



Advanced Control Formulary™  
 Change Summary Report  
 Effective 04-01-2021

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>Asacol HD</b> (mesalamine delayed-rel tablet) oral delayed-release tablet	Gastrointestinal/ Inflammatory Bowel Disease/ Oral Agents	Asacol HD is indicated for the treatment of moderately active ulcerative colitis in adults.	To provide an additional option for the treatment of ulcerative colitis.
<b>Mitigare</b> (colchicine) oral capsule	Analgesics/ Gout	Mitigare is indicated for prophylaxis of gout flares in adults.	To provide an additional option for the prophylaxis of gout.
<b>Oriahnn</b> (elagolix-estradiol-norethindrone) oral capsule	Endocrine and Metabolic/ Uterine Fibroids	Oriahnn is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.	To provide an option for the treatment of menorrhagia associated with fibroids in premenopausal women.
<b>Remicade</b> (infliximab) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Remicade is indicated for: <ul style="list-style-type: none"> <li>• Crohn's disease in adult and pediatric patients 6 years of age and older</li> <li>• Ulcerative colitis in adult and pediatric patients 6 years of age and older</li> <li>• Rheumatoid arthritis in combination with methotrexate in adults</li> <li>• Ankylosing spondylitis in adults</li> </ul>	To provide an additional option for the treatment of Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>Psoriatic arthritis in adults</li> <li>Plaque psoriasis in adults</li> </ul>	
<b>Simponi Aria</b> (golimumab) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Simponi Aria is indicated for the treatment of: <ul style="list-style-type: none"> <li>Adult patients with moderately to severely active rheumatoid arthritis in combination with methotrexate</li> <li>Active psoriatic arthritis in patients 2 years of age and older</li> <li>Adult patients with active ankylosing spondylitis</li> <li>Active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older</li> </ul>	To provide an additional option for the treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, and polyarticular juvenile idiopathic arthritis.
<b>Stelara Intravenous</b> (ustekinumab) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Stelara Intravenous is indicated for the treatment of: <ul style="list-style-type: none"> <li>Moderately to severely active Crohn's disease in adults</li> <li>Moderately to severely active ulcerative colitis in adults</li> </ul>	To provide an additional option for the treatment of Crohn's disease and ulcerative colitis.
<b>Vagifem</b> (estradiol) vaginal tablet	Endocrine and Metabolic/ Menopausal Symptom Agents/ Vaginal	Vagifem is indicated for the treatment of atrophic vaginitis due to menopause.	To provide an additional option for the treatment of atrophic vaginitis due to menopause.
<b>Generic Agents:</b>			

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>efavirenz-emtricitabine-tenofovir disoproxil fumarate</b> oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Efavirenz-emtricitabine-tenofovir disoproxil fumarate is indicated as a complete regimen or in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 infection in adults and pediatric patients weighing at least 40 kg.	To provide a generic option for the treatment of human immunodeficiency virus type 1.
<b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b> oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Efavirenz-lamivudine-tenofovir disoproxil fumarate is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 infection in adult and pediatric patients weighing at least 35 kg (efavirenz-lamivudine-tenofovir disoproxil fumarate 400 mg/300 mg/300 mg) or 40 kg (efavirenz-lamivudine-tenofovir disoproxil fumarate 600 mg/300 mg/300 mg).	To provide a generic option for the treatment of human immunodeficiency virus type 1.
<b>lapatinib</b> oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Lapatinib is indicated in combination with: <ul style="list-style-type: none"> <li>• Capecitabine for the treatment of patients with advanced or metastatic breast cancer whose tumors overexpress human epidermal growth factor receptor 2 (HER2) and who have received prior therapy including an anthracycline, a taxane, and trastuzumab</li> <li>• Letrozole for the treatment of postmenopausal women with hormone</li> </ul>	To provide a generic option for the treatment of HER2-positive breast cancer.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		receptor-positive metastatic breast cancer that overexpresses the HER2 receptor for whom hormonal therapy is indicated	
<b>rizatriptan</b> orally disintegrating tablet	Central Nervous System/ Migraine/ Acute Migraine Agents/ Triptans	Rizatriptan is indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age.	To provide an additional generic option for the acute treatment of migraine.
<b>rufinamide</b> oral suspension	Central Nervous System/ Anticonvulsants	Rufinamide is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome in pediatric patients 1 year of age and older, and in adults.	To provide an additional generic option for the treatment of seizures associated with Lennox-Gastaut Syndrome.
<b>treprostinil</b> subcutaneous / intravenous solution for injection	Cardiovascular/ Pulmonary Arterial Hypertension/ Prostaglandin Vasodilators	Treprostinil is indicated for: <ul style="list-style-type: none"> <li>• Treatment of pulmonary arterial hypertension (WHO Group 1) to diminish symptoms associated with exercise</li> <li>• Patients who require transition from epoprostenol, to reduce the rate of clinical deterioration</li> </ul>	To provide a generic injectable prostaglandin vasodilator option for the treatment of pulmonary arterial hypertension.

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**DELETIONS:**

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Atripla</b> (efavirenz-emtricitabine-tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Atripla is indicated as a complete regimen or in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 infection in adults and pediatric patients weighing at least 40 kg.	Availability of additional options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, Biktarvy (bictegavir-emtricitabine-tenofovir alafenamide), Dovato (dolutegravir-lamivudine), Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide), Odefsey (emtricitabine- rilpivirine-tenofovir alafenamide), Symtuza (darunavir-cobicistat-emtricitabine-tenofovir alafenamide), and Triumeq (abacavir-dolutegravir-lamivudine).
<b>Symfi</b> (efavirenz-lamivudine-tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Symfi is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 infection in adult and pediatric patients weighing at least 40 kg.	Availability of additional options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, Biktarvy (bictegavir-emtricitabine-tenofovir alafenamide), Dovato (dolutegravir-lamivudine), Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide), Odefsey (emtricitabine- rilpivirine-tenofovir alafenamide), Symtuza (darunavir-cobicistat-

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<b>Symfi Lo</b> (efavirenz-lamivudine-tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Symfi Lo is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 infection in adult and pediatric patients weighing at least 35 kg.	emtricitabine-tenofovir alafenamide), and Triumeq (abacavir-dolutegravir-lamivudine).  Availability of additional options for the treatment of human immunodeficiency virus type 1.  Preferred options on the Advanced Control Formulary include efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide), Dovato (dolutegravir-lamivudine), Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide), Odefsey (emtricitabine- rilpivirine-tenofovir alafenamide), Symtuza (darunavir-cobicistat-emtricitabine-tenofovir alafenamide), and Triumeq (abacavir-dolutegravir-lamivudine).
<b>Tykerb</b> (lapatinib) oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Tykerb is indicated in combination with: <ul style="list-style-type: none"> <li>• Capecitabine for the treatment of patients with advanced or metastatic breast cancer whose tumors overexpress human epidermal growth factor receptor 2 (HER2) and who have received prior therapy including an anthracycline, a taxane, and trastuzumab</li> <li>• Letrozole for the treatment of postmenopausal women with hormone receptor-positive metastatic breast</li> </ul>	Availability of an additional option for the treatment of HER2-positive breast cancer.  The preferred option on the Advanced Control Formulary is lapatinib.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		cancer that overexpresses the HER2 receptor for whom hormonal therapy is indicated	

**REMOVALS:**

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Actemra ACTPen</b> (tocilizumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Actemra is indicated for treatment of: <ul style="list-style-type: none"> <li>Rheumatoid arthritis in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs)</li> <li>Giant cell arteritis in adult patients</li> <li>Polyarticular juvenile idiopathic arthritis in patients 2 years of age and older</li> <li>Systemic juvenile idiopathic arthritis in patients 2 years of age and older</li> <li>Cytokine release syndrome in adults and pediatric patients 2 years of age and older with chimeric antigen</li> </ul>	Availability of additional options for the treatment of rheumatoid arthritis and juvenile idiopathic arthritis.  Preferred options on the Advanced Control Formulary include Enbrel (etanercept), Humira (adalimumab), Kevzara (sarilumab), Orencia Subcutaneous (abatacept), Orencia ClickJect (abatacept), Rinvoq (upadacitinib), Xeljanz (tofacitinib), and Xeljanz XR (tofacitinib).

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		receptor T cell-induced severe or life-threatening cytokine release syndrome	
<b>Adderall</b> (amphetamine-dextroamphetamine mixed salts) oral tablet	Central Nervous System/ Attention Deficit Hyperactivity Disorder	Adderall is indicated for the treatment of attention deficit hyperactivity disorder and narcolepsy.	Availability of additional options for the treatment of attention deficit hyperactivity disorder.  Preferred options on the Advanced Control Formulary include dexamethylphenidate, dextroamphetamine, and methylphenidate.
<b>AndroGel</b> (testosterone gel 1.62%) topical gel	Endocrine and Metabolic/ Androgens	AndroGel 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>	Availability of additional options for treatment of hypogonadism.  Preferred options on the Advanced Control Formulary include testosterone gel (except authorized generics for Testim and Vogelxo), testosterone solution, and Androderm (testosterone) transdermal.
<b>Avsola</b> (infliximab-axxq) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Avsola is indicated for: <ul style="list-style-type: none"> <li>• Crohn's disease in adult and pediatric patients 6 years of age and older</li> <li>• Ulcerative colitis in adult and pediatric patients 6 years of age and older</li> <li>• Rheumatoid arthritis in combination with methotrexate in adult patients</li> <li>• Ankylosing spondylitis in adult patients</li> <li>• Psoriatic arthritis in adult patients</li> <li>• Plaque psoriasis in adult patients</li> </ul>	Availability of additional options for the treatment of Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis.  Preferred options on the Advanced Control Formulary include Remicade (infliximab), Simponi Aria (golimumab), and Stelara Intravenous (ustekinumab).

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<b>Azor</b> (amlodipine-olmesartan) oral tablet	Cardiovascular/ Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	Azor is indicated for the treatment of hypertension, alone or with other antihypertensive agents, to lower blood pressure.	Availability of additional angiotensin II receptor antagonist/calcium channel blocker combination options for treatment of hypertension.  Preferred options on the Advanced Control Formulary include amlodipine-olmesartan, amlodipine-telmisartan, and amlodipine-valsartan.
<b>Banzel suspension</b> (rufinamide) oral suspension	Central Nervous System/ Anticonvulsants	Banzel suspension is indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome in pediatric patients 1 year of age and older, and in adults.	Availability of additional options for the treatment of seizures associated with Lennox-Gastaut Syndrome.  Preferred options on the Advanced Control Formulary include clobazam, clonazepam, lamotrigine, rufinamide, topiramate, and Trokendi XR (topiramate ext-rel).
<b>Cozaar</b> (losartan) oral tablet	Cardiovascular/ Angiotensin II Receptor Antagonists/Diuretic Combinations	Cozaar is indicated for: <ul style="list-style-type: none"> <li>• Treatment of hypertension, to lower blood pressure in adults and children greater than 6 years old</li> <li>• Reduction of the risk of stroke in patients with hypertension and left ventricular hypertrophy</li> <li>• Treatment of diabetic nephropathy with an elevated serum creatinine and proteinuria in patients with type 2 diabetes and a history of hypertension</li> </ul>	Availability of additional angiotensin II receptor antagonist options.  Preferred options on the Advanced Control Formulary include candesartan, irbesartan, losartan, olmesartan, telmisartan, and valsartan.
<b>Cytomel</b> (liothyronine) oral tablet	Endocrine and Metabolic/ Thyroid	Cytomel is indicated for: <ul style="list-style-type: none"> <li>• Hypothyroidism: As replacement in primary (thyroidal), secondary</li> </ul>	Availability of additional options for the treatment of hypothyroidism.

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	Agents/ Thyroid Supplements	(pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism <ul style="list-style-type: none"> <li>• Pituitary thyroid-stimulating hormone suppression: As an adjunct to surgery and radioiodine therapy in the management of well-differentiated thyroid cancer</li> <li>• Thyroid suppression test: As a diagnostic agent in suppression tests to differentiate suspected mild hyperthyroidism or thyroid gland autonomy</li> </ul>	Preferred options on the Advanced Control Formulary include levothyroxine and liothyronine.
<b>Focalin XR</b> (dexmethylphenidate ext-rel) oral extended-release capsule	Central Nervous System/ Attention Deficit Hyperactivity Disorder	Focalin XR is indicated for the treatment of attention deficit hyperactivity disorder.	Availability of additional options for the treatment of attention deficit hyperactivity disorder.  Preferred options on the Advanced Control Formulary include amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel (excluding certain NDCs), Mydayis (amphetamine-dextroamphetamine mixed salts ext-rel), and Vyvanse (lisdexamfetamine).
<b>Guardian Real-Time Continuous Glucose Monitoring System</b>	Endocrine and Metabolic/ Antidiabetics/ Supplies	Guardian Real-Time Continuous Glucose Monitoring System measures and transmits glucose information to a continuous blood glucose monitor used by those with diabetes.	Availability of another option for testing and monitoring blood glucose levels.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
blood glucose continuous monitoring system			The preferred option on the Advanced Control Formulary is the Dexcom Continuous Glucose Monitoring System.
<b>Hyzaar</b> (losartan-hydrochlorothiazide) oral tablet	Cardiovascular/ Angiotensin II Receptor Antagonists/Diuretic Combinations	Hyzaar is indicated for: <ul style="list-style-type: none"> <li>• Treatment of hypertension, to lower blood pressure</li> <li>• Reduction of the risk of stroke in patients with hypertension and left ventricular hypertrophy</li> </ul>	Availability of additional angiotensin II receptor antagonist/diuretic combination options.  Preferred options on the Advanced Control Formulary include candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, and valsartan-hydrochlorothiazide.
<b>Ilumya</b> (tildrakizumab-asmn) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Ilumya is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.	Availability of an additional option for the treatment of plaque psoriasis.  The preferred option on the Advanced Control Formulary is Remicade (infliximab).
<b>Inflectra</b> (infliximab-dyyb) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Inflectra is indicated for: <ul style="list-style-type: none"> <li>• Crohn's disease in adult and pediatric patients 6 years of age and older</li> <li>• Ulcerative colitis in adult and pediatric patients 6 years of age and older</li> <li>• Rheumatoid arthritis in combination with methotrexate in adults</li> <li>• Ankylosing spondylitis in adults</li> <li>• Psoriatic arthritis in adults</li> <li>• Plaque psoriasis in adults</li> </ul>	Availability of additional options for the treatment of Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis.  Preferred options on the Advanced Control Formulary include Remicade (infliximab), Simponi Aria (golimumab), and Stelara Intravenous (ustekinumab).

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<b>Lyrica</b> (pregabalin) oral capsule, oral solution	Central Nervous System/ Fibromyalgia	Lyrica is indicated for: <ul style="list-style-type: none"> <li>• Neuropathic pain associated with diabetic peripheral neuropathy</li> <li>• Postherpetic neuralgia</li> <li>• Adjunctive therapy for the treatment of partial-onset seizures in patients 1 month of age and older</li> <li>• Fibromyalgia</li> <li>• Neuropathic pain associated with spinal cord injury</li> </ul>	Availability of additional options for the treatment of fibromyalgia.  Preferred options on the Advanced Control Formulary include duloxetine and pregabalin.
<b>Maxalt</b> (rizatriptan) oral tablet	Central Nervous System/ Migraine/ Acute Migraine Agents/ Triptans	Maxalt is indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age.	Availability of additional options for the acute treatment of migraine.  Preferred options on the Advanced Control Formulary include eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, Nurtec ODT (rimegepant), Reyvow (lasmiditan), Ubrelvy (ubrogepant), and Zomig (zolmitriptan) nasal spray.
<b>Maxalt-MLT</b> (rizatriptan) orally disintegrating tablet	Central Nervous System/ Migraine/ Acute Migraine Agents/ Triptans	Maxalt-MLT is indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age.	Availability of additional options for the acute treatment of migraine.  Preferred options on the Advanced Control Formulary include eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, Nurtec ODT (rimegepant), Reyvow (lasmiditan), Ubrelvy (ubrogepant), and Zomig (zolmitriptan) nasal spray.

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<b>Micardis</b> (telmisartan) oral tablet	Cardiovascular/ Angiotensin II Receptor Antagonists/Diuretic Combinations	Micardis is indicated for: <ul style="list-style-type: none"> <li>• Treatment of hypertension, to lower blood pressure</li> <li>• Cardiovascular risk reduction in patients unable to take angiotensin-converting enzyme (ACE) inhibitors</li> </ul>	Availability of additional angiotensin II receptor antagonist options.  Preferred options on the Advanced Control Formulary include candesartan, irbesartan, losartan, olmesartan, telmisartan, and valsartan.
<b>Micardis HCT</b> (telmisartan-hydrochlorothiazide) oral tablet	Cardiovascular/ Angiotensin II Receptor Antagonists/Diuretic Combinations	Micardis HCT is indicated for the treatment of hypertension, alone or with other antihypertensive agents, to lower blood pressure.	Availability of additional angiotensin II receptor antagonist/diuretic combination options.  Preferred options on the Advanced Control Formulary include candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, and valsartan-hydrochlorothiazide.
<b>Remodulin</b> (treprostinil) subcutaneous / intravenous solution for injection	Cardiovascular/ Pulmonary Arterial Hypertension/ Prostaglandin Vasodilators	Remodulin is indicated for: <ul style="list-style-type: none"> <li>• Treatment of pulmonary arterial hypertension (WHO Group 1) to diminish symptoms associated with exercise</li> <li>• Patients who require transition from epoprostenol, to reduce the rate of clinical deterioration</li> </ul>	Availability of an additional injectable prostaglandin vasodilator option for the treatment of pulmonary arterial hypertension.  The preferred option on the Advanced Control Formulary is treprostinil.
<b>Renflexis</b> (infliximab-abda) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Renflexis is indicated for: <ul style="list-style-type: none"> <li>• Crohn's disease in adult and pediatric patients 6 years of age and older</li> <li>• Ulcerative colitis in adult and pediatric patients 6 years of age and older</li> </ul>	Availability of additional options for the treatment of Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>• Rheumatoid arthritis in combination with methotrexate in adults</li> <li>• Ankylosing spondylitis in adults</li> <li>• Psoriatic arthritis in adults</li> <li>• Plaque psoriasis in adults</li> </ul>	Preferred options on the Advanced Control Formulary include Remicade (infliximab), Simponi Aria (golimumab), and Stelara Intravenous (ustekinumab).
<b>Travatan Z</b> (travoprost) ophthalmic solution	Topical/ Ophthalmic/ Prostaglandins	Travatan Z is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.	Availability of additional prostaglandin options for the treatment of elevated intraocular pressure.  Preferred options on the Advanced Control Formulary include latanoprost, travoprost, and Zioptan (tafluprost).
<b>Trinaz</b> (prenatal vitamins) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Prenatal Vitamins	Trinaz is used: <ul style="list-style-type: none"> <li>• Throughout pregnancy, during the postnatal period for both lactating and non-lactating mothers, and throughout the childbearing years</li> <li>• For improving the nutritional status of women prior to conception</li> </ul>	Availability of additional prenatal vitamin options.  Preferred options on the Advanced Control Formulary include prenatal vitamins and Citranatal (prenatal vitamins with folic acid).
<b>Yasmin</b> (ethinyl estradiol-drospirenone) oral tablet	Endocrine and Metabolic/ Contraceptives/ Monophasic	Yasmin is indicated for use by women to prevent pregnancy.	Availability of additional monophasic contraceptive options.  Preferred options on the Advanced Control Formulary include ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, and ethinyl estradiol-norethindrone acetate-iron.
<b>Zestoretic</b> (lisinopril-hydrochlorothiazide) oral tablet	Cardiovascular/ ACE Inhibitor/Diuretic Combinations	Zestoretic is indicated for the treatment of hypertension, to lower blood pressure.	Availability of additional ACE inhibitor/diuretic combination options for the treatment of hypertension.

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			Preferred options on the Advanced Control Formulary include fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, and quinapril-hydrochlorothiazide.
<b>Zoloft</b> (sertraline) oral solution, oral tablet	Central Nervous System/ Antidepressants/ Selective Serotonin Reuptake Inhibitors (SSRIs)	Zoloft is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Major depressive disorder</li> <li>• Obsessive-compulsive disorder</li> <li>• Panic disorder</li> <li>• Post-traumatic stress disorder</li> <li>• Social anxiety disorder</li> <li>• Premenstrual dysphoric disorder</li> </ul>	Availability of additional selective serotonin reuptake inhibitor options.  Preferred options on the Advanced Control Formulary include citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg and generics for Sarafem), paroxetine HCl, paroxetine HCl ext-rel, sertraline, and Trintellix (vortioxetine).
<b>Generic Agents:</b>			
<b>clocortolone</b> topical cream	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Clocortolone is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of additional medium potency topical corticosteroid options.  Preferred options on the Advanced Control Formulary include hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, and triamcinolone ointment (except triamcinolone ointment 0.05%).
<b>colchicine capsule</b> oral capsule	Analgesics/ Gout	Colchicine capsule is indicated for prophylaxis of gout flares in adults.	Availability of additional options for the prophylaxis of gout.  Preferred options on the Advanced Control Formulary include colchicine tablet and Mitigare (colchicine) capsule.

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<b>desoximetasone ointment 0.05%</b> topical ointment	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Desoximetasone is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of additional medium potency topical corticosteroid options.  Preferred options on the Advanced Control Formulary include hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, and triamcinolone ointment (except triamcinolone ointment 0.05%).
<b>doxycycline hyclate delayed-rel tablet 50 mg</b> oral delayed-release tablet	Anti-Infectives/ Antibacterials/ Tetracyclines	Doxycycline hyclate delayed-rel is indicated for: <ul style="list-style-type: none"> <li>• Rickettsial infections</li> <li>• Sexually transmitted infections</li> <li>• Respiratory tract infections</li> <li>• Specific bacterial infections</li> <li>• Ophthalmic infections</li> <li>• Anthrax, including inhalational anthrax (post-exposure)</li> <li>• Alternative treatment for selected infections when penicillin is contraindicated</li> <li>• Adjunctive therapy in acute intestinal amebiasis and severe acne</li> <li>• Prophylaxis of malaria</li> </ul>	Availability of additional generic tetracycline options.  Preferred options on the Advanced Control Formulary include doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC 72143021160 only], 75 mg, 150 mg), minocycline, and tetracycline.
<b>estradiol vaginal tablet</b>	Endocrine and Metabolic/ Menopausal	Estradiol is indicated for the treatment of atrophic vaginitis due to menopause.	Availability of additional vaginal options for the treatment of atrophic vaginitis due to menopause.

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	Symptom Agents/ Vaginal		Preferred options on the Advanced Control Formulary include estradiol vaginal cream, Imvexxy (estradiol), and Vagifem (estradiol).
<b>fenofibrate capsule 50 mg and 130 mg</b> oral capsule	Cardiovascular/ Antilipemics/ Fibrates	Fenofibrate capsule is indicated as an adjunct to diet: <ul style="list-style-type: none"> <li>To reduce elevated low-density lipoprotein cholesterol, total cholesterol, triglycerides, and apolipoprotein B, and to increase high-density lipoprotein cholesterol in adult patients with primary hypercholesterolemia or mixed dyslipidemia</li> <li>To reduce triglyceride levels in adult patients with severe hypertriglyceridemia</li> </ul>	Availability of additional generic fibrates options.  Preferred options on the Advanced Control Formulary include fenofibrate (except fenofibrate capsule 50 mg and 130 mg, fenofibrate tablet 40 mg and 120 mg) and fenofibric acid delayed-rel.
<b>fenofibrate tablet 40 mg</b> oral tablet	Cardiovascular/ Antilipemics/ Fibrates	Fenofibrate tablet is indicated as an adjunct to diet: <ul style="list-style-type: none"> <li>To reduce elevated low-density lipoprotein cholesterol, total cholesterol, triglycerides, and apolipoprotein B, and to increase high-density lipoprotein cholesterol in adult patients with primary hypercholesterolemia or mixed dyslipidemia</li> </ul>	Availability of additional generic fibrates options.  Preferred options on the Advanced Control Formulary include fenofibrate (except fenofibrate capsule 50 mg and 130 mg, fenofibrate tablet 40 mg and 120 mg) and fenofibric acid delayed-rel.

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		<ul style="list-style-type: none"> <li>To reduce triglyceride levels in adult patients with severe hypertriglyceridemia</li> </ul>	
<b>hydrocortisone butyrate lotion</b> topical lotion	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Hydrocortisone butyrate lotion is indicated for the topical treatment of mild to moderate atopic dermatitis in patients 3 months of age and older.	Availability of additional medium potency topical corticosteroid options.  Preferred options on the Advanced Control Formulary include hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, and triamcinolone ointment (except triamcinolone ointment 0.05%).
<b>hyoscyamine sulfate ext-rel</b> oral extended-release tablet	Gastrointestinal/ Antispasmodics	Hyoscyamine sulfate ext-rel: <ul style="list-style-type: none"> <li>Along with appropriate analgesics, is indicated in the symptomatic relief of biliary and renal colic; as a drying agent in the relief of symptoms of acute rhinitis; in the therapy of Parkinsonism to reduce rigidity and tremors and to control associated sialorrhea and hyperhidrosis</li> <li>Is effective as adjunctive therapy in the treatment of peptic ulcer and irritable bowel syndrome, acute enterocolitis and other functional gastrointestinal disorders</li> </ul>	Availability of additional generic antispasmodic options.  Preferred options on the Advanced Control Formulary include dicyclomine, hyoscyamine sulfate, and hyoscyamine sulfate orally disintegrating tablet.

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		<ul style="list-style-type: none"> <li>Can be used to control gastric secretion, visceral spasm and hypermotility in cystitis, pylorospasm and associated abdominal cramps</li> <li>May be used in the therapy of poisoning by anticholinesterase agents</li> </ul>	
<b>mesalamine delayed-rel tablet 800 mg</b> oral delayed-release tablet	Gastrointestinal/ Inflammatory Bowel Disease/ Oral Agents	Mesalamine delayed-rel is indicated for the treatment of moderately active ulcerative colitis in adults.	Availability of additional options for the treatment of ulcerative colitis.  Preferred options on the Advanced Control Formulary include balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, Asacol HD (mesalamine delayed-rel tablet), and Pentasa (mesalamine ext-rel) capsule.
<b>nitrofurantoin (NDC 70408023932 only)</b> oral suspension	Anti-Infectives/ Miscellaneous	Nitrofurantoin is indicated for the treatment of urinary tract infections due to susceptible strains of <i>Escherichia coli</i> , enterococci, <i>Staphylococcus aureus</i> , and certain susceptible strains of <i>Klebsiella</i> and <i>Enterobacter</i> species.	Availability of additional generic nitrofurantoin options.  The preferred option on the Advanced Control Formulary is nitrofurantoin (except NDC 70408023932).
<b>Oscimin SR</b> (hyoscyamine sulfate ext-rel) oral extended-release tablet	Gastrointestinal/ Antispasmodics	Oscimin SR: <ul style="list-style-type: none"> <li>Along with appropriate analgesics, is indicated in the symptomatic relief of biliary and renal colic and as a drying agent in the relief of symptoms of acute rhinitis</li> </ul>	Availability of additional generic antispasmodic options.  Preferred options on the Advanced Control Formulary include dicyclomine, hyoscyamine sulfate, and hyoscyamine sulfate orally disintegrating tablet.

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		<ul style="list-style-type: none"> <li>Is effective as adjunctive therapy in the treatment of peptic ulcer and irritable bowel syndrome, acute enterocolitis and other functional gastrointestinal disorders</li> <li>Can be used to control gastric secretion, visceral spasm and hypermotility in cystitis, pylorospasm and associated abdominal cramps</li> </ul>	
<b>pantoprazole delayed-rel suspension</b> delayed-release granules for oral suspension	Gastrointestinal/ Proton Pump Inhibitors	Pantoprazole delayed-rel is indicated for the following: <ul style="list-style-type: none"> <li>Short-term treatment of erosive esophagitis associated with gastroesophageal reflux disease</li> <li>Maintenance of healing of erosive esophagitis</li> <li>Pathological hypersecretory conditions including Zollinger-Ellison syndrome</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).
<b>paroxetine mesylate 7.5 mg</b> oral capsule	Central Nervous System/ Psychotherapeutic – Miscellaneous/ Vasomotor Symptom Agents	Paroxetine mesylate is indicated for the treatment of moderate to severe vasomotor symptoms associated with menopause.	Availability of an additional psychotropic option for the treatment of vasomotor symptoms associated with menopause.  The preferred option on the Advanced Control Formulary is paroxetine HCl.
<b>Symax-SR</b> (hyoscyamine sulfate ext-rel)	Gastrointestinal/ Antispasmodics	Symax-SR: <ul style="list-style-type: none"> <li>Along with appropriate analgesics, is indicated in the symptomatic relief of</li> </ul>	Availability of additional generic antispasmodic options.

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oral extended-release tablet		biliary and renal colic and as a drying agent in the relief of symptoms of acute rhinitis <ul style="list-style-type: none"> <li>• Is effective as adjunctive therapy in the treatment of peptic ulcer and irritable bowel syndrome, acute enterocolitis and other functional gastrointestinal disorders</li> <li>• Can be used to control gastric secretion, visceral spasm and hypermotility in cystitis, pylorospasm and associated abdominal cramps</li> </ul>	Preferred options on the Advanced Control Formulary include dicyclomine, hyoscyamine sulfate, and hyoscyamine sulfate orally disintegrating tablet.
<b>topiramate ext-rel capsule (generics for QUDEXY XR only)</b> oral extended-release sprinkle capsule	Central Nervous System/ Anticonvulsants	Topiramate ext-rel capsule is indicated for: <ul style="list-style-type: none"> <li>• Epilepsy               <ul style="list-style-type: none"> <li>○ Initial monotherapy for the treatment of partial-onset or primary generalized tonic-clonic seizures in patients 2 years of age and older</li> <li>○ Adjunctive therapy for the treatment of partial-onset seizures, primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut Syndrome in patients 2 years of age and older</li> </ul> </li> <li>• Preventive treatment of migraine in patients 12 years of age and older</li> </ul>	Availability of additional anticonvulsant options.  Preferred options on the Advanced Control Formulary include carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, Fycompa (perampanel), Oxtellar XR (oxcarbazepine ext-rel), Trokendi XR (topiramate ext-rel), Vimpat (lacosamide), and Xcopri (cenobamate).

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<b>triamcinolone ointment 0.05%</b> topical ointment	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Triamcinolone ointment is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of additional medium potency topical corticosteroid options.  Preferred options on the Advanced Control Formulary include hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, and triamcinolone ointment (except triamcinolone ointment 0.05%).
<b>Yuvafem</b> (estradiol) vaginal tablet	Endocrine and Metabolic/ Menopausal Symptom Agents/ Vaginal	Yuvafem is indicated for the treatment of atrophic vaginitis due to menopause.	Availability of additional vaginal options for the treatment of atrophic vaginitis due to menopause.  Preferred options on the Advanced Control Formulary include estradiol vaginal cream, Imvexy (estradiol), and Vagifem (estradiol).
<b>zileuton ext-rel</b> oral extended-release tablet	Respiratory/ Leukotriene Modulators	Zileuton ext-rel is indicated for the prophylaxis and chronic treatment of asthma in adults and children 12 years of age and older.	Availability of additional generic leukotriene modulator options.  Preferred options on the Advanced Control Formulary include montelukast and zafirlukast.

**OTHER:**

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Actemra Intravenous</b> (tocilizumab) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Actemra is indicated for treatment of: <ul style="list-style-type: none"> <li>• Rheumatoid arthritis in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs)</li> <li>• Giant cell arteritis in adult patients</li> <li>• Polyarticular juvenile idiopathic arthritis in patients 2 years of age and older</li> <li>• Systemic juvenile idiopathic arthritis in patients 2 years of age and older</li> <li>• Cytokine release syndrome in adults and pediatric patients 2 years of age and older with chimeric antigen receptor T cell-induced severe or life-threatening cytokine release syndrome</li> </ul>	Product already excluded. Formulation updated to reference physician-administered preferred autoimmune options.  Preferred options on the Advanced Control Formulary include Remicade (infliximab) and Simponi Aria (golimumab).
<b>Cimzia Lyophilized Powder</b> (certolizumab) subcutaneous lyophilized powder for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Cimzia is indicated for: <ul style="list-style-type: none"> <li>• Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy</li> <li>• Treatment of adults with moderately to severely active rheumatoid arthritis</li> </ul>	Product already excluded. Formulation updated to reference physician-administered preferred autoimmune options.  Preferred options on the Advanced Control Formulary include Remicade (infliximab), Simponi Aria (golimumab), and Stelara Intravenous (ustekinumab).

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		<ul style="list-style-type: none"> <li>• Treatment of adult patients with active psoriatic arthritis</li> <li>• Treatment of adults with active ankylosing spondylitis</li> <li>• Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation</li> <li>• Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy</li> </ul>	
<b>Entyvio</b> (vedolizumab) intravenous solution for injection  <i>(Removal for Crohn's Disease Only)</i>	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Entyvio is indicated in adults for the treatment of: <ul style="list-style-type: none"> <li>• Moderately to severely active ulcerative colitis</li> <li>• Moderately to severely active Crohn's disease</li> </ul>	Only excluded for Crohn's disease.  Preferred options on the Advanced Control Formulary include Remicade (infliximab) and Stelara Intravenous (ustekinumab).
<b>Orencia Intravenous</b> (abatacept) intravenous solution for injection	Immunologic Agents/ Autoimmune Agents (Physician-Administered)	Orencia is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Adult patients with moderately to severely active rheumatoid arthritis</li> <li>• Patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis</li> <li>• Adult patients with active psoriatic arthritis</li> </ul>	Product already excluded. Formulation updated to reference physician-administered preferred autoimmune options.  Preferred options on the Advanced Control Formulary include Remicade (infliximab) and Simponi Aria (golimumab).

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