

# Your prescription benefit updates

Utilization Management changes  
Effective July 1, 2024

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 medication requires a PA review for coverage. This means we need more information from your doctor to see if this medication is covered by your plan.

Therapeutic use	Medication name
Cardiology: Heart Failure/Hypertension	CAROSPIR (spironolactone)
Dermatology: Beta blockers	HEMANGEOL (propranolol)
Oncology: Oral Methotrexate	XATMEP (methotrexate)

## Step Therapy (ST)

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
Dermatology: Rosacea	RHOFADE* (oxymetazoline)	Brand Mirvaso
Endocrinology: SGLT-2 Inhibitors	INPEFA* (sotagliflozin)	Both of the following preferred brands: Farxiga, Jardiance
Ophthalmology: Anti-Inflammatory	PROLENSA* (bromfenac)	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac
Generic First Step: Various	ALPHAGAN P 0.1%* (brimonidine) RISPERDAL CONSTA (risperdal)	Generic equivalent

## Quantity Limits (QL)

The following medications have a new or revised quantity limit. Your plan provides coverage for quantities up to the amount shown. A prior authorization review may be required to determine if your plan covers additional quantities of these medications.

Therapeutic use	Medication name	New or revised quantity limit
Central Nervous System: Antipsychotics	FANAPT PAK (iloperidone )	2 starter packs per 365 days
Immunology: Multiple Sclerosis	PLEGRIDY STARTER PACK* (peginterferon beta)	2 starter packs per 365 days

## 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.

\*Excluded on Premium formulary

When differences between this list and your benefit plan documents exist, please refer to the information included in your benefit plan documents. This is not a complete list of your covered medications. Please review your benefit plan documents for information on what medications are covered by your plan.