



Advanced Control Formulary™
 Change Summary Report
 Effective 01-01-2022

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

ADDITIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Auvi-Q (epinephrine) intramuscular/ subcutaneous solution for injection	Respiratory/ Anaphylaxis Treatment Agents	Auvi-Q is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis.	To provide an additional option for the emergency treatment of Type 1 allergic reactions, including anaphylaxis.
Avonex (interferon beta-1a) intramuscular solution for injection	Central Nervous System/ Multiple Sclerosis	Avonex is indicated for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.	To provide an additional option for the treatment of multiple sclerosis.
Brukinsa (zanubrutinib) oral capsule	Antineoplastic Agents/ Kinase Inhibitors	Brukinsa is indicated for the treatment of adult patients with mantle cell lymphoma who have received at least one prior therapy.	To provide an additional option for the treatment of mantle cell lymphoma.
Enspryng (satralizumab-mwge) subcutaneous solution for injection	Immunologic Agents/ Immunosuppressants/ Monoclonal Antibodies	Enspryng is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.	To provide an option for the treatment of NMOSD in adult patients who are AQP4 antibody positive.
Imbruvica (ibrutinib) oral capsule, oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Imbruvica is indicated for the treatment of adult patients with: <ul style="list-style-type: none"> Mantle cell lymphoma who have received at least one prior therapy 	To provide an option for the treatment of mantle cell lymphoma, CLL, SLL, WM, MZL and cGVHD.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> Chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL) CLL/SLL with 17p deletion Waldenström's macroglobulinemia (WM) Marginal zone lymphoma (MZL) who require systemic therapy and have received at least one prior anti-cluster of differentiation (CD) 20-based therapy Chronic graft versus host disease (cGVHD) after failure of one or more lines of systemic therapy 	
Kerendia (finerenone) oral tablet	Endocrine and Metabolic/ Diabetic Kidney Disease	Kerendia is indicated to reduce the risk of sustained estimated glomerular filtration rate decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease associated with type 2 diabetes.	To provide an option for the reduction of complications associated with diabetic kidney disease.
Lupron Depot-PED (leuprolide acetate) intramuscular suspension for injection	Endocrine and Metabolic/ Central Precocious Puberty	Lupron Depot-PED is indicated for the treatment of pediatric patients with central precocious puberty.	To provide an additional option for the treatment of central precocious puberty.
Myfembree (relugolix-estradiol-norethindrone acetate)	Endocrine and Metabolic/ Uterine Fibroids	Myfembree is indicated for the management of heavy menstrual bleeding associated	To provide an additional option for the treatment of heavy menstrual bleeding associated with uterine leiomyomas (fibroids).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
oral tablet		with uterine leiomyomas (fibroids) in premenopausal women.	
Natazia (estradiol valerate and dienogest-estradiol valerate) oral tablet	Endocrine and Metabolic/ Contraceptives/ Four Phase	Natazia is indicated: <ul style="list-style-type: none"> • For use by women to prevent pregnancy • For the treatment of heavy menstrual bleeding in women without organic pathology who choose to use an oral contraceptive as their method of contraception 	To provide a quadriphasic option for the treatment of contraception and heavy menstrual bleeding.
NovoSeven RT (coagulation factor VIIa [recombinant]) intravenous solution for injection	Hematologic/ Miscellaneous Bleeding Disorders Agents	NovoSeven RT is indicated for: <ul style="list-style-type: none"> • Treatment of bleeding episodes and perioperative management in adults and children with hemophilia A or B with inhibitors, congenital Factor VII deficiency, and Glanzmann's thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets • Treatment of bleeding episodes and perioperative management in adults with acquired hemophilia 	To provide an option for the treatment of bleeding in patients with acquired hemophilia or hemophilia A or B with inhibitors.
Orladeyo (berotralstat) oral capsule	Immunologic Agents/ Hereditary Angioedema	Orladeyo is indicated for prophylaxis to prevent attacks of hereditary angioedema in adults and pediatric patients 12 years and older.	To provide an additional option for the prophylaxis of acute attacks of hereditary angioedema.

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Promacta (eltrombopag) oral powder for suspension, oral tablet	Hematologic/ Thrombocytopenia Agents	Promacta is indicated: <ul style="list-style-type: none"> • For the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy • For the treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy • In combination with standard immunosuppressive therapy for the first-line treatment of severe aplastic anemia in adult and pediatric patients 2 years and older • For the treatment of patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy 	To provide an option for the treatment of thrombocytopenia and aplastic anemia.
Qelbree (viloxazine ext-rel) oral extended-release capsule	Central Nervous System/ Attention Deficit Hyperactivity Disorder	Qelbree is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 17 years of age.	To provide an additional non-stimulant option for the treatment of ADHD.
Rozlytrek (entrectinib) oral capsule	Antineoplastic Agents/ Kinase Inhibitors	Rozlytrek is indicated for the treatment of:	To provide an option for the treatment of ROS1-positive NSCLC and solid tumors with NTRK gene fusion.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> Adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are ROS1-positive Adult and pediatric patients 12 years of age and older with solid tumors that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have progressed following treatment or have no satisfactory alternative therapy 	
Sevenfact (coagulation factor VIIa [recombinant]-jncw) intravenous solution for injection	Hematologic/ Miscellaneous Bleeding Disorders Agents	Sevenfact is indicated for the treatment and control of bleeding episodes occurring in adults and adolescents (12 years of age and older) with hemophilia A or B with inhibitors.	To provide an option for the treatment of bleeding in patients with hemophilia A or B with inhibitors.
Soolantra (ivermectin) topical cream	Topical/ Dermatology/ Rosacea	Soolantra is indicated for the treatment of inflammatory lesions of rosacea.	To provide an additional option for the treatment of rosacea.
Tavalisse (fostamatinib) oral tablet	Hematologic/ Thrombocytopenia Agents	Tavalisse is indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.	To provide an option for the treatment of chronic immune thrombocytopenia.
Verquvo (vericiguat) oral tablet	Cardiovascular/ Heart Failure	Verquvo is indicated to reduce the risk of cardiovascular death and heart failure	To provide an additional option in the treatment of heart failure due to reduced ejection fraction that is not

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		hospitalization following a hospitalization for heart failure or need for outpatient intravenous diuretics, in adults with symptomatic chronic heart failure and ejection fraction less than 45%.	adequately treated by standard therapies to decrease the risk of cardiovascular death and heart failure hospitalization.
Vitakvi (larotrectinib) oral capsule, oral solution	Antineoplastic Agents/ Kinase Inhibitors	Vitakvi is indicated for the treatment of adult and pediatric patients with solid tumors that have a NTRK gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have no satisfactory alternative treatments or that have progressed following treatment.	To provide an option for the treatment of solid tumors with a NTRK gene fusion.
Wakix (pitolisant) oral tablet	Central Nervous System/ Narcolepsy	Wakix is indicated for the treatment of excessive daytime sleepiness or cataplexy in adult patients with narcolepsy.	To provide an additional option for the treatment of excessive daytime sleepiness or cataplexy in patients with narcolepsy.
Wegovy (semaglutide) subcutaneous solution for injection	Endocrine and Metabolic/ Antiobesity/ Injectable	Wegovy is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index of: <ul style="list-style-type: none"> • 30 kg/m² or greater (obesity) • 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, 	To provide an additional option for the treatment of obesity.

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		type 2 diabetes mellitus, or dyslipidemia)	
Xywav (calcium, magnesium, potassium, and sodium oxybates) oral solution	Central Nervous System/ Narcolepsy	Xywav is indicated for the treatment of: <ul style="list-style-type: none"> • Cataplexy or excessive daytime sleepiness in patients 7 years of age and older with narcolepsy • Idiopathic hypersomnia in adults 	To provide an additional option for the treatment of excessive daytime sleepiness or cataplexy in patients with narcolepsy.
Zykadia (ceritinib) oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Zykadia is indicated for the treatment of adults with metastatic NSCLC whose tumors are anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test.	To provide an additional option for the treatment of ALK-positive NSCLC.
Generic Agents:			
bepotastine ophthalmic solution	Topical/ Ophthalmic/ Antiallergics	Bepotastine is indicated for the treatment of itching associated with allergic conjunctivitis.	To provide an additional generic option for the treatment of allergic conjunctivitis.
everolimus oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Everolimus is indicated for the treatment of: <ul style="list-style-type: none"> • Postmenopausal women with advanced hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer in combination with exemestane after failure of treatment with letrozole or anastrozole • Adults with progressive neuroendocrine tumors of pancreatic origin (PNET) and adults with progressive, well- 	To provide a generic option for the treatment of hormone receptor-positive, HER2-negative breast cancer, PNET, NET, RCC, renal angiomyolipoma and TSC.

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		differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal or lung origin that are unresectable, locally advanced or metastatic <ul style="list-style-type: none"> • Adults with advanced renal cell carcinoma (RCC) after failure of treatment with sunitinib or sorafenib • Adults with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery • Adult and pediatric patients aged 1 year and older with TSC who have subependymal giant cell astrocytoma that requires therapeutic intervention but cannot be curatively resected 	
halobetasol cream topical cream	Topical/ Dermatology/ Corticosteroids/ Very High Potency	Halobetasol cream is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	To provide an additional generic option for the treatment of inflammatory and pruritic dermatoses.
halobetasol ointment topical ointment	Topical/ Dermatology/ Corticosteroids/ Very High Potency	Halobetasol ointment is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	To provide an additional generic option for the treatment of inflammatory and pruritic dermatoses.
penicillamine tablet oral tablet	Hematologic/ Chelating Agents	Penicillamine tablet is indicated in the treatment of Wilson's disease, cystinuria, and in patients with severe, active	To provide an additional generic option for the treatment of Wilson's disease and cystinuria.

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		rheumatoid arthritis who have failed to respond to an adequate trial of conventional therapy.	
tiopronin oral tablet	Genitourinary/ Miscellaneous	Tiopronin is indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine stone formation in adults and pediatric patients 9 years of age and older and weighing at least 20 kg with severe homozygous cystinuria, who are not responsive to these measures alone.	To provide a generic option prevention of cystine stone formation associated with severe homozygous cystinuria.

DELETIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Doptelet (avatrombopag) oral tablet	Hematologic/ Thrombocytopenia Agents	Doptelet is indicated for the treatment of: <ul style="list-style-type: none"> • Thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure • Thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment 	Availability of additional options for the treatment of chronic immune thrombocytopenia. Preferred options on the Advanced Control Formulary include Promacta (eltrombopag) and Tavalisse (fostamatinib).

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Reyvow (lasmiditan) oral tablet	Central Nervous System/ Migraine/ Acute Migraine Agents/ Miscellaneous	Reyvow is indicated for the acute treatment of migraine with or without aura in adults.	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), Ubrovelvy (ubrogepant), and Zomig Nasal Spray (zolmitriptan).

REMOVALS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Adrenalin (epinephrine) intramuscular/ intravenous/ subcutaneous solution for injection	Respiratory/ Anaphylaxis Treatment Agents	Adrenalin is indicated for: <ul style="list-style-type: none"> • Emergency treatment of allergic reactions (Type 1), including anaphylaxis • To increase mean arterial blood pressure in adult patients with hypotension associated with septic shock 	Availability of additional options for the emergency treatment of Type 1 allergic reactions, including anaphylaxis. Preferred options on the Advanced Control Formulary include epinephrine auto-injector, Auvi-Q (epinephrine), EpiPen (epinephrine auto-injector) and EpiPen Jr. (epinephrine auto-injector).

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Afinitor (everolimus) oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Afinitor is indicated for the treatment of: <ul style="list-style-type: none"> • Postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer in combination with exemestane after failure of treatment with letrozole or anastrozole • Adults with PNET of pancreatic origin and adults with progressive, well-differentiated, non-functional NET of gastrointestinal or lung origin that are unresectable, locally advanced or metastatic • Adults with advanced RCC after failure of treatment with sunitinib or sorafenib • Adults with renal angiomyolipoma and TSC, not requiring immediate surgery • Adult and pediatric patients aged 1 year and older with TSC who have subependymal giant cell astrocytoma that requires therapeutic intervention but cannot be curatively resected 	Availability of an additional option for the treatment of hormone receptor-positive, HER2-negative breast cancer, PNET, NET, RCC, renal angiomyolipoma and TSC. Preferred options on the Advanced Control Formulary include everolimus and Afinitor Disperz (everolimus).
Aimovig (erenumab-aooe) subcutaneous solution for injection	Central Nervous System/ Migraine/ Preventive Migraine Agents/ Monoclonal Antibodies	Aimovig is indicated for the preventive treatment of migraine in adults.	Availability of additional monoclonal antibody options for the preventive treatment of migraine. Preferred options on the Advanced Control Formulary include Ajovy (fremanezumab-vfrm) and Emgality (galcanezumab-gnlm).

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Aranesp (darbepoetin alfa) intravenous/ subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Aranesp is indicated for the treatment of anemia due to: <ul style="list-style-type: none"> • Chronic kidney disease in patients on dialysis and patients not on dialysis • The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy 	Availability of an additional hematopoietic growth factor option for the treatment of anemia. The preferred option on the Advanced Control Formulary is Retacrit (epoetin alfa-epbx).
Atripla (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 (HIV-1) infection in adults and pediatric patients weighing at least 40 kg.	Availability of additional combination options for the treatment of HIV-1 infection. 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).
Balcoltra (ethinyl estradiol-levonorgestrel and -iron) oral tablet	Endocrine and Metabolic/ Contraceptives/ Monophasic	Balcoltra is indicated for use by females of reproductive potential to prevent pregnancy.	Availability of additional oral combination contraceptive options. Preferred options on the Advanced Control Formulary include ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-

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			levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, Lo Loestrin Fe (ethinyl estradiol-norethindrone acetate and ethinyl estradiol and iron) and Natazia (estradiol valerate and dienogest-estradiol valerate).
Botox (onabotulinumtoxinA) intradermal/ intradetrusor/ intramuscular solution for injection	Central Nervous System/ Botulinum Toxins	Botox is indicated for: <ul style="list-style-type: none"> • Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication • Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis) in adults who have an inadequate response to or are intolerant of an anticholinergic medication • Treatment of neurogenic detrusor overactivity in pediatric patients 5 years of age and older who have an inadequate response to or are intolerant of anticholinergic medication • Prophylaxis of headaches in adult patients with chronic migraine (≥15 days 	Availability of additional treatment options. Consult doctor for preferred options on the Advanced Control Formulary.

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		per month with headache lasting 4 hours a day or longer) <ul style="list-style-type: none"> • Treatment of spasticity in patients 2 years of age and older • Treatment of cervical dystonia in adult patients, to reduce the severity of abnormal head position and neck pain • Treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients • Treatment of blepharospasm associated with dystonia in patients 12 years of age and older • Treatment of strabismus in patients 12 years of age and older 	
Cinryze (C1 esterase inhibitor [human]) intravenous solution for injection	Immunologic Agents/ Hereditary Angioedema	Cinryze is indicated for routine prophylaxis against angioedema attacks in adults, adolescents and pediatric patients (6 years of age and older) with hereditary angioedema.	Availability of additional options for the prophylaxis of hereditary angioedema. Preferred options on the Advanced Control Formulary include Orladeyo (berotralstat) and Takhzyro (lanadelumab-flyo).
Eliquis (apixaban) oral tablet, oral tablet starter pack	Hematologic/ Anticoagulants/ Oral	Eliquis is indicated: <ul style="list-style-type: none"> • To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation 	Availability of additional oral anticoagulant options. Preferred options on the Advanced Control Formulary include warfarin and Xarelto (rivaroxaban).

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		<ul style="list-style-type: none"> For the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery For the treatment of DVT and PE, and for the reduction in the risk of recurrent DVT and PE following initial therapy 	
Feiba (anti-inhibitor coagulant complex [human]) intravenous solution for injection	Hematologic/ Miscellaneous Bleeding Disorders Agents	Feiba is indicated for use in hemophilia A and B patients with inhibitors for: <ul style="list-style-type: none"> Control and prevention of bleeding episodes Perioperative management Routine prophylaxis to prevent or reduce the frequency of bleeding episodes 	Availability of additional options for the treatment of bleeding in patients with hemophilia A or B with inhibitors. Preferred options on the Advanced Control Formulary include NovoSeven RT (coagulation factor VIIa [recombinant]) and Sevenfact (coagulation factor VIIa [recombinant]-jncw).
Haegarda (C1 esterase inhibitor [human]) subcutaneous solution for injection	Immunologic Agents/ Hereditary Angioedema	Haegarda is indicated for routine prophylaxis to prevent hereditary angioedema attacks in patients 6 years of age and older.	Availability of additional options for the prophylaxis of hereditary angioedema. Preferred options on the Advanced Control Formulary include Orladeyo (berotralstat) and Takhzyro (lanadelumab-flyo).
Iclusig (ponatinib) oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Iclusig is indicated for the treatment of adult patients with: <ul style="list-style-type: none"> Chronic phase chronic myeloid leukemia (CML) with resistance or 	Availability of additional options for the treatment of CML and Ph+ ALL.

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		intolerance to at least two prior kinase inhibitors <ul style="list-style-type: none"> Accelerated phase or blast phase CML or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL) for whom no other kinase inhibitors are indicated T315I-positive CML (chronic phase, accelerated phase, or blast phase) or T315I-positive Ph+ ALL 	Preferred options on the Advanced Control Formulary include imatinib mesylate, Bosulif (bosutinib) and Sprycel (dasatinib).
Leukine (sargramostim) intravenous/ subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Leukine is indicated: <ul style="list-style-type: none"> To shorten time to neutrophil recovery and to reduce the incidence of severe, life-threatening or fatal infections resulting in death following induction chemotherapy in adult patients 55 years and older with acute myeloid leukemia For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adult patients with cancer For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older with 	Availability of an additional hematopoietic growth factor option. The preferred option on the Advanced Control Formulary is Nivestym (filgrastim-aafi).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		non-Hodgkin lymphoma, Hodgkin lymphoma or ALL <ul style="list-style-type: none"> • For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation from human leukocyte antigens (HLA)-matched related donors in adult and pediatric patients 2 years of age and older • For treatment of delayed neutrophil recovery or graft failure after autologous or allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older • To increase survival in adult and pediatric patients from birth to 17 years of age acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome) 	
Mulpleta (lusutrombopag) oral tablet	Hematologic/ Thrombocytopenia Agents	Mulpleta is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.	Availability of additional options for the treatment of thrombocytopenia in patients with chronic liver disease scheduled to undergo a procedure. Consult doctor for preferred options on the Advanced Control Formulary.

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Nplate (romiplostim) subcutaneous solution for injection	Hematologic/ Thrombocytopenia Agents	Nplate is indicated: <ul style="list-style-type: none"> • For the treatment of thrombocytopenia in: <ul style="list-style-type: none"> • Adult patients with immune thrombocytopenia who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy • Pediatric patients 1 year of age and older with immune thrombocytopenia for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy • To increase survival in adults and in pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome) 	Availability of additional options for the treatment of immune thrombocytopenia. Preferred options on the Advanced Control Formulary include Promacta (eltrombopag) and Tavalisse (fostamatinib).
Symjepi (epinephrine) intramuscular/ subcutaneous solution for injection	Respiratory/ Anaphylaxis Treatment Agents	Symjepi is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis.	Availability of additional options for the emergency treatment of Type 1 allergic reactions, including anaphylaxis. Preferred options on the Advanced Control Formulary include epinephrine auto-injector, Auvi-Q (epinephrine),

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
			EpiPen (epinephrine auto-injector) and EpiPen Jr. (epinephrine auto-injector).
Truvada (emtricitabine-tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Truvada is indicated: <ul style="list-style-type: none"> • In combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients 12 years of age and older • In combination with safer sex practices for HIV-1 pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in at-risk adults and adolescents weighing at least 35 kg 	Availability of additional options for the treatment of HIV-1 infection and PrEP. Preferred options on the Advanced Control Formulary include abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, Cimduo (lamivudine-tenofovir disoproxil fumarate), Descovy (emtricitabine-tenofovir alafenamide) and Temixys (lamivudine-tenofovir disoproxil fumarate).
Xalkori (crizotinib) oral capsule	Antineoplastic Agents/ Kinase Inhibitors	Xalkori is indicated for the treatment of: <ul style="list-style-type: none"> • Patients with metastatic NSCLC whose tumors are ALK or ROS1-positive as detected by an FDA-approved test • Pediatric patients 1 year of age and older and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma that is ALK-positive 	Availability of additional options for the treatment of ALK positive NSCLC. Preferred options on the Advanced Control Formulary include Alecensa (alectinib), Alunbrig (brigatinib) and Zykadia (ceritinib).
Generic Agents:			
budesonide ext-rel oral extended-release tablet	Gastrointestinal/ Inflammatory Bowel Disease/ Oral Agents	Budesonide ext-rel is indicated for the induction of remission in patients with active, mild to moderate ulcerative colitis.	Availability of additional oral steroidal 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

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
			ext-rel, sulfasalazine, sulfasalazine delayed-rel, Asacol HD (mesalamine delayed-rel) and Pentasa (mesalamine ext-rel).
ivermectin topical cream	Topical/ Dermatology/ Rosacea	Ivermectin is indicated for the treatment of inflammatory lesions of rosacea.	Availability of additional options for the treatment of rosacea. Preferred options on the Advanced Control Formulary include azelaic acid gel, metronidazole, Finacea foam (azelaic acid) and Soolantra (ivermectin).
nitrofurantoin (NDC 16571074024 only) oral suspension	Anti-Infectives/ Miscellaneous	Nitrofurantoin indicated for the treatment of urinary tract infections (UTI) when 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 an additional nitrofurantoin option for the treatment of UTI. The preferred option on the Advanced Control Formulary is nitrofurantoin (except NDCs 16571074024, 70408023932).
tavaborole topical solution	Topical/ Dermatology/ Antifungals	Tavaborole is indicated for the topical treatment of onychomycosis of the toenails due to <i>Trichophyton rubrum</i> or <i>Trichophyton mentagrophytes</i> .	Availability of an additional option for the treatment of onychomycosis of the toenails. The preferred option on the Advanced Control Formulary is terbinafine tablet.

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OTHER:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Cimzia prefilled syringe (certolizumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Cimzia prefilled syringe is indicated for: <ul style="list-style-type: none"> 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 Treatment of adults with moderately to severely active rheumatoid arthritis Treatment of adult patients with active psoriatic arthritis Treatment of adults with active ankylosing spondylitis Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy 	Now preferred for: <ul style="list-style-type: none"> Non-radiographic axial spondyloarthritis Ankylosing spondylitis (after failure of two preferred agents) Crohn's disease (after failure of two preferred agents) Psoriasis (after failure of two preferred agents) Psoriatic arthritis (after failure of two preferred agents) Rheumatoid arthritis (after failure of two preferred agents)
Cosentyx (secukinumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Cosentyx is indicated for the treatment of: <ul style="list-style-type: none"> Moderate to severe plaque psoriasis in patients 6 years and older who are 	Now preferred for non-radiographic axial spondyloarthritis. Note:

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		candidates for systemic therapy or phototherapy <ul style="list-style-type: none"> Adults with active psoriatic arthritis Adults with active ankylosing spondylitis Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation 	Cosentyx remains preferred for ankylosing spondylitis and psoriatic arthritis, and excluded for psoriasis.
Stelara Subcutaneous (ustekinumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Stelara Subcutaneous is indicated for the treatment of: <ul style="list-style-type: none"> Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy in pediatric patients 6 years and older and adults Active psoriatic arthritis, alone or in combination with methotrexate in adults Moderately to severely active Crohn's disease in adults Moderately to severely active ulcerative colitis in adults 	Now preferred for psoriatic arthritis. Note: Stelara Subcutaneous remains preferred for psoriasis, Crohn's disease (after failure of Humira [adalimumab]) and ulcerative colitis (after failure of Humira [adalimumab]).
Taltz (ixekizumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Taltz is indicated for the treatment of: <ul style="list-style-type: none"> Patients aged 6 years or older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy Adults with active psoriatic arthritis Adults with active ankylosing spondylitis 	Now excluded for non-radiographic axial spondyloarthritis. Note: Taltz remains preferred for psoriasis and excluded for ankylosing spondylitis and psoriatic arthritis.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation 	
Tremfya (guselkumab) subcutaneous solution for injection	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Tremfya is indicated for the treatment of adult patients with: <ul style="list-style-type: none"> Moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy Active psoriatic arthritis 	Now preferred for psoriatic arthritis. Note: Tremfya remains preferred for psoriasis.
Zeposia (ozanimod) oral capsule, oral starter pack, oral starter kit	Immunologic Agents/ Autoimmune Agents (Self-Administered)/ Ulcerative Colitis	Zeposia is indicated for the treatment of: <ul style="list-style-type: none"> Relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults Moderately to severely active ulcerative colitis in adults 	Now preferred for ulcerative colitis after failure of Humira (adalimumab).

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