

Advanced Control Formulary®

January 2026 Updates

Removals	Additions [‡]
14	13

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.