

Advanced Control Choice Formulary

January 2024 Updates

Removals	Add-Backs
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Removals

Drug Class	Removed Product(s)	Formulary Options
Anaphylaxis Agents*	epinephrine auto-injector (NDCs 00093-XXXX-XX and 49502-XXXX-XX only), EPIPEN**, EPIPEN JR**	epinephrine (except NDCs 00093-XXXX-XX and 49502-XXXX-XX), AUVI-Q
Antidepressants*	APLENZIN, WELLBUTRIN XL**	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Antineoplastic Agents, Herceptin Biosimilars	KANJINTI, TRAZIMERA	HERZUMA, OGIVRI
Antineoplastic Agents, Kinase Inhibitors*	IRESSA**	erlotinib, gefitinib
	JAKAFI (For Polycythemia Vera Only)	BESREMI
	LORBRENA	ALECENSA, ALUNBRIG
	NEXAVAR**	sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA
Antiretroviral Agents, Non-Nucleoside Reverse Transcriptase Inhibitors	EDURANT	efavirenz
	INTELENCE	etravirine
Antiretroviral Agents, Protease Inhibitors*	KALETRA**	atazanavir, darunavir, lopinavir-ritonavir
	NORVIR	ritonavir
	PREZISTA, REYATAZ	atazanavir, darunavir
Autoimmune Agents*	AMJEVITA	<u>Ankylosing Spondylitis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, RINVOQ <u>Crohn's Disease</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS <u>Psoriasis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, OTEZLA, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TALTZ, TREMFYA

Drug Class	Removed Product(s)	Formulary Options
Autoimmune Agents (cont.)	AMJEVITA (cont.)	<u>Psoriatic Arthritis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA <u>Rheumatoid Arthritis</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ, KEVZARA, ORENCIA CLICKJECT & SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR <u>Ulcerative Colitis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, STELARA, XELJANZ, XELJANZ XR, ZEPOSIA <u>All Other Conditions</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ
Botulinum Toxin*	MYOBLOC	DYSPOORT, XEOMIN
Central Precocious Puberty	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
Dermatology, Acne*	ARAZLO, RETIN-A MICRO	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI
	isotretinoin capsule 25mg, 35mg	isotretinoin capsule 20mg, 30mg, 40mg
Diabetes, DPP-4 Inhibitors*	JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
	TRADJENTA	JANUVIA
Diabetes, Insulin, Long-Acting*	LEVEMIR	BASAGLAR
Diabetes, Insulin, Rapid-Acting*	NOVOLOG	FIASP
Fertility Regulators, Follicle Stimulating Hormones*	GONAL-F	FOLLISTIM AQ
Fertility Regulators, Gonadotropin-Releasing Hormone Antagonists	Fyremadel, ganirelix acetate, CETROTIDE	GANIRELIX ACETATE**
Human Growth Hormones*	GENOTROPIN	HUMATROPE, NORDITROPIN
Immune Globulins	HYQVIA	CUTAQUIG
	OCTAGAM	Talk to your doctor
Migraine, Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA

Drug Class	Removed Product(s)	Formulary Options
Multiple Sclerosis Agents*	COPAXONE 20MG/ML**	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Narcolepsy*	XYREM	LUMRYZ, WAKIX, XYWAV
Pain, Opioid Analgesics*	XTAMPZA ER	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel
Respiratory, Steroid/Beta-Agonist Combinations*	ADVAIR DISKUS**, SYMBICORT**	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)
Retinal Disorders	EYLEA, LUCENTIS	BYOOVIZ, CIMERLI

Add-Backs

Drug Class	Product(s) Added
Antiarrhythmics*	MULTAQ
Autoimmune Agents*	AVSOLA
Diabetes, DPP-4 Inhibitors*	JANUMET, JANUMET XR, JANUVIA
Fertility Regulators, Follicle Stimulating Hormones*	FOLLISTIM AQ
Human Growth Hormone*	HUMATROPE
Respiratory, Steroid/Beta-Agonist Combinations*	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, DULERA (Non-Preferred)

New to Market Updates

Drug Class	Product(s) Added
Antineoplastic Agents*	HERZUMA, OGIVRI
Immune Globulins	XEMBIFY (Non-Preferred)
Retinal Disorders	BYOOVIZ, CIMERLI

*Class has existing formulary exclusions **Multi-source Brand Product

This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates.

Information listed is current as of September 29, 2023 and subject to change. 106-60103 092923

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