

Your prescription benefit updates

Utilization Management changes
Effective January 1, 2025

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
Clinical Duplicate: Analgesics (non-opioid)	NAPRELAN TAB 375MG CR, NAPRELAN TAB 500MG CR, naproxen ER tab 750 mg (naproxen)
Clinical Duplicate: Antidiabetic	metformin ER osmotic tab 500 mg*, metformin ER osmotic tab 1000 mg*
Clinical Duplicate: Dermatology	HYDROXYM, HYDROXATE GEL 2% (hydrocortisone)

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	New or revised Step 1 medication list
Anti-infectives: Oral Brand Tetracyclines	MONDOXYNE NL (doxycycline) AVIDOXY (doxycycline)	Any one of the following generics: doxycycline, minocycline
Central Nervous System: ADHD Agents	ADDERALL* (amphetamine/ dextroamphetamine)	Any three of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, methylphenidate IR/ER, lisdexamfetamine
	INTUNIV* (guanfacine) KAPVAY (clonidine) QELBREE* (viloxazine) STRATTERA* (atomoxetine)	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER AND a methylphenidate class drug AND and an amphetamine class drug
Endocrinology: Basal Insulin	BASAGLAR TEMPO* (insulin glargine) GLARGIN YFGN* (insulin glargine-yfgn) SEMGLEE* (insulin glargine-yfgn)	Any three the following preferred brands: Basaglar, Lantus, Rezvoglar, Toujeo, Tresiba
Miscellaneous: Phosphate Binders	VELPHORO* (sucroferric oxyhydroxide) XPHOZAH* (tenapanor)	Any two of the following generics or preferred brand: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl, Auryxia
Ophthalmology: Anti-inflammatory Agents	bromfenac soln 0.07%	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac
Respiratory: Allergy (Intranasal)	XHANCE (fluticasone)	Any one of the following generics: mometasone nasal spray, flunisolide nasal spray

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
Anti-infectives: Antibiotics	NUZYRA TAB 150 MG (omadacycline)	1 course per fill, 2 fills per year
Immunology: Monoclonal Antibody	FASENRA INJ 30 MG/ML (benralizumab)	1 syringe per 56 days
	XOLAIR INJ 75 MG/0.5 ML (omalizumab)	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML (omalizumab)	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML (omalizumab)	4 syringes per 28 days
Immunology: Multiple Sclerosis	AUBAGIO TAB 7 MG (teriflunomide)	1 tablet per day
Miscellaneous: Movement Disorder Agents	AUSTEDO XR TAB 6 MG (deutetrabenazine)	1 tablet per day
	AUSTEDO XR TAB 12 MG (deutetrabenazine)	1 tablet per day
	AUSTEDO XR TAB 24 MG (deutetrabenazine)	1 tablet per day
Oncology: Kinase and Molecular Target Inhibitors	CABOMETYX TAB 20 MG (cabozantinib s-malate)	1 tablet per day
	OJJAARA TAB 100 MG (momelotinib)	1 tablet per day
	RUBRACA TAB 200 MG (rucaparib)	4 tablets per day
	VIZIMPRO TAB 15 MG (dacomitinib)	1 tablet per day
Oncology: Thalidomide-related Agents	POMALYST CAP 1 MG (pomalidomide)	1 capsule per day
	POMALYST CAP 2 MG (pomalidomide)	1 capsule per day
Respiratory: Cystic fibrosis	KALYDECO PAK (ivacaftor)	2 packets per day

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.

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.