

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.