

Your prescription benefit updates

Utilization Management changes

Effective July 1, 2023

Your plan offers 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 medication requires 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
Enzyme-Related: Enzyme Replacement	SUCRAID (sacrosidase)

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
Central Nervous System: Migraine Agents	ZEMBRACE SYMTOUCH* (sumatriptan)	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Central Nervous System: Sedative Hypnotics	AMBIEN* (zolpidem) AMBIEN CR* (zolpidem ER)	Any one of the following generics: zolpidem, zolpidem ER
	QUVIVIQ* (daridorexant)	Any two of the following generics: eszopiclone, zaleplon, zolpidem, zolpidem ER, triazolam, temazepam, ramelteon, doxepin and any one of the following preferred brands: Belsomra or Dayvigo
Gastroenterology: Proton Pump Inhibitors	ACIPHEX* (rabeprazole) ACIPHEX SPRINKLE* (rabeprazole) DEXILANT* (dexlansoprazole) ESOMEPRAZOLE STRONTIUM (esomeprazole) FIRST-LANSOPRAZOLE (lansoprazole) FIRST-OMEPRAZOLE (omeprazole) PREVACID* (lansoprazole) PREVACID SOLUTAB* (lansoprazole) PRILOSEC PACKETS (omeprazole) PROTONIX* (pantoprazole) PROTONIX PACKETS (pantoprazole) ZEGERID* (omeprazole-sodium bicarbonate) ZEGERID PACKETS* (omeprazole-sodium bicarbonate)	Any two of the following generics: dexlansoprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
Generic First Step: Various	EFFEXOR XR* (venlafaxine ER)	generic venlafaxine ER capsule
Oncology: Folic Acid Analogs	PEMETREXED* (pemetrexed)	generic pemetrexed

*Medication is excluded on the Premium PDL.

^Applies to brand and generic products.

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
Central Nervous System: Antidepressants	EFFEXOR XR* (venlafaxine ER) 37.5 mg	1 capsule per day
	EFFEXOR XR* (venlafaxine ER) 75 mg	3 capsules per day
	EFFEXOR XR* (venlafaxine ER) 150 mg	2 capsules per day
Anti-Infective: Herpetic Antivirals	DENAVIR CREAM (penciclovir) 1%	5 grams per 30 days
	ZOVIRAX CREAM* (acyclovir) 5%	5 grams per 30 days
	ZOVIRAX OINT* (acyclovir) 5%	30 grams per 30 days
Ophthalmology: Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL per day, 112 mL per lifetime
Central Nervous System: Neurological Agents	TEGSEDI (inotersen)	4 syringes per 28 days
Central Nervous System: Analgesics (non-opioid)	orphenadrine citrate ER 100 mg	2 tablets per day
Central Nervous System: Analgesics (opioid)	TREZIX (acetaminophen-caffeine-dihydrocodeine)	10 capsules per day up to 7 days for treatment naive, 10 capsules per day for treatment experienced
Immunology: Immunomodulators	AMJEVITA* (adalimumab-atto) 20 mg/0.4 mL	4 syringes per 28 days
	AMJEVITA* (adalimumab-atto) 40 mg/0.8 mL	4 syringes per 28 days
	ACTEMRA (tocilizumab) 162 mg/0.9 mL	4 syringes per 28 days
	CIBINQO (abrocitinib)	1 tablet per day
	CIMZIA (certolizumab) 200 mg/mL	4 syringes per 28 days
	CIMZIA (certolizumab) Starter Kit	1 starter kit per 365 days
	COSENTYX* (secukinumab) 150 mg/mL (300 mg dose)	2 syringes per 28 days
	COSENTYX* (secukinumab) 150 mg/mL	1 syringe per 28 days
	COSENTYX* (secukinumab) 75 mg/0.5 mL	1 syringe per 28 days
	ENBREL (etanercept) 25 mg/0.5 mL	8 vials/syringes per 28 days
	ENBREL (etanercept) 50 mg/mL	4 syringes/cartridges per 28 days
	HUMIRA (adalimumab) 40 mg/0.8 mL	4 syringes per 28 days
	HUMIRA (adalimumab) 40 mg/0.4 mL	4 syringes per 28 days
	HUMIRA (adalimumab) 80 mg/0.8 mL	2 syringes per 28 days
	HUMIRA (adalimumab) 10 mg/0.1 mL	2 syringes per 28 days
	HUMIRA (adalimumab) 20 mg/0.2 mL	4 syringes per 28 days
	HUMIRA (adalimumab) Starter Kit	1 starter kit per 365 days
	ILUMYA (tildrakizumab-asmn) 100 mg/mL	1 syringe per 84 days
	KEVZARA (sarilumab) 150 mg/1.14 mL	2 syringes per 28 days
	KEVZARA (sarilumab) 200 mg/1.14 mL	2 syringes per 28 days
	OLUMIANT (baricitinib)	1 tablet per day
	ORENCIA (abatacept) 125 mg/mL	4 syringes per 28 days
	ORENCIA (abatacept) 87.5 mg/0.7 mL	4 syringes per 28 days
	ORENCIA (abatacept) 50 mg/0.4 mL	4 syringes per 28 days
	OTEZLA (apremilast) 30 mg	2 tablets per day
	OTEZLA (apremilast) Starter Pack	1 starter pack per 365 days
RINVOQ (upadacitinib)	1 tablet per day	
SILIQ (brodalumab)	2 syringes per 28 days	

*Medication is excluded on the Premium PDL.

[^]Applies to brand and generic products.

Therapeutic use	Medication name	New or revised quantity limit
Immunology: Immunomodulators <i>continued</i>	SIMPONI (golimumab)	1 syringe per 28 days
	SKYRIZI (risankizumab-rzaa) 75 mg/0.83 mL	2 syringes per 84 days
	SKYRIZI (risankizumab-rzaa) 150 mg/mL	1 syringe per 84 days
	SKYRIZI (risankizumab-rzaa) 360 mg/2.4 mL	1 syringe per 56 days
	SKYRIZI (risankizumab-rzaa) 180 mg/1.2 mL	1 syringe per 56 days
	TALTZ (ixekizumab)	1 syringe per 28 days
	TREMFYA (guselkumab) 100 mg/mL	1 syringe per 56 days
	XELJANZ (tofacitinib)	2 tablets per day
	XELJANZ XR (tofacitinib)	1 tablet per day
	XELJANZ SOLN (tofacitinib)	10 mL 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.