

# 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, 2026**. 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	Drugs Name(s)
Analgesics, Gout	colchicine capsules 0.6mg
Analgesics, Viscosupplements	ORTHOVISC
Antineoplastic Agents, Kinase Inhibitors	JAKAFI <sup>†</sup>
Autoimmune Agents, Physician-Administered	ENTYVIO IV (Non-Preferred for Crohn's Disease)
Autoimmune Agents, Self-Administered	ENTYVIO PEN
Cardiovascular, Pulmonary Arterial Hypertension	YUTREPIA <sup>†</sup>
Central Nervous System, Botulinum Toxins	DYSPORT <sup>†</sup>
Central Nervous System, Migraine	TOSYMRA <sup>^</sup>
Endocrine and Metabolic, Calcium Regulators	OSENVELT <sup>^</sup>
Genitourinary, Miscellaneous	FILSPARI <sup>†</sup> , VANRAFIA <sup>†</sup>
Hematologic, Hematopoietic Growth Factors	FULPHILA
Immunologic Agents, Alopecia Areata	OLUMIANT <sup>†</sup>
Ophthalmic, Dry Eye Disease	VEVYE <sup>^</sup>

## Tier 3 to Tier 2

Drug Class	Drug Name(s)
Antineoplastic Agents, Kinase Inhibitors	IBTROZI
Cardiovascular, Miscellaneous	VYNDAMAX
Central Nervous System, Antidepressants	AUVELITY
Immunologic Agents, Allergenic Extracts	ODACTRA
Immunologic Agents, Immunoglobulin	XEMBIFY

**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	Drugs Name(s)	Formulary Alternative(s)
Analgesics, Gout*	MITIGARE**	colchicine 0.6 mg
Analgesics, Viscosupplements*	SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
Anti-Infectives, Hepatitis B*	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
Antineoplastic Agents, Biologic Response Modifiers*	REVLIMID	lenalidomide
Antineoplastic Agents, Kinase Inhibitors*	COPIKTRA, ZYDELIG	BRUKINSA, CALQUENCE
Antineoplastic Agents, Monoclonal Antibodies*	PERJETA	PHESGO
Central Nervous System, Migraine*	ONZETRA XSAIL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
Central Nervous System, Movement Disorders*	AUSTEDO XR	tetrabenazine, AUSTEDO, INGREZZA
Endocrine and Metabolic, Calcium Regulators*	XGEVA	OSENVELT
Hematologic, Hematopoietic Growth Factors*	FYLNETRA	FULPHILA, NYVEPRIA
Hematologic, Hemophilia B Agents*	ALPROLIX	BENEFIX, REBINYN
Ophthalmic, Dry Eye Disease*	XiIDRA	RESTASIS, VEVYE

### Tier 2 to Tier 3

Drug Class	Drug Name(s)	Formulary Alternative(s)
Cardiovascular/ Heart Failure	ENTRESTO**	sacubitril-valsartan
Central Nervous System, Antiseizure Agents	APTIOM**, FYCOMPA	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI
Dermatology, Atopic Dermatitis	ADBRY	CIBINQO, DUPIXENT, EBGLYSS, NEMLUVIO, RINVOQ
Endocrine and Metabolic, Fertility Regulators	MENOPUR	Talk to your doctor
Endocrine and Metabolic, Polyneuropathy	TEGSEDI	Talk to your doctor

Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	OTREXUP**	methotrexate, RASUVO
Ophthalmic, Retinal Disorders	CIMERLI	BYOOVIZ

### Key for table

**UPPER CASE** = brand-name medication

\*Class has existing formulary exclusions

^Previously New to Market Block

**lower case** = generic medication

\*\*Multi-source Brand Product

†Product to be added to formulary effective November 1, 2025.

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.