

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 **April 1, 2024**. A copy of the Performance Drug List and Advanced Control Specialty List are 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

Tier 3

Drug Class	Drug name(s)
Nutritional Supplements	VITALIPID N INFANT, VITLIPID N ADULT, VITLIPID N INFANT (all non-preferred)

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)
Antineoplastic Agents, Kinase Inhibitors*	IMBRUVICA	BRUKINSA, CALQUENCE
Autoimmune Agents*	HUMIRA	<u>Ankylosing Spondylitis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HYRIMOZ, RINVOQ <u>Crohn's Disease</u> – ADALIMUMAB-ADAZ, HYRIMOZ, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS <u>Psoriasis</u> – ADALIMUMAB-ADAZ, HYRIMOZ, OTEZLA, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TALTZ, TREMFYA <u>Psoriatic Arthritis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA <u>Rheumatoid Arthritis</u> – ADALIMUMAB-ADAZ, ENBREL, HYRIMOZ, KEVZARA, ORENCIA CLICKJECT & SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR <u>Ulcerative Colitis</u> – ADALIMUMAB-ADAZ, HYRIMOZ, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA <u>All Other Conditions</u> – ADALIMUMAB-ADAZ, ENBREL, HYRIMOZ
Phosphate Binder Agents*	VELPHORO	calcium acetate, sevelamer carbonate, AURYXIA
Respiratory, Beta Agonists, Short-Acting*	albuterol sulfate aerosol (NDC 00093317431)	albuterol sulfate aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate aerosol

Tier 2 to Tier 3

Drug Class	Drug name(s)	Alternative(s)
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Cardiovascular Agents, Heart Failure	BIDIL**	isosorbide dinitrate-hydralazine
Endocrine and Metabolic Agents, Estrogen	EVAMIST	estradiol, DIVIGEL
Gastrointestinal Agents, Ulcer	PYLERA**	bismuth-metronidazole-tetracycline, TALICIA
Topical Dermatologic Agents, Actinic Keratosis	ZYCLARA	fluorouracil cream 5%, fluorouracil solution, imiquimod

Indication based strategy updates

Indication	Drug(s) added
Plaque Psoriasis	BIMZELX

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.