

Advanced Control Formulary®

January 2026 Updates

Removals Additions[‡]

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Formulary Removals

Drug Class	Removed Product(s)	Formulary Options
Analgesics, Gout*	MITIGARE**	colchicine
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
Central Nervous System, Movement Disorders*	AUSTEDO XR	tetrabenazine, AUSTEDO, INGREZZA
Endocrine and Metabolic, Calcium Regulators*	XGEVA	OSENVELT
Endocrine and Metabolic, Diabetic Supplies*	TANDEM INSULIN INFUSION PUMP AND SUPPLIES (except certain NDCs)	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
Hematologic, Hematopoietic Growth Factors*	FYLNETRA	FULPHILA, NYVEPRIA
Hematologic, Hemophilia B Agents*	ALPROLIX	BENEFIX, REBINYN
Ophthalmic, Dry Eye Disease*	XIIDRA	RESTASIS, VEVYE

Formulary Additions

Drug Class	Product(s) Added
Analgesics, Gout	colchicine capsule 0.6mg
Analgesics, Viscosupplements	ORTHOVISC
Antineoplastic Agents, Kinase Inhibitors	JAKAFI [†]
Autoimmune Agents, Physician-Administered	ENTYVIO IV (Non-Preferred for Crohn's Disease)
Autoimmune Agents, Self-Administered	ENTYVIO PEN
Cardiovascular, Pulmonary Arterial Hypertension	YUTREPIA [†]
Central Nervous System, Botulinum Toxins	DYSPORT [†]
Central Nervous System, Migraine	TOSYMRA [^]
Endocrine and Metabolic, Calcium Regulators	OSENVELT [^]
Genitourinary, Miscellaneous	FILSPARI [†] , VANRAFIA [†]
Hematologic, Hematopoietic Growth Factors	FULPHILA
Immunologic Agents, Alopecia Areata	OLUMIANT [†]
Ophthalmic, Dry Eye Disease	VEVYE [^]

^{*}Class has existing formulary exclusions. ^{**}Multi-source Brand Product. [^]Product under New to Market review since launch and will be added to formulary. [†]Number includes products to be added to formulary effective November 1, 2025. [†]Product to be added to formulary effective November 1, 2025. This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates. Information listed is current as of September 30, 2025 and subject to change.