

Changes to your plan's pharmacy drug list

In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Formulary + Advanced Control Specialty Formulary** effective **January 1, 2024**. A copy of the Performance Drug List is attached for your reference.

The formulary review process focused on many factors, including:

Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.

Formulary additions

Drug Class	Drug name(s)
Antiarrhythmics*	MULTAQ
Antineoplastic Agents*	HERZUMA^, OGIVRI^
Autoimmune Agents*	AVSOLA
Diabetes, Insulin, Long-Acting*	LANTUS
Fertility Regulators, Follicle Stimulating Hormones*	FOLLISTIM AQ
Fertility Regulators, Gonadotropin-Releasing Hormone Antagonists	GANIRELIX ACETATE **
Human Growth Hormone*	HUMATROPE
Immune Globulins	XEMBIFY^ (Non-preferred)
Respiratory, Steroid/Beta-Agonist Combinations*	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, DULERA (Non-preferred)
Retinal Disorders	BYOOVIZ^, CIMERLI^

Tier 3 to Tier 2

Drug Class	Drug name(s)
Antineoplastic Agents	KRAZATI, LUMAKRAS
Botulinum Toxins*	DYSPORE, XEOMIN
Dermatology, Eczema Agents	OPZELURA
Diabetic Supplies	LANCET/LANCET DEVICES FOR ACCU-CHEK, ONETOUGH
Narcolepsy Agents	LUMRYZ
Polycythemia Vera Agents	BESREMI
Pulmonary Arterial Hypertension*	TADLIQ
Urea Cycle Disorders	PHEBURANE

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
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 only), AUVI-Q
Antidepressants*	APLENZIN, WELLBUTRN XL**	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Antineoplastic Agents, Kinase Inhibitors*	IRESSA**	erlotinib, gefitinib
	JAKAFI (For Polycythemia Vera only)	BESREMI
	LORBRENA	ALECENSA, ALUNBRIG
	NEXAVAR**	sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA
Antineoplastic Agents, Herceptin Biosimilars	KANJINTI, TRAZIMERA	HERZUMA, OGIVRI
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

		<p><u>Psoriatic Arthritis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA</p> <p><u>Rheumatoid Arthritis</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ, KEVZARA, ORENCIA CLICKJECT & SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR</p> <p><u>Ulcerative Colitis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, STELARA, XELJANZ, XELJANZ XR, ZEPOSIA</p> <p><u>All Other Conditions</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ</p>
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 capsules 25mg & 35mg	isotretinoin capsule 20 mg, 30 mg, 40 mg
Diabetes, Insulin, Long-Acting*	BASAGLAR, LEVEMIR	LANTUS
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	OCTAGAM	Talk to your doctor
Migraine, Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA
Multiple Sclerosis Agents*	COPAXONE 20MG/ML**	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Narcolepsy*	XYREM	LUMRYZ, WAKIX, XYWAV
Opioid-induced Constipation*	RELISTOR	lubiprostone, SYMPROIC

Pain, Opioid Analgesics*	XTAMPZA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel
Respiratory, Steroid/Beta-Agonist Combinations*	ADVAIR DISKUS**, ADVAIR HFA, SYMBICORT**	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREQ ELLIPTA (except certain NDCs)
Retinal Disorders	EYLEA, LUCENTIS	BYOOVIZ, CIMERLI

Tier 2 to Tier 3

Drug Class	Drug name(s)	Alternative(s)
Antiarrhythmic Agents	NORPACE CR**	disopyramide
Antineoplastic Agents, Alkylating Agents	EMCYT	abiraterone, bicalutamide, flutamide, ERLEADA, NUBEQA, XTANDI, YONSA
Antiretroviral Agents, Antiretroviral Combinations	EVOTAZ, PREZCOBIX	atazanavir or darunavir plus ritonavir; SYMTUZA
Dermatology, Corticosteroids	CAPEX SHAMPOO	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	DERMA-SMOOTH OIL	calcipotriene ointment 0.005%, calcipotriene solution 0.005%, ENSTILAR
	TEXACORT	alclometasone cream and ointment 0.05%, desonide cream, lotion, and ointment 0.05%, fluocinolone acetonide solution 0.01%, hydrocortisone cream 2.5%, hydrocortisone cream and ointment 0.5% and 1%, hydrocortisone lotion 1%
Dermatology, Rosacea	RHOFADE	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA
Diabetic Supplies	BD PrecisionGlide™ syringe	BD ULTRAFINE INSULIN SYRINGES, BD ULTRAFINE NEEDLES
	All lancets/lancing devices not OneTouch	ONETOUCH LANCETS/LANCING DEVICES
Gastrointestinal, Antispasmodic Agents	ANASPAZ**	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tabs
Immunomodulators, Miscellaneous	ILARIS	Talk to your doctor
Ophthalmic, Glaucoma Agents	ZIOPTAN**	bimatoprost, latanoprost, travoprost

Pain, NSAIDs	ANAPROX DS**	diclofenac sodium delayed-rel, ibuprofen, naproxen, diflunisal, etodolac, meloxicam, nabumetone, oxaprozin, sulindac
Supplements, Electrolytes	K-TAB**	potassium chloride ext-rel, potassium chloride liquid

Key for table

UPPER CASE = brand-name medication

lower case = generic medication

*Class has existing formulary exclusions

**Multi-source Brand Product

^Previously New to Market Block

Please note: The specialty copay may not be affected by the proposed changes if the plan has a fixed copay for all specialty drugs.

Mailing Process:

As always, notifications will be sent to members who are negatively affected by tier changes* or drug exclusions. Please encourage your members to use the CVS Caremark website, Caremark.com, to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

We appreciate the opportunity to serve you and your members' prescription benefit needs. If you have any questions regarding these changes, please do not hesitate to contact me.



*Except in the case of products that have generic equivalents available or are acute therapies.