

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 Opt-Out + Advanced Control Specialty Formulary** effective **July 1, 2025**. 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)
Autoimmune Agents, Physician-Administered & Self-Administered*	PYZCHIVA^, YESINTEK^
Gastrointestinal, Miscellaneous*	IQIRVO^
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDS)*	OTREXUP
Respiratory, Alpha-1 Antitrypsin Deficiency Agents*	ARALAST NP, GLASSIA

Tier 3 to Tier 2

Drug Class	Drug Name(s)
Cardiovascular, Antilipemics, Omega-3 Fatty Acids	VASCEPA**
Central Nervous System, Antiparkinsonian Agents	CREXONT
Endocrine and Metabolic, Diabetic Supplies	ACCU-CHEK SAFE-T-PRO LANCETS, ACCU-CHEK SAFE-T-PRO PLUS LANCETS, TRUE METRIX METERS AND TEST STRIPS
Hematologic, Bleeding Disorders Agents*	WILATE
Respiratory, Nasal Steroids	XHANCE

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

Formulary exclusions

Drug Class	Drug Name(s)	Formulary Alternative(s)
Autoimmune Agents (Self-Administered) *	HYRIMOZ (by Sandoz)	<u>Ankylosing Spondylitis</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), RINVOQ <u>Crohn's Disease</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ (by Cordavis), PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC

Hidradenitis Suppurativa: ADALIMUMAB-ADAZ, ADALIMUAMB-FKJP, COSENTYX SC, HYRIMOZ (by Cordavis)

Psoriasis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, BIMZELX, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC, SKYRIZI SC, SOTYKTU, STELARA SC, TREMFYA SC, YESINTEK SC

Psoriatic Arthritis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC

Rheumatoid Arthritis: ADALIMUMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis), KEVZARA, ORENCIA CLICKJECT, ORENCIA SC, RINVOQ, XELJANZ, XELJANZ XR

Ulcerative Colitis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ (by Cordavis), PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA

All other conditions: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis)

Gastrointestinal, Miscellaneous*	OCALIVA	IQIRVO
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDS)*	RASUVO	OTREXUP
Immunologic Agents, Miscellaneous	SYNAGIS	Talk to your doctor
Respiratory, Alpha-1 Antitrypsin Deficiency Agents*	PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA

Tier 2 to Tier 3

Drug Class	Drug Name(s)	Formulary Alternative(s)
Endocrine and Metabolic, Androgens	XYOSTED	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
Endocrine and Metabolic, Diabetic Supplies	ONETOUCH ULTRA STRIPS & KITS, ONETOUCH VERIO STRIPS & KITS, ONETOUCH LANCETS & LANCING DEVICES	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ACCU-CHEK LANCETS & LANCING DEVICES, TRUE METRIX KIT AND TEST STRIPS
Topical, Dermatology, Rosacea	SOOLANTRA**	azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM

Indication based strategy updates

Indication	Drug(s) Removed	Formulary Alternative(s)
Hidradenitis Suppurativa	BIMZELX	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SQ, HYRIMOZ (by Cordavis)
Non-Radiographic Axial Spondyloarthritis	BIMZELX	CIMZIA PREFILLED SYRINGE, COSENTYX SQ, RINVOQ

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.*