

# Your prescription benefit updates

Utilization Management changes

Effective Jan. 1, 2023

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
Anti-Infective: Antivirals	PREVYMIS (letermovir)
Authorized Brand Alternatives	DEXLANSOPRAZOLE* (dexlansoprazole), INSULIN ASPART*, NOVOLOG RELION* (insulin aspart), INSULIN LISPRO* (insulin lispro)
Enzyme-Related: Enzyme Replacement	BUPHENYL (sodium phenylbutyrate)
Endocrinology: GLP-1 Agonists	ADLYXIN* (lixisenatide), BYDUREON (exenatide), BYDUREON BCISE (exenatide), BYETTA (exenatide), MOUNJARO (tirzepatide), OZEMPIC (semaglutide), RYBELSUS (semaglutide), TRULICITY (dulaglutide), VICTOZA (liraglutide)
Miscellaneous: Anticholinergic	CUVPOSA (glycopyrrolate)

## 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
Anti-Infective: Bacterial Vaginosis Agents	SOLOSEC (secnidazole)	One of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream, metronidazole tablet, tinidazole tablet
	VANAZOLE (metronidazole)	Any one of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream
Central Nervous System: ADHD Agents	AZSTARYS (serdexmethylphenidate-dexmethylphenidate), JORNAY PM (methylphenidate)	Any one of the following generics or preferred brands: amphetamine-dextroamphetamine IR, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, Vyvanse
	ADDERALL* (amphetamine/dextroamphetamine), ADHANSIA XR* (methylphenidate), ADZENYS ER (amphetamine), ADZENYS XR-ODT* (amphetamine), APTENSIO XR (methylphenidate), CONCERTA* (methylphenidate), COTEMPLA XR-ODT* (methylphenidate), DAYTRANA* (methylphenidate), DYANAVEL XR* (amphetamine), FOCALIN* (dexmethylphenidate), FOCALIN XR* (dexmethylphenidate), METHYLIN SOLN (methylphenidate), MYDAYIS* (amphetamine/dextroamphetamine), PROCENTRA (dextroamphetamine), QUILLICHEW ER* (methylphenidate), QUILLIVANT* (methylphenidate), RELEXII (methylphenidate), RITALIN* (methylphenidate), RITALIN LA* (methylphenidate), ZENZEDI* (dextroamphetamine)	Any three of the following generics or preferred brands: amphetamine-dextroamphetamine IR, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, Vyvanse
Central Nervous System: Antidepressants	VIIBRYD (vilazodone)	generic vilazodone
Central Nervous System: Migraine Agents	sumatriptan-naproxen	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Central Nervous System: Non-Narcotic Analgesics	CELEBREX* (celecoxib), ZIPSOR* (diclofenac) and its generic	Any two of the following generics: celecoxib, diclofenac potassium tab, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Dermatology: Local Anesthetics-Topical	ZTLIDO* (lidocaine)	generic lidocaine patches

\*Medication is excluded on the Premium PDL.

Therapeutic use	Step 2 medication	Step 1 medication
Generic First Step: Various	ACZONE* (dapzone) COMBIGAN* (brimonidine/timolol) PENTASA* (mesalamine) 500 mg VIMPAT* (lacosamide) ZOLOFT* (sertraline)	generic equivalent
Oncology: Folic Acid Analogs	ALIMTA (pemetrexed), PEMFEXY* (pemetrexed)	generic pemetrexed
Phosphate Binder: Phosphate Binder	AURYXIA* (ferric citrate)	Any two of the following generics or preferred brands: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Velphoro
	FOSRENOL (lanthanum carbonate), PHOSLYRA (calcium acetate)	Any two of the following generics or preferred brands: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl
Urology: Overactive Bladder	TOVIAZ* (fesoterodine)	Any two of the following generics or preferred brand: generic fesoterodine ER, generic oxybutynin IR/ER, generic tolterodine IR/ER, generic trospium IR/ER, generic solifenacin, generic darifenacin ER, Myrbetriq tablets

## 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
Dermatology: Topical Immunomodulators	ELIDEL* (pimecrolimus)	60 gm per 30 days
	PROTOPIC (tacrolimus)	60 gm per 30 days
Miscellaneous: Anticholinergic	ROBINUL (glycopyrrolate)	4 tablets per day
	ROBINUL FORTE (glycopyrrolate)	4 tablets per day
	GLYCATE (glycopyrrolate)	6 tablets per day
Oncology: Kinase and Molecular Target Inhibitors	JAKAFI (ruxolitinib) 5 mg	2 tablets per day
	TALZENNA* (talazoparib) 0.25mg	1 capsule per day

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.