



## Advanced Control Formulary™ Change Summary Report Effective 07-01-2019

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

### ADDITIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Cimduo</b> (lamivudine and tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Cimduo is indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adult and pediatric patients weighing at least 35 kg.	To provide an additional option for the treatment of HIV-1 infection.
<b>Eylea</b> (aflibercept) intravitreal injection	Topical/ Ophthalmic/ Retinal Disorders	Eylea is indicated for the treatment of patients with: <ul style="list-style-type: none"> <li>• Neovascular (Wet) Age-Related Macular Degeneration (AMD)</li> <li>• Macular Edema Following Retinal Vein Occlusion (RVO)</li> <li>• Diabetic Macular Edema (DME)</li> <li>• Diabetic Retinopathy (DR) in Patients with DME.</li> </ul>	To provide an option for the treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, diabetic macular edema, and diabetic retinopathy in patients with diabetic macular edema.
<b>Lucentis</b> (ranibizumab) intravitreal injection	Topical/ Ophthalmic/ Retinal Disorders	Lucentis is indicated for the treatment of patients with: <ul style="list-style-type: none"> <li>• Neovascular (Wet) Age-Related Macular Degeneration (AMD)</li> <li>• Macular Edema Following Retinal Vein Occlusion (RVO)</li> <li>• Diabetic Macular Edema (DME)</li> </ul>	To provide an option for the treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, diabetic macular edema, diabetic retinopathy, and myopic choroidal neovascularization.

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		<ul style="list-style-type: none"> <li>• Diabetic Retinopathy (DR)</li> <li>• Myopic Choroidal Neovascularization (mCNV).</li> </ul>	
<b>Neulasta</b> (pegfilgrastim) subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Neulasta is indicated to: <ul style="list-style-type: none"> <li>• Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia</li> <li>• Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).</li> </ul>	To provide a long-acting colony-stimulating factor option for those who are receiving myelosuppressive anti-cancer therapy.
<b>Nivestym</b> (filgrastim-aafi) intravenous/ subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Nivestym is indicated to: <ul style="list-style-type: none"> <li>• Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever</li> <li>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)</li> </ul>	To provide a short-acting colony-stimulating factor option for those who are receiving myelosuppressive anti-cancer therapy.

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		<ul style="list-style-type: none"> <li>• Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)</li> <li>• Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis</li> <li>• Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.</li> </ul>	
<b>Symfi</b> (efavirenz, lamivudine and tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Symfi is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adult and pediatric patients weighing at least 40 kg.	To provide an additional option for the treatment of HIV-1 infection.
<b>Symfi Lo</b> (efavirenz, lamivudine and tenofovir disoproxil fumarate) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	Symfi Lo is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adult and pediatric patients weighing at least 35 kg.	To provide an additional option for the treatment of HIV-1 infection.
<b>SymlinPen</b> (pramlintide)	Endocrine and Metabolic/ Antidiabetics/ Amylin Analogs	SymlinPen is indicated for patients with type 1 or type 2 diabetes who use mealtime insulin and have failed to achieve desired	To provide an additional option for glycemic control in those with type 1 or type 2 diabetes mellitus.

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subcutaneous solution for injection		glycemic control despite optimal insulin therapy.	
<b>Udenyca</b> (pegfilgrastim-cbqv) subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Udenyca is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	To provide a long-acting colony-stimulating factor option for those who are receiving myelosuppressive anti-cancer therapy.
<b>V-Go Insulin Infusion Pump</b> insulin infusion disposable pump	Endocrine and Metabolic/ Antidiabetics/ Supplies	V-Go insulin infusion pump is used to allow continuous subcutaneous basal insulin infusion and on-demand bolus dosing in those with insulin-dependent diabetes.	To provide an option for continuous/basal and on-demand/bolus insulin delivery in insulin-dependent diabetes.
<b>Generic Agents:</b>			
<b>clindamycin</b> vaginal cream	Genitourinary/ Vaginal Anti-Infectives	Clindamycin vaginal cream is indicated in the treatment of bacterial vaginosis.	To provide a generic option for the treatment of bacterial vaginosis.
<b>metronidazole</b> vaginal gel	Genitourinary/ Vaginal Anti-Infectives	Metronidazole vaginal gel is indicated in the treatment of bacterial vaginosis.	To provide a generic option for the treatment of bacterial vaginosis.
<b>silodosin</b> oral capsule	Genitourinary/ Benign Prostatic Hyperplasia	Silodosin is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).	To provide an additional generic option for the treatment of benign prostatic hyperplasia (BPH).
<b>sirolimus</b> oral solution	Immunologic Agents/ Immunosuppressants/ Rapamycin Derivatives	Sirolimus solution is indicated for the prophylaxis of organ rejection in patients aged ≥ 13 years receiving renal transplants.	To provide an additional generic option for organ rejection prophylaxis in renal transplant recipients.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>tadalafil</b> oral tablet	Genitourinary/ Erectile Dysfunction/ Phosphodiesterase Inhibitors	Tadalafil is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Erectile dysfunction (ED)</li> <li>• The signs and symptoms of benign prostatic hyperplasia (BPH)</li> <li>• ED and the signs and symptoms of BPH (ED/BPH).</li> </ul>	To provide an additional generic option for the treatment of erectile dysfunction (ED) and benign prostatic hyperplasia (BPH).
<b>toremifene</b> oral tablet	Antineoplastic Agents/ Hormonal Antineoplastic Agents/ Antiestrogens	Toremifene is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.	To provide generic option for the treatment of metastatic breast cancer.

### DELETIONS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Cialis</b> (tadalafil) oral tablet	Genitourinary/ Erectile Dysfunction/ Phosphodiesterase Inhibitors	Cialis is indicated for the treatment of: <ul style="list-style-type: none"> <li>• Erectile dysfunction (ED)</li> <li>• The signs and symptoms of benign prostatic hyperplasia (BPH)</li> <li>• ED and the signs and symptoms of BPH (ED/BPH).</li> </ul>	Availability of a generic option for the treatment of erectile dysfunction (ED) and benign prostatic hyperplasia (BPH).  The preferred options on the Advanced Control Formulary are sildenafil, tadalafil, vardenafil.
<b>Fareston</b> (toremifene) oral tablet	Antineoplastic Agents/ Hormonal Antineoplastic Agents/ Antiestrogens	Fareston is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.	Availability of a generic option for the treatment of metastatic breast cancer.  The preferred option on the Advanced Control Formulary is toremifene.

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<b>Rapaflo</b> (silodosin) oral capsule	Genitourinary/ Benign Prostatic Hyperplasia	Rapaflo is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).	Availability of generic options for the treatment of benign prostatic hyperplasia (BPH).  The preferred options on the Advanced Control Formulary include alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, and terazosin.
<b>Savella, Savella Titration Pack</b> (milnacipran) oral tablet	Central Nervous System/ Fibromyalgia	Savella is indicated for the management of fibromyalgia.	Availability of another option for the treatment of fibromyalgia.  The preferred option on the Advanced Control Formulary is Lyrica (pregabalin).

### REMOVALS:

Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Brand Agents:</b>			
<b>Ala-Quin</b> (clioquinol- hydrocortisone) topical cream	Topical/ Dermatology/ Corticosteroids/ Combination Agents	Ala-Quin is indicated for: Contact or atopic dermatitis; impetiginized eczema; nummular eczema; infantile eczema; endogenous chronic infectious dermatitis; stasis dermatitis; pyoderma; nuchal eczema and chronic eczematoid otitis externa; acne urticata; localized or disseminated neurodermatitis; lichen simplex chronicus; anogenital pruritus (vulvae, scroti, ani); folliculitis; bacterial dermatoses; mycotic	Availability of other options for relief of various inflammatory and pruritic conditions caused by bacterial infections.  Preferred options on the Advanced Control Formulary include desonide and hydrocortisone.

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		dermatoses such as tinea (capitis, cruris, corporis, pedis); moniliasis; and intertrigo.	
<b>Angeliq 0.25 mg-0.5 mg</b> (drospirenone-estradiol) oral tablet	Endocrine and Metabolic/ Estrogens/Progestins/ Oral	Angeliq 0.25 mg drospirenone (DRSP)-0.5 mg estradiol (E2) is indicated in women with an intact uterus for the treatment of: <ul style="list-style-type: none"> <li>Moderate to severe vasomotor symptoms due to menopause.</li> </ul>	Availability of other options for the treatment of vasomotor symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include estradiol-norethindrone, Premphase (estrogens, conjugated/medroxyprogesterone), and Prempro (estrogens, conjugated/medroxyprogesterone).
<b>Angeliq 0.5 mg-1 mg</b> (drospirenone-estradiol) oral tablet	Endocrine and Metabolic/ Estrogens/Progestins/ Oral	Angeliq 0.5 mg DRSP-1 mg E2 is indicated in women with an intact uterus for the treatment of: <ul style="list-style-type: none"> <li>Moderate to severe vasomotor symptoms due to menopause</li> <li>Moderate to severe vulvar and vaginal atrophy symptoms due to menopause.</li> </ul>	Availability of other options for the treatment of vasomotor and vulvar/vaginal atrophy symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include estradiol-norethindrone, Premphase (estrogens, conjugated/medroxyprogesterone), and Prempro (estrogens, conjugated/medroxyprogesterone).
<b>Astagraf XL</b> (tacrolimus) oral extended-release capsule	Immunologic Agents/ Immunosuppressants/ Calcineurin Inhibitors	Astagraf XL is indicated for the prophylaxis of organ rejection in kidney transplant patients in combination with other immunosuppressants in adult and pediatric patients.	Availability of generic options for the prophylaxis of organ rejection in transplant recipients.  Preferred options on the Advanced Control Formulary include cyclosporine; cyclosporine, modified; and tacrolimus.
<b>Baraclude tablet</b> (entecavir) oral tablet	Anti-Infectives/ Antivirals/ Hepatitis B Agents	Baraclude is indicated for the treatment of chronic hepatitis B virus (HBV) infection in adults and children at least 2 years of age with evidence of active viral replication and either evidence of persistent elevations in	Availability of other options for the treatment of chronic hepatitis B virus (HBV) infection.

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		serum aminotransferases (ALT or AST) or histologically active disease.	Preferred options on the Advanced Control Formulary include entecavir tablet, lamivudine, Baraclude solution (entecavir), and Viread (tenofovir disoproxil fumarate).
<b>Canasa</b> (mesalamine) rectal suppository	Gastrointestinal/ Inflammatory Bowel Disease/ Rectal Agents	Canasa is indicated in adults for the treatment of mildly to moderately active ulcerative proctitis.	Availability of other options for the treatment of ulcerative proctitis.  Preferred options on the Advanced Control Formulary include hydrocortisone enema, mesalamine rectal suspension, and Cortifoam (hydrocortisone acetate foam).
<b>Capex</b> (fluocinolone acetone) topical shampoo	Topical/ Dermatology/ Antiseborrheics	Capex is indicated for the treatment of seborrheic dermatitis of the scalp.	Availability of generic options for the treatment of seborrheic dermatitis of the scalp.  Preferred options on the Advanced Control Formulary include ketoconazole shampoo 2% and selenium sulfide shampoo 2.5%.
<b>Carafate</b> (sucralfate) oral tablet	Gastrointestinal/ Miscellaneous	Carafate tablets are indicated in: <ul style="list-style-type: none"> <li>• Short-term treatment (up to 8 weeks) of active duodenal ulcer. While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination</li> <li>• Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers.</li> </ul>	Availability of a generic option for the treatment and maintenance therapy of duodenal ulcers.  The preferred option on the Advanced Control Formulary is sucralfate.

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<b>Carafate</b> (sucralfate) oral suspension	Gastrointestinal/ Miscellaneous	Carafate suspension is indicated in: Short-term (up to 8 weeks) treatment of active duodenal ulcer.	Availability of a generic option for the treatment of active duodenal ulcers.  The preferred option on the Advanced Control Formulary is sucralfate.
<b>CellCept</b> (mycophenolate mofetil) oral capsule, oral tablet, oral suspension, intravenous solution for injection	Immunologic Agents/ Immunosuppressants/ Antimetabolites	CellCept is indicated for the prophylaxis of organ rejection in recipients of allogeneic kidney, heart or liver transplants, and should be used in combination with other immunosuppressants.	Availability of generic options for the prophylaxis of organ rejection in transplant recipients.  Preferred options on the Advanced Control Formulary include mycophenolate mofetil and mycophenolate sodium.
<b>Chorionic Gonadotropin</b> (chorionic gonadotropin) intramuscular solution for injection	Endocrine and Metabolic/ Fertility Regulators/ Ovulation Stimulants, Gonadotropins	Chorionic Gonadotropin is indicated for: <ul style="list-style-type: none"> <li>• Prepubertal cryptorchidism not due to anatomical obstruction</li> <li>• Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males</li> <li>• Induction of ovulation and pregnancy in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins.</li> </ul>	Availability of other options for the induction of ovulation and pregnancy in women.  The preferred option on the Advanced Control Formulary is Ovidrel (choriogonadotropin alfa).

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<b>Clenpiq</b> (sodium picosulfate-magnesium oxide-anhydrous citric acid) oral solution	Gastrointestinal/ Laxatives	Clenpiq is indicated for cleansing of the colon as a preparation for colonoscopy in adults.	Availability of other options for colon cleansing prior to a colonoscopy.  Preferred options on the Advanced Control Formulary include peg 3350-electrolytes and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
<b>Denavir</b> (penciclovir) topical cream	Topical/ Dermatology/ Miscellaneous Skin and Mucous Membrane	Denavir is indicated for the treatment of recurrent herpes labialis (cold sores) in adults and pediatric patients 12 years of age and older.	Availability of generic options for the treatment of recurrent herpes labialis (cold sores).  Preferred options on the Advanced Control Formulary include acyclovir and valacyclovir.
<b>Dermasorb HC</b> (hydrocortisone lotion with shampoo and body wash) topical kit	Topical/ Dermatology/ Corticosteroids/ Low Potency	Dermasorb HC is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of generic low-potency corticosteroids for the relief of inflammatory and pruritic conditions.  Preferred options on the Advanced Control Formulary include desonide and hydrocortisone.
<b>Dermasorb TA</b> (triamcinolone acetonide with emollient cream) topical kit	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Dermasorb TA is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of generic medium-potency corticosteroids for the relief of inflammatory and pruritic conditions.  Preferred options on the Advanced Control Formulary include clocortolone, hydrocortisone butyrate, mometasone, and triamcinolone.
<b>Dermasorb XM</b> (urea cream with moisturizing cream) topical kit	Topical/ Dermatology/ Emollients	Dermasorb XM is useful for the treatment of hyperkeratotic conditions such as dry, rough skin, xerosis, ichthyosis, skin cracks and fissures, dermatitis, eczema, psoriasis, keratoses and calluses.	Availability of a generic option for the treatment of hyperkeratotic conditions.  The preferred option on the Advanced Control Formulary is ammonium lactate 12%.

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<b>Elestrin</b> (estradiol) transdermal gel	Endocrine and Metabolic/ Estrogens/ Transdermal	Elestrin is indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.	Availability of other options for the treatment of vasomotor symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include estradiol, Divigel (estradiol), and Evamist (estradiol).
<b>Enlite</b> continuous blood glucose monitoring system	Endocrine and Metabolic/ Antidiabetics/ Supplies	Enlite glucose system measures and transmits glucose information to a continuous blood glucose monitor used by those with diabetes.	Availability of another option for testing and monitoring blood glucose levels.  The preferred option on the Advanced Control Formulary is the Dexcom continuous glucose monitoring system.
<b>Envarsus XR</b> (tacrolimus) oral tablet	Immunologic Agents/ Immunosuppressants/ Calcineurin Inhibitors	Envarsus XR is indicated for: <ul style="list-style-type: none"> <li>• The prophylaxis of organ rejection in de novo kidney transplant patients in combination with other immunosuppressants</li> <li>• The prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations in combination with other immunosuppressants.</li> </ul>	Availability of generic options for the prophylaxis of organ rejection in transplant recipients.  Preferred options on the Advanced Control Formulary include cyclosporine; cyclosporine, modified; and tacrolimus.
<b>Epivir HBV</b> (lamivudine) oral tablet, oral solution	Anti-Infectives/ Antivirals/ Hepatitis Agents/ Hepatitis B	Epivir HBV is indicated for the treatment of chronic hepatitis B virus infection associated with evidence of hepatitis B viral replication and active liver inflammation.	Availability of other options for the treatment of chronic hepatitis B virus (HBV) infection.  Preferred options on the Advanced Control Formulary include entecavir tablet, lamivudine, Baraclude solution (entecavir) and Viread (tenofovir disoproxil fumarate).

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<b>Ertaczo</b> (sertaconazole nitrate) topical cream	Topical/ Dermatology/ Antifungals	Ertaczo is indicated for the topical treatment of interdigital tinea pedis in immunocompetent patients 12 years of age and older caused by <i>Trichophyton rubrum</i> , <i>Trichophyton mentagrophytes</i> , and <i>Epidermophyton floccosum</i> .	Availability of generic options for the treatment of tinea pedis.  Preferred options on the Advanced Control Formulary include clotrimazole, econazole, ketoconazole, luliconazole, and oxiconazole.
<b>Estring</b> (estradiol) vaginal ring	Endocrine and Metabolic/ Estrogens/ Vaginal	Estring is indicated for the treatment of moderate to severe symptoms of vulvar and vaginal atrophy due to menopause.	Availability of other options for treating symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include vaginal estradiol and Premarin cream (estrogens, conjugated).
<b>FazaClo</b> (clozapine) orally disintegrating tablet	Central Nervous System/ Antipsychotics/ Atypicals	FazaClo is indicated for: <ul style="list-style-type: none"> <li>• Treatment-resistant schizophrenia</li> <li>• Reducing suicidal behavior in patients with schizophrenia or schizoaffective disorder.</li> </ul>	Availability of other antipsychotics for treatment-resistant schizophrenia and reducing suicidal behavior in those with schizophrenia or schizoaffective disorder.  Preferred options on the Advanced Control Formulary include aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, and Vraylar (cariprazine).
<b>Femring</b> (estradiol acetate) vaginal ring	Endocrine and Metabolic/ Estrogens/ Vaginal	Femring is indicated for: <ul style="list-style-type: none"> <li>• Treatment of moderate to severe vasomotor symptoms due to menopause</li> <li>• Treatment of moderate to severe vulvar and vaginal atrophy due to menopause.</li> </ul>	Availability of other options for treating symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include vaginal estradiol and Premarin cream (estrogens, conjugated).
<b>Fluoroplex</b> (fluorouracil) topical cream	Topical/ Dermatology/ Actinic Keratosis	Fluoroplex is indicated for the topical treatment of multiple actinic (solar) keratoses.	Availability of other topical options for treatment of actinic keratoses.

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			Preferred options on the Advanced Control Formulary include fluorouracil cream 5%, fluorouracil solution, imiquimod, and Tolak (fluorouracil cream 4%).
<b>Fosteum</b> (genistein-citrated zinc bisglycinate-cholecalciferol) oral capsule	Nutritional/Supplements/ Vitamins and Minerals	Fosteum is used for the clinical dietary management of the metabolic processes of osteopenia and osteoporosis.	Availability of generic options for treating osteopenia and osteoporosis.  Preferred options on the Advanced Control Formulary include alendronate, ibandronate, and risedronate.
<b>Fosteum Plus</b> (dicalcium malate-pentacalcium hydroxide triphosphate-phosphate-genistein aglycone-citrated zinc bisglycinate-trans-menaquinone-7-cholecalciferol) oral capsule	Nutritional/Supplements/ Vitamins and Minerals	Fosteum Plus is used for the clinical dietary management of the metabolic processes of osteopenia and osteoporosis.	Availability of generic options for treating osteopenia and osteoporosis.  Preferred options on the Advanced Control Formulary include alendronate, ibandronate, and risedronate.
<b>FreeStyle Libre</b> continuous glucose monitoring system	Endocrine and Metabolic/ Antidiabetics/ Supplies	The FreeStyle Libre system is used to continually monitor blood glucose levels in those who have diabetes.	Availability of an additional option for testing and monitoring blood glucose levels.  The preferred option on the Advanced Control Formulary is the Dexcom continuous glucose monitoring system.

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<b>Fulphila</b> (pegfilgrastim-jmdb) subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Fulphila is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Availability of other long-acting colony-stimulating factor options for those who are receiving myelosuppressive anti-cancer therapy.  Preferred options on the Advanced Control Formulary include Neulasta (pegfilgrastim) and Udenyca (pegfilgrastim-cbqv).
<b>Geodon</b> (ziprasidone) oral capsule	Central Nervous System/ Antipsychotics/ Atypicals	Geodon is indicated as an oral formulation for the: <ul style="list-style-type: none"> <li>• Treatment of schizophrenia</li> <li>• Acute treatment as monotherapy of manic or mixed episodes associated with bipolar I disorder</li> <li>• Maintenance treatment of bipolar I disorder as an adjunct to lithium or valproate.</li> </ul>	Availability of other atypical antipsychotics for various mental health conditions.  Preferred options on the Advanced Control Formulary include aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, and Vraylar (cariprazine).
<b>Geodon</b> (ziprasidone) intramuscular solution for injection	Central Nervous System/ Antipsychotics/ Atypicals	Geodon is indicated as an intramuscular injection for the: <ul style="list-style-type: none"> <li>• Acute treatment of agitation in schizophrenic patients.</li> </ul>	Availability of other options for the acute treatment of agitation in those with schizophrenia.  The preferred option on the Advanced Control Formulary is haloperidol.
<b>Granix</b> (tbo-filgrastim) subcutaneous solution for injection	Hematologic/ Hematopoietic Growth Factors	Granix is indicated in adult and pediatric patients 1 month and older for reduction in the duration of severe neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Availability of another short-acting colony-stimulating factor option for those who are receiving myelosuppressive anti-cancer therapy.  The preferred option on the Advanced Control Formulary is Nivestym (filgrastim-aafi).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Guardian Connect</b> continuous blood glucose monitoring system	Endocrine and Metabolic/ Antidiabetics/ Supplies	Guardian Connect system measures and transmits glucose information to a continuous blood glucose monitor used by those with diabetes.	Availability of another option for testing and monitoring blood glucose levels.  The preferred option on the Advanced Control Formulary is the Dexcom continuous glucose monitoring system.
<b>Hepsera</b> (adefovir dipivoxil) oral tablet	Anti-Infectives/ Antivirals/ Hepatitis B Agents	Hepsera is indicated for the treatment of chronic hepatitis B in patients ≥12 years of age.	Availability of other options for the treatment of chronic hepatitis B virus (HBV) infection.  Preferred options on the Advanced Control Formulary include entecavir tablet, lamivudine, Baraclude solution (entecavir) and Viread (tenofovir disoproxil fumarate).
<b>Imvexxy</b> (estradiol) vaginal insert	Endocrine and Metabolic/ Estrogens/ Vaginal	Imvexxy is indicated for the treatment of moderate to severe dyspareunia, a symptom of vulvar and vaginal atrophy, due to menopause.	Availability of other options for treating symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include vaginal estradiol and Premarin cream (estrogens, conjugated).
<b>Minivelle</b> (estradiol) transdermal patch	Endocrine and Metabolic/ Estrogens/ Transdermal	Minivelle is indicated for the treatment of moderate to severe vasomotor symptoms due to menopause and prevention of postmenopausal osteoporosis.	Availability of other options for the treatment of vasomotor symptoms associated with menopause.  Preferred options on the Advanced Control Formulary include estradiol patch, Divigel (estradiol), and Evamist (estradiol).
<b>Minolira</b> (minocycline) oral extended-release tablet	Anti-Infectives/ Antibacterials/ Tetracyclines	Minolira is indicated to treat only inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older.	Availability of generic options for the treatment of inflammatory lesions associated with acne vulgaris.  Preferred options on the Advanced Control Formulary include doxycycline hyclate, minocycline, and tetracycline.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>MoviPrep</b> (peg 3350-sodium sulfate-sodium chloride-potassium chloride-ascorbic acid-sodium ascorbate) powder for oral solution	Gastrointestinal/ Laxatives	MoviPrep is indicated for cleansing of the colon as a preparation for colonoscopy in adults.	Availability of other options for colon cleansing prior to a colonoscopy.  Preferred options on the Advanced Control Formulary include peg 3350-electrolytes and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
<b>Myfortic</b> (mycophenolate sodium) oral delayed-release tablet	Immunologic Agents/ Immunosuppressants/ Antimetabolites	Myfortic is indicated for prophylaxis of organ rejection in adult patients receiving kidney transplants and in pediatric patients at least 5 years of age and older who are at least 6 months post kidney transplant.	Availability of generic options for the prophylaxis of organ rejection in renal transplant recipients.  Preferred options on the Advanced Control Formulary include mycophenolate mofetil and mycophenolate sodium.
<b>Naftin</b> (naftifine) topical cream	Topical/ Dermatology/ Antifungals	Naftin cream is indicated for the treatment of: interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms <i>Trichophyton rubrum</i> , <i>Trichophyton mentagrophytes</i> , and <i>Epidermophyton floccosum</i> .	Availability of generic options for the treatment of tinea pedis, tinea cruris, and tinea corporis.  Preferred options on the Advanced Control Formulary include ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, and oxiconazole.
<b>Naftin</b> (naftifine) topical gel	Topical/ Dermatology/ Antifungals	Naftin gel is indicated for the topical treatment of tinea pedis, tinea cruris, and tinea corporis caused by the organisms <i>Trichophyton rubrum</i> , <i>Trichophyton mentagrophytes</i> , <i>Trichophyton tonsurans</i> , and <i>Epidermophyton floccosum</i> .	Availability of generic options for the treatment of tinea pedis, tinea cruris, and tinea corporis.  Preferred options on the Advanced Control Formulary include ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, and oxiconazole.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
<b>Natazia</b> (estradiol valerate and estradiol valerate-dienogest) oral tablet	Endocrine and Metabolic/ Contraceptives/ Four Phase	Natazia is indicated for use by women to prevent pregnancy.	Availability of other oral contraceptive options.  Preferred options on the Advanced Control Formulary include ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, ethinyl estradiol-levonorgestrel, Safyral (ethinyl estradiol-drospirenone-levomefolate), Lo Loestrin FE (norethindrone acetate and ethinyl estradiol, ethinyl estradiol and ferrous fumarate).
<b>Novarel</b> (chorionic gonadotropin) intramuscular solution for injection	Endocrine and Metabolic/ Fertility Regulators/ Ovulation Stimulants, Gonadotropins	Novarel is indicated for: <ul style="list-style-type: none"> <li>• Prepubertal cryptorchidism not due to anatomic obstruction</li> <li>• Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males</li> <li>• Induction of ovulation and pregnancy in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins.</li> </ul>	Availability of another option for the induction of ovulation and pregnancy in women.  The preferred option on the Advanced Control Formulary is Ovidrel (choriogonadotropin alfa).
<b>Noxafil</b> (posaconazole) oral delayed-release tablet, intravenous	Anti-Infectives/ Antifungals	Noxafil is indicated for: <ul style="list-style-type: none"> <li>• Prophylaxis of invasive Aspergillus and Candida infections in patients who are at high risk of developing these infections due to being severely</li> </ul>	Availability of generic options for the prophylaxis of Aspergillus and Candida infections in those who are immunocompromised.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
solution for injection		immunocompromised, such as HSCT recipients with GVHD or those with hematologic malignancies with prolonged neutropenia from chemotherapy.	Preferred options on the Advanced Control Formulary include fluconazole and itraconazole.
<b>Noxafil</b> (posaconazole) oral suspension	Anti-Infectives/ Antifungals	Noxafil is indicated for: <ul style="list-style-type: none"> <li>• Prophylaxis of invasive Aspergillus and Candida infections in patients who are at high risk of developing these infections due to being severely immunocompromised, such as HSCT recipients with GVHD or those with hematologic malignancies with prolonged neutropenia from chemotherapy</li> <li>• Treatment of oropharyngeal candidiasis (OPC), including OPC refractory (rOPC) to itraconazole and/or fluconazole.</li> </ul>	Availability of generic options for the prophylaxis of Aspergillus and Candida infections in those who are immunocompromised, and for the treatment of oropharyngeal candidiasis.  Preferred options on the Advanced Control Formulary include fluconazole and itraconazole.
<b>Nuessa</b> (metronidazole) vaginal gel	Genitourinary/ Anti-Infectives/ Vaginal	Nuessa is indicated for the treatment of bacterial vaginosis in non-pregnant women.	Availability of generic options for the treatment of bacterial vaginosis.  Preferred options on the Advanced Control Formulary include clindamycin vaginal cream and metronidazole vaginal gel.
<b>Omnipod Insulin Management System</b>	Endocrine and Metabolic/ Antidiabetics/ Supplies	Omnipod Insulin Management System is used to allow continuous subcutaneous basal insulin infusion and on-demand bolus	Availability of another option for continuous/basal and on-demand/bolus insulin delivery in insulin-dependent diabetes.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
insulin infusion disposable pump		dosing in those with insulin-dependent diabetes.	The preferred option on the Advanced Control Formulary is V-Go insulin infusion pump.
<b>OsmoPrep</b> (sodium phosphate, monobasic, monohydrate-sodium phosphate, dibasic anhydrous) oral tablet	Gastrointestinal/ Laxatives	OsmoPrep is indicated for cleansing of the colon as a preparation for colonoscopy in adults.	Availability of other options for colon cleansing prior to a colonoscopy.  Preferred options on the Advanced Control Formulary include peg 3350-electrolytes and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
<b>Otovel</b> (ciprofloxacin-fluocinolone) otic solution	Topical/ Otic/ Anti-Infective/Anti-Inflammatory Combinations	Otovel 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 other options for the treatment of otic infections.  Preferred options on the Advanced Control Formulary include ofloxacin otic and Ciprodex (ciprofloxacin-dexamethasone).
<b>Pancreaze</b> (pancrelipase) oral delayed-release capsule	Gastrointestinal/ Pancreatic Enzymes	Pancreaze is indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.	Availability of other pancreatic enzymes for the treatment of pancreatic insufficiency.  Preferred options on the Advanced Control Formulary include Creon (pancrelipase delayed-rel), Viokace (pancrelipase), and Zenpep (pancrelipase delayed-rel).
<b>Paxil</b> (paroxetine) oral tablet, oral suspension	Central Nervous System/ Antidepressants/ Selective Serotonin Reuptake Inhibitors (SSRIs)	Paxil is indicated for: <ul style="list-style-type: none"> <li>• Major depressive disorder</li> <li>• Obsessive compulsive disorder</li> <li>• Panic disorder</li> </ul>	Availability of other options for the treatment of major depressive disorder, obsessive compulsive disorder, panic disorder, social anxiety disorder, generalized anxiety disorder, and posttraumatic stress disorder.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>• Social Anxiety Disorder</li> <li>• Generalized Anxiety Disorder</li> <li>• Posttraumatic Stress Disorder</li> </ul>	Preferred options on the Advanced Control Formulary include citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, Trintellix (vortioxetine), and Viibryd (vilazodone).
<b>Paxil CR</b> (paroxetine) oral extended- release tablet	Central Nervous System/ Antidepressants/ Selective Serotonin Reuptake Inhibitors (SSRIs)	Paxil CR is indicated for: <ul style="list-style-type: none"> <li>• Major depressive disorder</li> <li>• Panic disorder</li> <li>• Social Anxiety Disorder</li> <li>• Premenstrual dysphoric disorder</li> </ul>	Availability of other options for the treatment of major depressive disorder, panic disorder, social anxiety disorder, and premenstrual dysphoric disorder.  Preferred options on the Advanced Control Formulary include citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, Trintellix (vortioxetine), and Viibryd (vilazodone).
<b>Pertzye</b> (pancrelipase) oral delayed- release capsule	Gastrointestinal/ Pancreatic Enzymes	Pertzye is indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.	Availability of other pancreatic enzymes for the treatment of pancreatic insufficiency.  Preferred options on the Advanced Control Formulary include Creon (pancrelipase delayed-rel), Viokace (pancrelipase), and Zenpep (pancrelipase delayed-rel).
<b>Picato</b> (ingenol mebutate) topical gel	Topical/ Dermatology/ Actinic Keratosis	Picato is indicated for the topical treatment of actinic keratosis.	Availability of other topical options for treatment of actinic keratoses.  Preferred options on the Advanced Control Formulary include fluorouracil cream 5%, fluorouracil solution, imiquimod, and Tolak (fluorouracil cream 4%).
<b>Plenvu</b> (peg 3350-sodium sulfate-sodium chloride-	Gastrointestinal/ Laxatives	Plenvu is indicated for cleansing of the colon in preparation for colonoscopy in adults.	Availability of other options for colon cleansing prior to a colonoscopy.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
potassium chloride-ascorbic acid-sodium ascorbate) powder for oral solution			Preferred options on the Advanced Control Formulary include peg 3350-electrolytes and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
<b>Prefest</b> (estradiol-norgestimate) oral tablet	Endocrine and Metabolic/ Estrogens/Progestins/ Oral	Prefest is indicated in women who have a uterus for the: <ul style="list-style-type: none"> <li>• Treatment of moderate to severe vasomotor symptoms associated with the menopause</li> <li>• Treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with the menopause</li> <li>• Prevention of postmenopausal osteoporosis.</li> </ul>	Availability of other options for the treatment of vasomotor and vulvar/vaginal atrophy symptoms associated with menopause, and for prevention of postmenopausal osteoporosis.  Preferred options on the Advanced Control Formulary include estradiol-norethindrone, Premphase (estrogens, conjugated-medroxyprogesterone), and Prempro (estrogens, conjugated-medroxyprogesterone).
<b>Pregnyl</b> (chorionic gonadotropin) intramuscular solution for injection	Endocrine and Metabolic/ Fertility Regulators/ Ovulation Stimulants, Gonadotropins	Pregnyl is indicated for: <ul style="list-style-type: none"> <li>• Prepubertal cryptorchidism not due to anatomical obstruction</li> <li>• Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males</li> <li>• Induction of ovulation and pregnancy in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been</li> </ul>	Availability of another options for the induction of ovulation and pregnancy in women.  The preferred option on the Advanced Control Formulary is Ovidrel (choriogonadotropin alfa).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		appropriately pretreated with human menotropins.	
<b>Prepopik</b> (sodium picosulfate-magnesium oxide-anhydrous citric acid) powder for oral solution	Gastrointestinal/ Laxatives	Prepopik is indicated for cleansing of the colon as a preparation for colonoscopy in adults and pediatric patients ages 9 years and older.	Availability of other options for colon cleansing prior to a colonoscopy.  Preferred options on the Advanced Control Formulary include peg 3350-electrolytes and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
<b>Pristiq</b> (desvenlafaxine succinate) oral extended-release tablet	Central Nervous System/ Antidepressants/ Selective Norepinephrine Reuptake Inhibitors (SNRIs)	Pristiq is indicated for the treatment of adults with major depressive disorder (MDD).	Availability of generic options for the treatment of major depressive disorder.  Preferred options on the Advanced Control Formulary include desvenlafaxine ext-rel, duloxetine, venlafaxine, and venlafaxine ext-rel capsule.
<b>ProCort</b> (hydrocortisone-pramoxine) rectal cream	Topical/ Dermatology/ Corticosteroids/ Low Potency	ProCort is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.	Availability of a generic low potency corticosteroid for the relief of inflammatory and pruritic conditions.  The preferred option on the Advanced Control Formulary hydrocortisone.
<b>Rapamune</b> (sirolimus) oral tablet, oral solution	Immunologic Agents/ Immunosuppressants/ Rapamycin Derivatives	Rapamune is indicated for: <ul style="list-style-type: none"> <li>• The prophylaxis of organ rejection in patients aged ≥13 years receiving renal transplants</li> <li>• The treatment of patients with lymphangioleiomyomatosis (LAM).</li> </ul>	Availability of a generic option for the prophylaxis of organ rejection in renal transplant recipients and the treatment of lymphangioleiomyomatosis (LAM).  The preferred option on the Advanced Control Formulary is sirolimus.
<b>Rheumate</b> (folate-methylcobalamin-	Nutritional/Supplements/ Vitamins and Minerals	Rheumate is used for the clinical dietary management of the metabolic effects of	Availability of a generic option for folate supplementation during methotrexate therapy.

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
curcuminoid turmerone complex) oral capsule		methotrexate therapy for rheumatoid arthritis (RA).	The preferred option on the Advanced Control Formulary is folic acid.
<b>Sancuso</b> (granisetron) transdermal patch	Gastrointestinal/ Antiemetics	Sancuso is indicated for the prevention of nausea and vomiting in patients receiving moderately and/or highly emetogenic chemotherapy for up to 5 consecutive days.	Availability of generic options for the prevention of chemotherapy-induced nausea and vomiting.  Preferred options on the Advanced Control Formulary include granisetron and ondansetron.
<b>Seysara</b> (sarecycline) oral tablet	Anti-Infectives/ Antibacterials/ Tetracyclines	Seysara is indicated for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 9 years of age and older.	Availability of other options for the treatment of inflammatory lesions associated with acne vulgaris.  Preferred options on the Advanced Control Formulary include doxycycline hyclate, minocycline, and tetracycline.
<b>Solodyn</b> (minocycline) oral extended- release tablet	Anti-Infectives/ Antibacterials/ Tetracyclines	Solodyn is indicated to treat only inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older.	Availability of other options for the treatment of inflammatory lesions associated with acne vulgaris.  Preferred options on the Advanced Control Formulary include doxycycline hyclate, minocycline, and tetracycline.
<b>Solosec</b> (secnidazole) oral granules	Genitourinary/ Anti- Infectives/ Vaginal	Solosec is indicated for the treatment of bacterial vaginosis in adult women.	Availability of generic options for the treatment of bacterial vaginosis.  Preferred options on the Advanced Control Formulary include clindamycin vaginal cream and metronidazole vaginal gel.

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<b>Syndros</b> (dronabinol) oral solution	Gastrointestinal/ Antiemetics	Syndros is indicated in adults for the treatment of: <ul style="list-style-type: none"> <li>• Anorexia associated with weight loss in patients with AIDS</li> <li>• Nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.</li> </ul>	Availability of a generic option for the treatment of anorexia in those with AIDS, as well as the treatment of chemotherapy-induced nausea and vomiting.  The preferred option on the Advanced Control Formulary is dronabinol.
<b>Taytulla</b> (ethinyl estradiol-norethindrone acetate-iron) oral capsule	Endocrine and Metabolic/ Contraceptives/ Monophasic	Taytulla is indicated for use by women to prevent pregnancy.	Availability of other monophasic oral contraceptive options.  Preferred options on the Advanced Control Formulary include ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron, and Safyral (ethinyl estradiol-drospirenone-levomefolate).
<b>Trianex</b> (triamcinolone acetonide) topical ointment	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Trianex is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.	Availability of generic medium-potency corticosteroids for the relief of inflammatory and pruritic conditions.  Preferred options on the Advanced Control Formulary include clocortolone, hydrocortisone butyrate, mometasone, and triamcinolone.
<b>Vasculera</b> (diosmiplex) oral tablet	Nutritional/Supplements/ Vitamins and Minerals	Vasculera is used to address the biochemical pathway to avoid the progression to chronic venous disease (CVD), including relief of leg edema (fluid retention), varicose veins, leg ulcers, stasis dermatitis (skin disease leading to ulcers), and hemorrhoids.	Availability of other options for dietary supplementation in maintaining the integrity of vein walls and decreasing inflammation to prevent progression to chronic venous disease (CVD).  Consult doctor for preferred options on the Advanced Control Formulary.

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<b>Vemlidy</b> (tenofovir alafenamide) oral tablet	Anti-Infectives/ Antivirals/ Hepatitis B Agents	Vemlidy is indicated for the treatment of chronic hepatitis B virus infection in adults with compensated liver disease.	Availability of other options for the treatment of chronic hepatitis B virus (HBV) infection.  Preferred options on the Advanced Control Formulary include entecavir tablet, lamivudine, Baraclude solution (entecavir), and Viread (tenofovir disoproxil fumarate).
<b>Vusion</b> (miconazole-zinc oxide) topical ointment	Topical/ Dermatology/ Antifungal	Vusion is indicated for adjunctive treatment of diaper dermatitis when complicated by documented candidiasis (microscopic evidence of pseudohyphae and/or budding yeast) in immunocompetent pediatric patients 4 weeks and older.	Availability of a generic option for the adjunctive treatment of diaper dermatitis.  The preferred option on the Advanced Control Formulary is nystatin.
<b>Ximino</b> (minocycline) oral extended-release capsule	Anti-Infectives/ Antibacterials/ Tetracyclines	Ximino is indicated to treat only inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older.	Availability of generic options for the treatment of inflammatory lesions associated with acne vulgaris.  Preferred options on the Advanced Control Formulary include doxycycline hyclate, minocycline, and tetracycline.
<b>Xolegel</b> (ketoconazole) topical gel	Topical/ Dermatology/ Antiseborrheics	Xolegel is indicated for topical treatment of seborrheic dermatitis in immunocompetent adults and children 12 years of age and older.	Availability of generic options for the treatment of seborrheic dermatitis.  Preferred options on the Advanced Control Formulary include ciclopirox and ketoconazole.
<b>Xolegel CorePak</b> (ketoconazole-hydrocortisone) topical kit	Topical/ Dermatology/ Antiseborrheics	Xolegel CorePak is indicated for topical treatment of seborrheic dermatitis.	Availability of generic options for the treatment of seborrheic dermatitis.  Preferred options on the Advanced Control Formulary include ciclopirox and ketoconazole.

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<b>Xolegel Duo</b> (ketoconazole-pyrithione zinc) topical kit	Topical/ Dermatology/ Antiseborrheics	Xolegel Duo is indicated for topical treatment of seborrheic dermatitis.	Availability of generic options for the treatment of seborrheic dermatitis.  Preferred options on the Advanced Control Formulary include ciclopirox, ketoconazole cream, ketoconazole shampoo 2% and selenium sulfide shampoo 2.5%.
<b>Zarxio</b> (filgrastim-sndz) solution for injection	Hematologic/ Hematopoietic Growth Factors	Zarxio is indicated to: <ul style="list-style-type: none"> <li>• Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a significant incidence of severe neutropenia with fever</li> <li>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)</li> <li>• Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)</li> <li>• Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis</li> </ul>	Availability of another short-acting colony-stimulating factor option for those who are receiving myelosuppressive anti-cancer therapy.  The preferred option on the Advanced Control Formulary is Nivestym (filgrastim-aafi).

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Product	Therapeutic Category/ Subcategory	Indication	Options/Comments
		<ul style="list-style-type: none"> <li>• Reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.</li> </ul>	
<b>Zortress</b> (everolimus) oral tablet	Immunologic Agents/ Immunosuppressants/ Rapamycin Derivatives	Zortress is indicated for the prophylaxis of organ rejection in adult patients: <ul style="list-style-type: none"> <li>• Kidney transplant</li> <li>• Liver transplant.</li> </ul>	Availability of a generic option for the prophylaxis of organ rejection in kidney and liver transplant recipients.  The preferred option on the Advanced Control Formulary is sirolimus.

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