

Pharmacy and Therapeutics summary

At Security Health Plan, our goal is to keep you updated about any changes that may affect Security Health Plan members and providers. Below are the Security Health Plan Pharmacy and Therapeutics Committee-approved changes from the July 2025 meeting. This includes changes to medication prior authorization (PA) criteria and formulary placement for some medications.

Part D formulary placement updates:

Type of change	Drug	Part D
New drug	Bucapsol® (buspirone HCL; 7.5 mg, 10 mg, and 15 mg capsules)	NF
New drug	Avmapki® and Fakzynja® (avutometinib potassium and defactinib HCL; 0.8 mg capsule and 200 mg tablets)	Tier 5, PA, QL
New drug	Yutrepia® (treprostinil sodium; 26.5 mcg, 53 mcg, 79.5 mcg, and 106 mcg capsules for oral inhalation)	NF
New drug	Leqselvi® (deuruxolitinib phosphate; 8 mg oral tablet)	NF
New drug	Elepsia® XR (levetiracetam; 1000 mg and 1500 mg ER tablets)	Tier 4
New drug	Merilog® (insulin aspart-szjj; 100 units/mL [U-100] solution for subcutaneous injection in a 10 mL multiple-dose vial [MDV] & 3 mL single-patient-use SoloStar prefilled pen)	NF
New drug	Zelsuvmi® (berdazimer; 10.3% gel, each box contains one 14 gm tube of berdazimer gel and one 17 gm tube of hydrogel to be mixed together before application)	NF
New drug	Ekterly® (sebetralstat; 300 mg oral tablets)	NF
New drug	Brynovin® (sitagliptin HCL; 25 mg/mL oral solution)	NF
New drug	Tryptyr® (acoltremone; 0.003% ophthalmic solution; carton of 60 single-dose vials)	NF
New drug	Andembry® (garadacimab-gxii; 200 mg/1.2 mL solution for subcutaneous administration in a prefilled autoinjector)	NF
New drug	Averi® (desogestrel, ethinyl estradiol, and ferrous bisglycinate); each blister card	Tier 3

	contains 21 active tablets [desogestrel 0.15 mg + ethinyl estradiol 0.03 mg] and 7 inactive tablets [ferrous bisglycinate 36.5 mg]; supplied as 3 blister cards per carton)	
New drug	Ibuprofen (Ibuprofen; 200 mg capsules)	Tier 5, PA, QL
New generic	Nilotinib tartrate (generic for Tasigna®) 50 mg, 150 mg, and 200 mg capsules	NF
New generic	eslicarbazepine (generic for Aptiom®) 200, 400, 600, 800 mg tablets	Tier 5, QL
New generic	eltrombopag olamine (generic for Promacta®; 12.5 mg, 25 mg, 50 mg, 75 mg oral tablets & 12.5 mg, 25 mg powder packs for oral suspension)	Tier 5, PA, QL
New generic	sitagliptin-metformin HCl ER (generic for Zituvimet® XR; 50-500 mg, 50-1000 mg, 100-1000 mg extended-release oral tablets)	NF
New generic	tolvaptan (generic for Jynarque®; 15 mg-15 mg, 30 mg-15 mg, 45 mg-15 mg, 60 mg-30 mg, 90 mg-30 mg oral tablets for morning and afternoon administration)	NF
New generic	emtricitabine-tenofovir disoproxil fumarate (generic for Complera®; 200-25-300 mg tablets)	Tier 5, QL
New generic	perampanel (generic for Fycompa®; 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg oral tablets)	Tier 5 for all strengths, but the 2 mg, which is Tier 4 (does not meet cost threshold for Tier 5)
New generic	bosentan (generic for Tracleer®; 32 mg tablet for oral suspension)	Tier 5, PA, QL
New generic	rivaroxaban (generic for Xarelto®; 1mg/mL oral suspension)	NF
New generic	topiramate (generic for Eprontia®; 25 mg/mL oral solution)	Tier 4, QL
• Tier 1 - preferred generic drugs for common chronic conditions (e.g., hypertension, dyslipidemia) • Tier 2 - generic drugs • Tier 3 - preferred brand drugs. This tier may include generic and brand medications • Tier 4 - non-preferred drugs. This tier may include generic and brand medications • Tier 5 - specialty tier; ≥ \$670/month; 25%-33% coinsurance • Tier 6 - Select Care Drugs/The generic drugs listed have a \$0 copay • Exclude - non-Part D eligible drugs (unapproved by FDA, erectile dysfunction, weight loss, OTC, etc.) • Non-formulary (NF) - not on formulary; requires a trial/failure of formulary products or a provider statement of medical necessity		

- **Non-labeler** - manufacturer has not signed an agreement with CMS to provide a gap discount on all its applicable drugs. Only those drugs that are covered under a signed manufacturer agreement with CMS can be covered under Part D
- **Prior Authorization (PA)** - requests are reviewed based on clinical criteria located in Security Health Plan policies. Approval from Security Health Plan is required before the prescription can be filled
- **Quantity Limit (QL)** - Security Health Plan may limit the amount of the drug that it will cover. For example, the quantity limit for sumatriptan is 18 tablets per 30 days

Prior authorization criteria updates:

- **New and updated medical pharmacy drugs** (managed by Prime Therapeutics – specific criteria based on line of business can be found on their website - [Prime Therapeutics PA Criteria](#)) with prior authorization effective October 1, 2025:
 - Emrelis® (telisotuzumab vedotin-tllv)
 - Imaavy® (nipocalimab-aahu)
 - Penpulimab-kcqx
 - Zevaskyn® (prademagene zamikeracel)
 - Bomynta® (denosumab-bnht)
 - Conexence® (denosumab-bnht)
 - Denosumab-bnht
 - Jobevne® (bevacizumab-nwgd)
- **Part B step therapy program updates** (managed by Prime Therapeutics - [Step Therapy Requirements for Medicare Outpatient \(Part B\) Medications](#)):

For dates of service on or after October 1, 2025, the following drugs will be added to the program as non-preferred agents:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Jobevne® (bevacizumab-nwgd) (J9999)	Mvasi® (bevacizumab-awwb) (Q5107), Zirabev® (bevacizumab-bvzr) (Q5118)	
Soliris® (eculizumab) (J1299) Bkempv® (eculizumab-aeeb) (Q5152)	Epysqli® (eculizumab-aagh) (Q5151) AND Ultomiris® (ravulizumab-cwvz) (J1303)	For Neuromyelitis Optica Spectrum Disorder (NMOSD), the patient needs to have had a clinical trial, inadequate response, or valid contraindication to Ultomiris® (ravulizumab-cwvz) only . For all other indications, Ultomiris® (ravulizumab-cwvz) and

		Epysqli® (eculizumab-aagh) steps are required
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- **Part D policies with clinical criteria updates:**

Policy	Change
Dupixent® (dupilumab)	• Added new FDA-approved indication for bullous pemphigoid • Removed topical steroid trial for prurigo nodularis
Policy	Change
Nucala® (mepolizumab)	• Added new FDA-approved indication for Chronic Obstructive Pulmonary Disease (COPD)
Policy	Change
Noxafil® (posaconazole)	• Simplified criteria regarding immunosuppression • Removed oropharyngeal candidiasis indication from policy, as this is for posaconazole suspension (non-formulary for 2025)
Policy	Change
Pulmonary Fibrosis	• Removed question on concomitant use of Esbriet® (pirfenidone) and Ofev® (nintedanib) as not specifically mentioned in FDA labeling • Simplified clinical signs of progression criteria for Chronic Fibrosing Interstitial Lung Diseases with Progressive Phenotype diagnosis • Updated approval duration

- **Part D policies with no clinical criteria updates:**

- Opioid management
- semaglutide (Wegovy®)
- ruxolitinib (Opzelura®)
- resmetirom (Rezdiffra®)
- Copay exception
- Lidocaine Transdermal Patch
- rimegepant (Nurtec® ODT)
- Anti-Migraine Agents
- Acute Migraine Agents
- sildenafil (PAH)
- fecal microbiota, live (Vowst®)

- **Archived Part D policies:**

- None

Prior authorization criteria for coverage are also available on the Security Health Plan or Prime Therapeutics website.

- Medicare Part D pharmacy PA criteria:
 - [Medicare Advantage Pharmacy Prior Authorization List](#)
- Commercial/Exchange pharmacy PA criteria:
 - [Commercial/Exchange Pharmacy Prior Authorization List](#)
- View medical pharmacy PA criteria for all lines of business and Part B step therapy (ST) program medications (managed by Prime Therapeutics):
 - [Prime Therapeutics PA Criteria and Part B ST Medications](#)

If you have any questions about Security Health Plan's pharmacy benefits, please contact Security Health Plan Pharmacy Services at 1-877-873-5611, 715-221-9604, or shprx@securityhealth.org.