

## Your prescription benefit updates

Utilization management changes — Effective January 1, 2022



At FutureScripts, we offer a full suite of utilization management (UM) strategies to help ensure you receive clinically effective medications that also make the best use of your pharmacy benefit dollar.

This is a list of UM changes made to your formulary.

In this update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

## Prior Authorization (PA)

The following medications require a PA for coverage. This means we need more information from your doctor to see if you can get coverage for your medication.

Therapeutic use	Medication name
<b>Anti-infectives: Antifungals</b>	VFEND (voriconazole)
	CRESEMBA (isavuconazonium)
<b>Central Nervous System: Migraine</b>	MIGERGOT (ergotamine tartrate/caffeine)
	CAFERGOT (ergotamine tartrate/caffeine)
	ERGOMAR (ergotamine)
<b>Dermatology: Local Anesthetics - Topical</b>	LIDODERM (lidocaine)
<b>Endocrinology &amp; Metabolism: Diabetic Supplies</b>	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER
<b>Endocrinology &amp; Metabolism: Vasopressin Antagonist</b>	JYNARQUE (tolvaptan)
	SAMSCA(tolvaptan)
<b>Clinical Duplicates</b>	ABILIFY MYCITE (aripiprazole), ACUVAIL (ketorolac), ALKINDI SPRI (hydrocortisone), ALA SCALP (hydrocortisone), ALLZITAL (butalbital/acetaminophen), ALOCRIL (nedocromil), ALREX (loteprednol), ANALPRAM-HC (hydrocortisone/pramoxine), ANTARA (fenofibrate), APEXICON E (diflorasone), BALCOLTRA (levonorgestrel/ethinyl estradiol), BRYHALI (halobetasol), BUTAL/APAP CAP 50-300MG (butalbital/acetaminophen), CAPEX (fluocinolone), CLARINEX-D (desloratadine/pseudoephedrine), CONJUPRI (levamlodipine), CONSENSI (amlodipine/celecoxib), CORDRAN (flurandrenolide), CYCLO/GABA PAK 10/300 (cyclobenzaprine/gabapentin), DENAVIR (penciclovir), DURLAZA (aspirin), DECADRON (dexamethasone), DEXABLISS (dexamethasone), DUREZOL (difluprednate), DUTOPROL (metoprolol/hydrochlorothiazide), DXEVO (dexamethasone), ECOZA (econazole), ENSTILAR (calcipotriene/betamethasone), EPANED (enalapril), ERTACZO (sertaconazole), EXELDERM (sulconazole), FLECTOR (diclofenac), FOSAMAX + D (alendronate/cholecalciferol), GIALAX (polyethylene glycol), GILPHEX TR (phenylephrine/guaifenesin), GILTUSS TR (phenylephrine/guaifenesin/DM), GIMOTI (metoclopramide), GLYCATE (glycopyrrolate), HALOG (halcinonide), HEMADY (dexamethasone), HIDEX(dexamethasone), IMPEKLO (clobetasol), IMPOYZ (clobetasol), INDERAL XL (propranolol), INNOPRAN XL (propranolol), KARBINAL ER (carbinoxamine), KATERZIA (amlodipine), KRISTALOSE (lactulose), LEXETTE (halobetasol), LICART (diclofenac), LOTEMAX (loteprednol), LUZU (luliconazole), MENTAX (butenafine), MICORT-HC (hydrocortisone acetate), MILLIPRED (prednisolone), MOTOFEN (difenoxin/atropine), NAPRELAN CR (naproxen), NEOTUSS PLUS LIQ (phenylephrine/chlorphen/DM), NEXTSTELLIS (drospirenone/estetrol), NORGESIC

Therapeutic use	Medication name
<b>Clinical Duplicates</b> (continued)	FORTE (orphenadrine /aspirin /caffeine), ORTIKOS (budesonide), OTOVEL (ciprofloxacin/fluocinolone), OZOBAX (baclofen), QBRELIS (lisinopril), ORAVIG (miconazole), OXISTAT (oxiconazole), PANDEL (hydrocortisone probutate), PLIAGLIS (lidocaine/tetracaine), PSORCON (diflorasone), QMIIZ ODT (meloxicam), RAYOS (prednisone), RELAFEN DS (nabumetone), RELTONE (ursodiol), SANCUSO (granisetron), SEMPREX-D (acrivastine/pseudoephedrine), SITAVIG (acyclovir), SIVEXTRO (tedizolid), SORILUX (calcipotriene), SPRITAM (levetiracetam), SULFAMYLON (mafenide), SYNERA (lidocaine/tetracaine), TAPERDEX (dexamethasone), TENCON (butalbital/acetaminophen), TRIANEX (triamcinolone), ULTRAVATE (halobetasol), VANATOL LQ (butalbital/acetaminophen/caffeine), VERDESO (desonide), VEREGEN (sinecatechins), VUSION (miconazole/zinc oxide), XERESE (acyclovir/hydrocortisone), XOLEGEL (ketoconazole), YOSPRALA (aspirin/omeprazole), ZCORT (dexamethasone), ZEMBRACE (sumatriptan), ZILRETTA (triamcinolone), ZIPSOR (diclofenac), ZUPLLENZ (ondansetron)

## Step Therapy

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

Therapeutic use	Step 2 medication	Step 1 medication
<b>Anti-infectives: HIV</b>	INTELENCE 100 and 200 MG (etravirine)	etravirine
<b>Anti-Infectives: Topical Antibiotic</b>	CLEOCIN SUPP* and VAG CREAM* (clindamycin) NUVESSA* (metronidazole)	Any one of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream
<b>Antihemophilic Agent: Coagulation Factor</b>	SEVENFACT* (coagulation factor viia recombinant human)	Novoseven RT
<b>Cardiology: Antihypertensive</b>	BYSTOLIC* (nebivolol)	nebivolol
<b>Central Nervous System: ADHD Agents</b>	ADDERALL* (amphetamine/dextroamphetamine) ADHANSIA XR* (methylphenidate) ADZENYS XR-ODT (amphetamine) ADZENYS ER (amphetamine) APTENSIO XR (methylphenidate) CONCERTA* (methylphenidate) COTEMPLA XR ODT (methylphenidate ER) DAYTRANA (methylphenidate) DESOXYN (methamphetamine) DYANAVEL XR (amphetamine) FOCALIN* (dexmethylphenidate) FOCALIN XR* (dexmethylphenidate) JORNAY PM (methylphenidate) KAPVAY (clonidine) METADATE CD (methylphenidate) METHYLIN CHEW (methylphenidate)	Any two of the following generics or preferred brands: amphetamine-dextroamphetamine IR, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, Vyvanse

Therapeutic use	Step 2 medication	Step 1 medication
<b>Central Nervous System: ADHD Agents</b> (continued)	METHYLIN SOLN (methylphenidate) MYDAYIS (amphetamine/dextroamphetamine) PROCENTRA (dextroamphetamine) QUILLICHEW ER (methylphenidate) QUILLIVANT (methylphenidate) RITALIN* (methylphenidate) RITALIN LA* (methylphenidate) ZENZEDI (dextroamphetamine)	
<b>Central Nervous System: Opioid Antagonist</b>	LIFEMS NALOXONE* (naloxone)	naloxone injection
<b>Dermatology: Skin Cancer Agents</b>	Imiquimod 3.75%*	imiquimod 5%
	KLISYRI* (tirbanibulin)	Both of the following generics: fluorouracil, imiquimod
<b>Obstetrics &amp; Gynecology: Contraceptives</b>	TAYTULLA (norethindrone acetate and ethinyl estradiol, and ferrous fumarate)	Any one of the following generics: Gemmily, Merzee, norethindrone-ethinyl estradiol-ferrous fumarate
<b>Ophthalmology: Miscellaneous</b>	AZOPT* (brinzolamide)	brinzolamide ophth susp
	TRAVATAN Z* (travoprost)	travoprost ophth soln
<b>Respiratory: Long-Acting Bronchodilator Combinations</b>	AIRDUO DIGIHALER* & RESPICLICK* (fluticasone/salmeterol) DULERA* (mometasone/formoterol)	Any two of the following preferred brands: Advair, Breo Ellipta, Symbicort
<b>Respiratory: Long-Acting Bronchodilators</b>	ARCAPTA (indacaterol)	Any two of the following preferred brands: Advair, Breo Ellipta, Serevent, Symbicort, Striverdi Respimat
<b>Respiratory: Short-Acting Beta Agonists</b>	PROAIR HFA* (albuterol) PROAIR RESPICLICK* (albuterol) VENTOLIN HFA* (albuterol)	albuterol HFA
<b>Urology: Overactive Bladder</b>	GELNIQUE (oxybutynin) GEMTESA* (vibegron) OXYTROL (oxybutynin)	Any two of the following generics or preferred brands: generic oxybutynin IR/ER, generic tolterodine IR/ER, generic trospium IR/ER, generic solifenacin, generic darifenacin ER, Myrbetriq



## Quantity Limits

The following medications have a new or revised quantity limit that will be covered. If your medication includes a quantity limit, this means there is a new limit to the amount of the drug(s) below that will be covered.

Therapeutic use	Medication name	New or revised quantity limit
<b>Central Nervous System: ADHD</b>	STRATTERA 10 & 40 MG (atomoxetine)	1 capsule per day
<b>Central Nervous System: Weight Loss</b>	SAXENDA (liraglutide)	5 pens per 30 days
<b>Oncology: Kinase and Molecular Target Inhibitors</b>	ICLUSIG 15 MG (ponatinib)	1 tablet per day
<b>Oncology: Kinase and Molecular Target Inhibitors</b>	IMBRUVICA (ibrutinib)	1 tablet or 1 capsule per day
<b>Urology: Erectile Dysfunction</b>	CIALIS 10 & 20 MG (tadalafil)	6 tablets per 30 days
	EDEX (alprostadil)	6 units per 30 days
	LEVITRA (vardenafil)	6 tablets per 30 days
	MUSE (alprostadil)	6 tablets per 30 days
	STAXYN (vardenafil)	6 tablets per 30 days
	STENDRA (avanafil)	6 tablets per 30 days
	VIAGRA (sildenafil)	6 tablets per 30 days

\*Medication is excluded on the Premium PDL.

When differences between this list and your benefit plan exist, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan for full details.

### Questions?

- Call the number on your member ID card
- Visit your plan's website on your member ID card to:
  - Find a participating retail pharmacy by ZIP code
  - Look up possible lower-cost medication alternatives
  - Compare medication pricing and options