



Advanced Control Formulary®
Change Summary Report
Effective 04-01-2022

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:			
Empaveli (pegcetacoplan) subcutaneous solution for injection	Hematologic/ Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	Empaveli is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria.	To provide an option for the treatment of paroxysmal nocturnal hemoglobinuria.
Gemtesa (vibegron) oral tablet	Genitourinary/ Urinary Antispasmodics	Gemtesa is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency.	To provide an additional option for the treatment of overactive bladder.
Generic Agents:			
arformoterol inhalation solution for nebulization	Respiratory/ Beta Agonists, Inhalants/ Long Acting/ Nebulized Passive Inhalation	Arformoterol is indicated for the long-term, twice daily (morning and evening) maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.	To provide a generic inhaled long-acting beta-agonist option for the treatment of COPD.
difluprednate ophthalmic emulsion	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	Difluprednate is indicated for: <ul style="list-style-type: none">• The treatment of inflammation and pain associated with ocular surgery.	To provide an additional generic ophthalmic steroidal anti-inflammatory option.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> The treatment of endogenous anterior uveitis. 	
enalapril oral solution	Cardiovascular/ ACE Inhibitors	Enalapril oral solution is indicated for: <ul style="list-style-type: none"> Treatment of symptomatic heart failure. Treatment of asymptomatic left ventricular dysfunction, to decrease the rate of development of overt heart failure and reduce hospitalization for heart failure. 	To provide a generic oral solution ACE (angiotensin-converting enzyme) inhibitor option for the treatment of heart failure.
enalapril oral tablet	Cardiovascular/ ACE Inhibitors	Enalapril oral tablet is indicated for: <ul style="list-style-type: none"> Treatment of hypertension, to lower blood pressure. Treatment of symptomatic heart failure. Treatment of asymptomatic left ventricular dysfunction, to decrease the rate of development of overt heart failure and reduce hospitalization for heart failure. 	To provide an additional generic ACE inhibitor option for the treatment of hypertension and heart failure.
nebivolol oral tablet	Cardiovascular/ Beta-Blockers	Nebivolol is indicated for the treatment of hypertension, to lower blood pressure.	To provide an additional generic beta-blocker option for the treatment of hypertension.
sunitinib oral capsule	Antineoplastic Agents/ Kinase Inhibitors	Sunitinib is indicated for: <ul style="list-style-type: none"> Treatment of adult patients with gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate. Treatment of adult patients with advanced renal cell carcinoma (RCC). 	To provide an additional generic kinase inhibitor option for the treatment of GIST, RCC, and pNET.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none">• Adjuvant treatment of adult patients at high risk of recurrent RCC following nephrectomy.• Treatment of progressive, well-differentiated pancreatic neuroendocrine tumors (pNET) in adult patients with unresectable locally advanced or metastatic disease.	

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DELETIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Durezol (difluprednate) ophthalmic emulsion	Topical/ Ophthalmic/ Anti-Inflammatories/ Steroidal	Durezol is indicated for: <ul style="list-style-type: none"> • The treatment of inflammation and pain associated with ocular surgery. • The treatment of endogenous anterior uveitis. 	Availability of generic ophthalmic steroidal anti-inflammatory options. Preferred options on the Advanced Control Formulary include dexamethasone, difluprednate, loteprednol, and prednisolone acetate 1%.
Sutent (sunitinib) oral capsule	Antineoplastic Agents/ Kinase Inhibitors	Sutent is indicated for: <ul style="list-style-type: none"> • Treatment of adult patients with gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate. • Treatment of adult patients with advanced renal cell carcinoma (RCC). • Adjuvant treatment of adult patients at high risk of recurrent RCC following nephrectomy. • Treatment of progressive, well-differentiated pancreatic neuroendocrine tumors (pNET) in adult patients with unresectable locally advanced or metastatic disease. 	Availability of additional kinase inhibitor options for the treatment of GIST, RCC, and pNET. Preferred options on the Advanced Control Formulary include everolimus, sunitinib, Cabometyx (cabozantinib), and Votrient (pazopanib).

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REMOVALS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Dymista (azelastine-fluticasone) intranasal spray	Respiratory/ Nasal Steroids/Combinations	Dymista is indicated for the relief of symptoms of seasonal allergic rhinitis in adult and pediatric patients 6 years of age and older.	Availability of generic nasal steroid and nasal steroid/antihistamine combination options for the treatment of seasonal allergic rhinitis. Preferred options on the Advanced Control Formulary include azelastine-fluticasone, flunisolide, fluticasone, and mometasone.
Epaned (enalapril) oral solution	Cardiovascular/ ACE Inhibitors	Epaned is indicated for: <ul style="list-style-type: none"> • Treatment of hypertension in adults and children older than one month, to lower blood pressure. • Treatment of symptomatic heart failure. • Treatment of asymptomatic left ventricular dysfunction, to decrease the rate of development of overt heart failure and reduce hospitalization for heart failure. 	Availability of generic ACE inhibitor options for the treatment of hypertension and heart failure, including enalapril oral solution. Preferred options on the Advanced Control Formulary include enalapril, fosinopril, lisinopril, quinapril, and ramipril.
Myrbetriq (mirabegron ext-rel) oral extended-release tablet, oral extended-release suspension	Genitourinary/ Urinary Antispasmodics	Myrbetriq is indicated for: <ul style="list-style-type: none"> • Treatment of overactive bladder in adult patients with symptoms of urge urinary incontinence, urgency, and urinary frequency, either alone or in combination with the muscarinic antagonist solifenacin succinate. 	Availability of additional urinary antispasmodic options. Preferred options on the Advanced Control Formulary include darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gemtesa (vibegron), and Toviaz (fesoterodine ext-rel).

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		<ul style="list-style-type: none"> Treatment of neurogenic detrusor overactivity in pediatric patients aged 3 years and older and weighing 35 kg or more. 	
Nuedexta (dextromethorphan-quinidine) oral capsule	Central Nervous System/ Psychotherapeutic – Miscellaneous/ Pseudobulbar Affect Agents	Nuedexta is indicated for the treatment of pseudobulbar affect.	Availability of additional treatment options. Consult doctor for preferred options on the Advanced Control Formulary.
Generic Agents:			
adapalene pad topical swab/solution	Topical/ Dermatology/ Acne/ Topical	Adapalene pad is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.	Availability of additional options for the treatment of acne vulgaris. Preferred options on the Advanced Control Formulary include adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, Epiduo (adapalene-benzoyl peroxide), and Onexton (clindamycin-benzoyl peroxide).
albuterol sulfate CFC-free aerosol (NDC 66993001968 only) inhalation aerosol	Respiratory/ Beta Agonists, Inhalants/ Short Acting	Albuterol Sulfate CFC-free aerosol is indicated for: <ul style="list-style-type: none"> Treatment or prevention of bronchospasm in adult and pediatric patients aged 4 years and older with reversible obstructive airway disease. 	Availability of additional inhaled short-acting beta agonist options. Preferred options on the Advanced Control Formulary include albuterol sulfate CFC-free aerosol (except NDC 66993001968) and levalbuterol tartrate CFC-free aerosol.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> Prevention of exercise-induced bronchospasm in adult and pediatric patients aged 4 years and older. 	
butalbital-acetaminophen capsule oral capsule	Analgesics/ Non-Opioid Analgesics	Butalbital-acetaminophen is indicated for the relief of the symptom complex of tension (or muscle contraction) headache.	<p>Availability of additional non-opioid analgesic options for the treatment of headache.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, ibuprofen, and naproxen (except naproxen CR or naproxen suspension).</p>
butalbital-acetaminophen tablet 25 mg-325 mg oral tablet	Analgesics/ Non-Opioid Analgesics	Butalbital-acetaminophen is indicated for the relief of the symptom complex of tension (or muscle contraction) headache.	<p>Availability of additional non-opioid analgesic options for the treatment of headache.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, ibuprofen, and naproxen (except naproxen CR or naproxen suspension).</p>
CapsFenac Pak (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	CapsFenac Pak is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	<p>Availability of additional options for the treatment of osteoarthritis of the knees.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).</p>
Capsinac (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Capsinac is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	<p>Availability of additional options for the treatment of osteoarthritis of the knees.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%,</p>

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			diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).
ciprofloxacin-fluocinolone otic solution	Topical/ Otic/ Anti-Infective/Anti-Inflammatory Combinations	Ciprofloxacin-fluocinolone is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to <i>Staphylococcus aureus</i> , <i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> , <i>Moraxella catarrhalis</i> , and <i>Pseudomonas aeruginosa</i> .	Availability of additional options for the treatment of acute otitis media. Preferred options on the Advanced Control Formulary include ciprofloxacin-dexamethasone and ofloxacin otic.
desonide gel topical gel	Topical/ Dermatology/ Atopic Dermatitis	Desonide gel is indicated for the topical treatment of mild to moderate atopic dermatitis in patients 3 months of age and older.	Availability of additional low potency topical corticosteroid options for the treatment of mild to moderate atopic dermatitis. Preferred options on the Advanced Control Formulary include desonide (except desonide gel) and hydrocortisone.
DesRx (desonide gel) topical gel	Topical/ Dermatology/ Atopic Dermatitis	DesRx is indicated for the topical treatment of mild to moderate atopic dermatitis in patients 3 months of age and older.	Availability of additional low potency topical corticosteroid options for the treatment of mild to moderate atopic dermatitis. Preferred options on the Advanced Control Formulary include desonide (except desonide gel) and hydrocortisone.
Dicloflex DC (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Dicloflex DC is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	Availability of additional options for the treatment of osteoarthritis of the knees.

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			Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).
DicloHeal-60 (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	DicloHeal-60 is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	Availability of additional options for the treatment of osteoarthritis of the knees. Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).
doxycycline hyclate delayed-rel tablet 75 mg, 80 mg, 150 mg oral-delayed release tablet	Anti-Infectives/ Antibacterials/ Tetracyclines	Doxycycline hyclate delayed-rel is indicated for: <ul style="list-style-type: none"> • Rickettsial infections • Sexually transmitted infections • Respiratory tract infections • Specific bacterial infections • Ophthalmic infections • Anthrax, including inhalational anthrax (post-exposure) • Alternative treatment for selected infections when penicillin is contraindicated • Adjunctive therapy in acute intestinal amebiasis and severe acne 	Availability of additional tetracycline antibiotic 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.

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		<ul style="list-style-type: none"> • Prophylaxis of malaria 	
Iclofenac CP (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Iclofenac CP is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	<p>Availability of additional options for the treatment of osteoarthritis of the knees.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).</p>
Kapzin DC (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Kapzin DC is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	<p>Availability of additional options for the treatment of osteoarthritis of the knees.</p> <p>Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).</p>
peg 3350-electrolytes (generics for Moviprep only) oral solution	Gastrointestinal/ Laxatives	Peg 3350-electrolytes is indicated for cleansing of the colon in preparation for colonoscopy and barium enema x-ray examination in adults.	<p>Availability of additional options for cleansing of the colon in preparation for colonoscopy and barium enema x-ray examination in adults.</p> <p>Preferred options on the Advanced Control Formulary include peg 3350-electrolytes (except generics for Moviprep) and Clenpiq (sodium picosulfate-magnesium oxide-citric acid).</p>
Pennaicin (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Pennaicin is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	Availability of additional options for the treatment of osteoarthritis of the knees.

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			Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).
prednisolone solution 10 mg/5 mL, 20 mg/5 mL oral solution	Endocrine and Metabolic/ Glucocorticoids	Prednisolone solution is indicated as an anti-inflammatory or immunosuppressant agent in the following conditions: <ul style="list-style-type: none"> • Allergic states • Autoimmune disorders • Dermatologic diseases • Edematous states • Endocrine disorders • Gastrointestinal diseases • Hematologic disorders • Neoplastic diseases • Nervous system • Ophthalmic diseases • Respiratory diseases • Rheumatic disorders • Solid organ rejection 	Availability of additional glucocorticoid options. Preferred options on the Advanced Control Formulary include dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL and 20 mg/5 mL), and prednisone.
Sure Result DSS Premium Pack (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Sure Result DSS Premium Pack is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	Availability of additional options for the treatment of osteoarthritis of the knees. Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet,

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Vtol LQ (butalbital-acetaminophen-caffeine) oral solution	Analgesics/ Non-Opioid Analgesics	Vtol LQ is indicated for the relief of the symptom complex of tension (or muscle contraction) headache.	and naproxen (except naproxen CR or naproxen suspension). Availability of additional non-opioid analgesic options for the treatment of headache. Preferred options on the Advanced Control Formulary include diclofenac sodium, ibuprofen, and naproxen (except naproxen CR or naproxen suspension).
Ziclopro (diclofenac sodium-capsaicin) topical therapy pack	Analgesics/ NSAIDs, Combinations	Ziclopro is indicated for the treatment of signs and symptoms of osteoarthritis of the knees.	Availability of additional options for the treatment of osteoarthritis of the knees. Preferred options on the Advanced Control Formulary include diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, and naproxen (except naproxen CR or naproxen suspension).

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OTHER:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
Brand Agents:			
Rinvoq (upadacitinib) oral extended-release tablet	Immunologic Agents/ Autoimmune Agents (Self-Administered)	Rinvoq is indicated for the treatment of: <ul style="list-style-type: none"> Adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more TNF blockers. Adults with active psoriatic arthritis who have had an inadequate response or intolerance to one or more TNF blockers. 	Now preferred for psoriatic arthritis. Note: Rinvoq remains preferred for rheumatoid arthritis.
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 first line for Crohn's disease. No longer requires a prior failure of Humira. Note: Stelara Subcutaneous remains preferred for: <ul style="list-style-type: none"> Psoriasis Psoriatic arthritis Ulcerative colitis (after failure of Humira [adalimumab])

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Generic Agents:			
morphine suppository rectal suppository	Analgesics/ Opioid Analgesics	Morphine suppository is indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.	Listing will be deleted from the document to reflect changes in the Management of Select Unapproved Products Strategy.

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