramuscular suspension for injection		<ul style="list-style-type: none"> <li>○ Management of endometriosis, including pain relief and reduction of endometriotic lesions</li> <li>○ In combination with a norethindrone acetate for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms</li> <li>● Uterine leiomyomata (Fibroids)               <ul style="list-style-type: none"> <li>○ Concomitant use with iron therapy for preoperative hematologic improvement of women with anemia caused by fibroids for whom three months of hormonal suppression is deemed necessary</li> </ul> </li> </ul>	Preferred options on the Advanced Control Formulary include Oriahnn (elagolix-estradiol-norethindrone) and Orilissa (elagolix).
<b>Lupron Depot-PED</b> (leuprolide acetate) intramuscular suspension for injection	Endocrine and Metabolic/ Central Precocious Puberty	Lupron Depot-PED is indicated in the treatment of children with central precocious puberty.	Availability of additional options for the treatment of central precocious puberty.  Preferred options on the Advanced Control Formulary include Supprelin LA (histrelin) and Triptodur (triptorelin).
<b>Nature-Throid</b> (thyroid) oral tablet	Endocrine and Metabolic/ Thyroid Agents/ Thyroid Supplements	Nature-Throid is indicated: <ul style="list-style-type: none"> <li>● As replacement of supplemental therapy in patients with hypothyroidism</li> <li>● As pituitary thyroid stimulating hormone suppressants, in the treatment or prevention of various types of euthyroid</li> </ul>	Availability of additional thyroid supplement options.  Preferred options on the Advanced Control Formulary include levothyroxine and liothyronine.

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		goiters, multinodular goiter, and in the management of thyroid cancer <ul style="list-style-type: none"> <li>• As diagnostic agents in suppression tests to differentiate suspected mild hyperthyroidism or thyroid gland anatomy</li> </ul>	
<b>Neo-Synalar</b> (neomycin-fluocinolone) topical cream, kit	Topical/ Dermatology/ Anti-Infective/ Anti-Inflammatory Combinations	Neo-Synalar is indicated for the treatment of corticosteroid-responsive dermatoses with secondary infection.	Availability of additional options for the treatment of corticosteroid-responsive dermatoses with secondary infection.  Preferred options on the Advanced Control Formulary include desonide or hydrocortisone WITH gentamicin.
<b>Norpace</b> (disopyramide) oral capsule	Cardiovascular/ Antiarrhythmics	Norpace is indicated for the treatment of documented ventricular arrhythmias, such as sustained ventricular tachycardia, that, in the judgment of the physician, are life-threatening.	Availability of an additional class IA antiarrhythmic option.  The preferred option on the Advanced Control Formulary is disopyramide.
<b>Nourianz</b> (istradefylline) oral tablet	Central Nervous System/ Antiparkinsonian Agents	Nourianz is indicated as adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson's disease experiencing "off" episodes.	Availability of additional options for adjunctive treatment in patients with Parkinson's disease.  Preferred options on the Advanced Control Formulary include amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, and Neupro (rotigotine).
<b>Prenatal vitamins</b> (all brands, except CITRANATAL)	Nutritional/Supplements/ Vitamins and Minerals/ Prenatal Vitamins	Prenatal vitamins are used: <ul style="list-style-type: none"> <li>• Throughout pregnancy, during the postnatal period for both lactating and</li> </ul>	Availability of additional prenatal vitamin options.

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		non-lactating mothers, and throughout the childbearing years <ul style="list-style-type: none"> <li>• For improving the nutritional status of women prior to conception</li> </ul>	Preferred options on the Advanced Control Formulary include prenatal vitamins and Citranatal (prenatal vitamins with iron).
<b>Prilosec</b> (omeprazole magnesium delayed-rel) oral delayed-release suspension	Gastrointestinal/ Proton Pump Inhibitors	Prilosec is indicated for the: <ul style="list-style-type: none"> <li>• Treatment of active duodenal ulcer in adults</li> <li>• Eradication of <i>Helicobacter pylori</i> to reduce the risk of duodenal ulcer recurrence in adults</li> <li>• Treatment of active benign gastric ulcer in adults</li> <li>• Treatment of symptomatic gastroesophageal reflux disease (GERD) in patients 1 year of age and older</li> <li>• Treatment of erosive esophagitis (EE) due to acid-mediated GERD in patients 1 month of age and older</li> <li>• Maintenance of healing of EE due to acid-mediated GERD in patients 1 year of age and older</li> <li>• Pathologic hypersecretory conditions in adults</li> </ul>	Availability of additional proton pump inhibitor options.  Preferred options on the Advanced Control Formulary include esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, and Dexilant (dexlansoprazole delayed-rel).
<b>Prometrium</b> (progesterone, micronized)	Endocrine and Metabolic/ Progestins/ Oral	Prometrium is indicated for use in: <ul style="list-style-type: none"> <li>• The prevention of endometrial hyperplasia in non-hysterectomized</li> </ul>	Availability of additional oral progestin options for the prevention of endometrial hyperplasia and treatment of secondary amenorrhea.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
oral capsule		postmenopausal women who are receiving conjugated estrogens tablets <ul style="list-style-type: none"> <li>• Secondary amenorrhea</li> </ul>	Preferred options on the Advanced Control Formulary include medroxyprogesterone and progesterone, micronized.
<b>Riabni</b> (rituximab-arrx) intravenous solution for injection	Antineoplastic Agents/ Biosimilars	Riabni is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Adult patients with non-Hodgkin's Lymphoma (NHL):               <ul style="list-style-type: none"> <li>○ Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent</li> <li>○ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy</li> <li>○ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy</li> <li>○ Previously untreated diffuse large B-cell, CD20-positive NHL in combination with</li> </ul> </li> </ul>	Availability of an additional option for the treatment of NHL, CLL, GPA, and MPA.  The preferred option on the Advanced Control Formulary is Ruxience (rituximab-pvvr).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<p>cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens</p> <ul style="list-style-type: none"> <li>• Adult patients with Chronic Lymphocytic Leukemia (CLL):               <ul style="list-style-type: none"> <li>○ Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)</li> </ul> </li> <li>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids</li> </ul>	
<p><b>Rituxan</b> (rituximab) intravenous solution for injection</p>	<p>Antineoplastic Agents/ Monoclonal Antibodies</p>	<p>Rituxan is indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>• Adult patients with non-Hodgkin's Lymphoma (NHL):               <ul style="list-style-type: none"> <li>○ Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent</li> <li>○ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial</li> </ul> </li> </ul>	<p>Availability of an additional option for the treatment of NHL, CLL, GPA, and MPA.</p> <p>The preferred option on the Advanced Control Formulary is Ruxience (rituximab-pvvr).</p>

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<p>response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy</p> <ul style="list-style-type: none"> <li>○ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy</li> <li>○ Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens</li> <li>● Adult patients with Chronic Lymphocytic Leukemia (CLL):             <ul style="list-style-type: none"> <li>○ Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)</li> </ul> </li> <li>● Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate</li> </ul>	

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		response to one or more TNF antagonist therapies <ul style="list-style-type: none"> <li>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult and pediatric patients 2 years of age and older in combination with glucocorticoids</li> <li>• Moderate to severe Pemphigus Vulgaris (PV) in adult patients</li> </ul>	
<b>Rytary</b> (carbidopa-levodopa ext-rel) oral extended-release capsule	Central Nervous System/ Antiparkinsonian Agents	Rytary is indicated for the treatment of Parkinson's disease, post-encephalitic parkinsonism, and parkinsonism that may follow carbon monoxide intoxication or manganese intoxication.	Availability of additional options for the treatment of Parkinson's disease.  Preferred options on the Advanced Control Formulary include carbidopa-levodopa and carbidopa-levodopa ext-rel.
<b>Seasonique</b> (ethinyl estradiol-levonorgestrel) oral tablet	Endocrine and Metabolic/ Contraceptives/ Extended Cycle	Seasonique is indicated for use by women to prevent pregnancy.	Availability of additional options for contraception.  Preferred options on the Advanced Control Formulary includes ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, and ethinyl estradiol-norethindrone acetate-iron.
<b>Theo-24</b> (theophylline ext-rel) oral extended-release capsule	Respiratory/ Xanthines	Theo-24 is indicated for the treatment of the symptoms and reversible airflow obstruction associated with chronic asthma and other	Availability of additional options for the treatment of chronic lung disease.

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		chronic lung diseases, e.g., emphysema and chronic bronchitis.	Preferred options on the Advanced Control Formulary includes ipratropium inhalation solution, Perforomist (formoterol inhalation solution), Spiriva (tiotropium), Striverdi Respimat (olodaterol, CFC-free aerosol), and Yupelri (revefenacin inhalation solution).
<b>Thiola</b> (tiopronin) oral tablet	Genitourinary/ Miscellaneous	Thiola is indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine stone formation in adults and pediatric patients 20 kg and greater with severe homozygous cystinuria, who are not responsive to these measures alone.	Availability of additional options for the prevention of cystine stone formation associated with severe homozygous cystinuria.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>Thiola EC</b> (tiopronin delayed-rel) oral delayed-release tablet	Genitourinary/ Miscellaneous	Thiola EC is indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine stone formation in adults and pediatric patients 20 kg and greater with severe homozygous cystinuria, who are not responsive to these measures alone.	Availability of additional options for the prevention of cystine stone formation associated with severe homozygous cystinuria.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>Trelstar Mixject</b> (triptorelin) intramuscular suspension for injection	Antineoplastic Agents/ Prostate Cancer/ Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	Trelstar Mixject is indicated for the palliative treatment of advanced prostate cancer.	Availability of additional options for the treatment of advanced prostate cancer.  Preferred options on the Advanced Control Formulary includes Eligard (leuprolide acetate) and Firmagon (degarelix).
<b>Truxima</b> (rituximab-abbs)	Antineoplastic Agents/ Biosimilars	Truxima is indicated for the treatment of:	Availability of an additional option for the treatment of NHL, CLL, GPA, and MPA.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
intravenous solution for injection		<ul style="list-style-type: none"> <li>• Adult patients with non-Hodgkin's Lymphoma (NHL):               <ul style="list-style-type: none"> <li>○ Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent</li> <li>○ Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy</li> <li>○ Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy</li> <li>○ Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens</li> </ul> </li> </ul>	The preferred option on the Advanced Control Formulary is Ruxience (rituximab-pvvr).

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		<ul style="list-style-type: none"> <li>• Adult patients with Chronic Lymphocytic Leukemia (CLL):               <ul style="list-style-type: none"> <li>○ Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)</li> </ul> </li> <li>• Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate response to one or more TNF antagonist therapies</li> <li>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids</li> </ul>	
<b>Viracept</b> (nelfinavir) oral tablet	Anti-infectives/ Antiretroviral Agents/ Protease Inhibitors	Viracept is indicated for the treatment of human immunodeficiency virus type 1 infection in combination with other antiretroviral agents.	Availability of additional protease inhibitor options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include atazanavir, lopinavir-ritonavir solution, Evotaz (atazanavir-cobicistat), Prezcofix (darunavir-cobicistat), and Prezista (darunavir).
<b>Westhroid</b> (thyroid) oral tablet	Endocrine and Metabolic/ Thyroid	Westhroid is indicated:	Availability of additional thyroid supplement options.

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	Agents/ Thyroid Supplements	<ul style="list-style-type: none"> <li>• As replacement of supplemental therapy in patients with hypothyroidism</li> <li>• As pituitary thyroid stimulating hormone suppressants, in the treatment or prevention of various types of euthyroid goiters, multinodular goiter, and in the management of thyroid cancer</li> <li>• As diagnostic agents in suppression tests to differentiate suspected mild hyperthyroidism or thyroid gland anatomy</li> </ul>	Preferred options on the Advanced Control Formulary include levothyroxine and liothyronine.
<b>WP Thyroid</b> (thyroid) oral tablet	Endocrine and Metabolic/ Thyroid Agents/ Thyroid Supplements	WP Thyroid is indicated: <ul style="list-style-type: none"> <li>• As replacement of supplemental therapy in patients with hypothyroidism</li> <li>• As pituitary thyroid stimulating hormone suppressants, in the treatment or prevention of various types of euthyroid goiters, multinodular goiter, and in the management of thyroid cancer</li> <li>• As diagnostic agents in suppression tests to differentiate suspected mild hyperthyroidism or thyroid gland anatomy</li> </ul>	Availability of additional thyroid supplement options.  Preferred options on the Advanced Control Formulary include levothyroxine and liothyronine.
<b>Zoladex</b> (goserelin) subcutaneous implant	Antineoplastic Agents/ Prostate Cancer/ Luteinizing Hormone-	Zoladex is indicated for: <ul style="list-style-type: none"> <li>• Use in combination with flutamide for the management of locally confined carcinoma of the prostate</li> </ul>	Availability of additional options for the treatment of advanced prostate cancer and endometriosis.

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	Releasing Hormone (LHRH) Agonists	<ul style="list-style-type: none"> <li>Palliative treatment of advanced carcinoma of the prostate</li> <li>The management of endometriosis (3.6 mg strength only)</li> <li>Use as an endometrial-thinning agent prior to endometrial ablation for dysfunctional uterine bleeding (3.6 mg strength only)</li> <li>Use in the palliative treatment of advanced breast cancer in pre- and peri-menopausal women (3.6 mg strength only)</li> </ul>	Preferred options on the Advanced Control Formulary includes Eligard (leuprolide acetate), Firmagon (degarelix), and Orilissa (elagolix).
<b>Generic Agents:</b>			
<b>carisoprodol 250 mg</b> oral tablet	Central Nervous System/ Musculoskeletal Therapy Agents	Carisoprodol is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults.	<p>Availability of additional generic options for the treatment of acute musculoskeletal pain.</p> <p>Preferred options on the Advanced Control Formulary include carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, and methocarbamol (except NDCs 69036091010, 69036093090, 70868090190).</p>
<b>chlordiazepoxide-clidinium (NDCs 11534019701, 51293069601, 51293069610)</b>	Gastrointestinal/ Antispasmodics	<p>Chlordiazepoxide-clidinium:</p> <ul style="list-style-type: none"> <li>Is indicated to control emotional and somatic factors in gastrointestinal disorders</li> </ul>	<p>Availability of additional generic antispasmodic options.</p> <p>Preferred options on the Advanced Control Formulary include dicyclomine, hyoscyamine sulfate, and hyoscyamine sulfate orally disintegrating tablet.</p>

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oral capsule		<ul style="list-style-type: none"> <li>• May also be used as adjunctive therapy in the treatment of:               <ul style="list-style-type: none"> <li>○ Peptic ulcer</li> <li>○ Irritable bowel syndrome</li> <li>○ Acute enterocolitis</li> </ul> </li> </ul>	
<b>flurandrenolide cream</b> topical cream	Topical/ Dermatology/ Corticosteroids/ Low Potency	Flurandrenolide cream is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	<p>Availability of additional generic low potency topical corticosteroid options.</p> <p>Preferred options on the Advanced Control Formulary include desonide and hydrocortisone.</p>
<b>flurandrenolide lotion</b> topical lotion	Topical/ Dermatology/ Corticosteroids/ Low Potency	Flurandrenolide lotion is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	<p>Availability of additional generic low potency topical corticosteroid options.</p> <p>Preferred options on the Advanced Control Formulary include desonide and hydrocortisone.</p>
<b>halcinonide cream</b> topical cream	Topical/ Dermatology/ Corticosteroids/ High Potency	Halcinonide cream is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	<p>Availability of additional high potency topical corticosteroid options.</p> <p>Preferred options on the Advanced Control Formulary include desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), and Bryhali (halobetasol propionate lotion 0.01%).</p>
<b>icosapent ethyl</b> oral capsule	Cardiovascular/ Antilipemics/ Omega-3 Fatty Acids	Icosapent ethyl is indicated as an adjunct to diet to reduce triglyceride levels in adult patients with severe (≥ 500 mg/dL) hypertriglyceridemia.	Availability of additional omega-3 fatty acid options for the treatment of hypertriglyceridemia.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
			Preferred options on the Advanced Control Formulary include omega-3 acid ethyl esters and Vascepa (icosapent ethyl).
<b>LactoJen</b> (lactobacillus) oral capsule	Gastrointestinal/ Miscellaneous	LactoJen is for patients who have inadequate nutritional supplement from their diet, and for patients who need additional clinical dietary supplementation in stressful conditions.	Availability of additional probiotic supplementation options.  Consult doctor for preferred options on the Advanced Control Formulary.
<b>luliconazole</b> topical cream	Topical/ Dermatology/ Antifungals	Luliconazole is indicated for the topical treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms <i>Trichophyton rubrum</i> and <i>Epidermophyton floccosum</i> .	Availability of additional generic topical antifungal options.  Preferred options on the Advanced Control Formulary include ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, and oxiconazole (except NDCs 00168035830, 51672135902).
<b>Nolix</b> (flurandrenolide) topical cream, topical lotion	Topical/ Dermatology/ Corticosteroids/ Low Potency	Nolix is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of additional generic low potency topical corticosteroid options.  Preferred options on the Advanced Control Formulary include desonide and hydrocortisone.
<b>tramadol ext-rel capsule</b> oral extended-release capsule	Analgesics/ Opioid Analgesics	Tramadol ext-rel capsule is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Availability of additional generic options.  Preferred options on the Advanced Control Formulary include tramadol (except NDC 52817019610) and tramadol ext-rel tablet.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
zolpidem sublingual sublingual tablet	Central Nervous System/ Hypnotics/ Nonbenzodiazepines	Zolpidem sublingual tablet is indicated for use as needed for the treatment of insomnia when a middle-of-the-night awakening is followed by difficulty returning to sleep.	Availability of additional generic options for the treatment of insomnia.  Preferred options on the Advanced Control Formulary include doxepin, ramelteon, temazepam, zolpidem, and zolpidem ext-rel.

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