

Pharmacy and Therapeutics Committee: September 2026 updates

The Pharmacy and Therapeutics Committee approved several changes at its September 2026 meeting that may affect Security Health Plan members and providers. These updates include changes to medication prior authorization criteria and formulary placement for medications covered under the pharmacy benefit across commercial and exchange plans, as well as select medical pharmacy benefit updates affecting commercial, exchange and Medicare members.

New medications

- **Avlayah** (tividenofusp) – enzyme replacement therapy indicated for neurologic manifestations of mucopolysaccharidosis type II (MPS II), or Hunter syndrome in pediatric patients ≥ 5 kg.
 - Medical, Specialty (SP), Benefit Exclusion (accelerated approval)
- **Awikli** (insulin icodec) – once-weekly basal insulin for adults with type II diabetes mellitus.
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV)
- **Icotyde** (icotrokinra) – oral peptide targeting interleukin (IL)-23 indicated for moderate to severe plaque psoriasis in adults and pediatric patients ≥ 12 years of age who weigh ≥40 kg.
 - Pharmacy, Tier 4, specialty (SP), prior authorization (PA), quantity limit (QL)
- **Idvynso** (doravirine/islatrevir) – nonnucleoside reverse transcriptase inhibitor (NNRTI) and novel NRTI combination indicated as a complete regimen to replace the current stable antiretroviral regimen in adults with HIV-1 who are virologically suppressed.
 - Pharmacy, Formulary Tier 2 (preferred), QL
- **Kygevvi** (doxecitine and doxribtimine) – molecular entity indicated for treatment of thymidine kinase 2 deficiency (TK2D) in adults and pediatric patients with age of symptom onset on or before 12 years.
 - Pharmacy, Formulary Tier 4, PA, SP
- **Lerochol** (lerodalcibep-liga) – PCSK9 inhibitor indicated for the adjunctive treatment of hypercholesterolemia and heterozygous familial hypercholesterolemia in adults.
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV), QL
- **Loargys** (pegzilarginase-nbln) – enzyme therapy indicated for treatment of hyperargininemia in patients ≥ 2 years of age due to arginase-1 deficiency.
 - Medical, Specialty, Benefit Exclusion (accelerated approval)
- **Nereus** (tradipitant) – P/NK-1 receptor antagonist indicated for the prevention of vomiting induced by motion in adults.
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV)
- **Saphnelo subcutaneous (SC)** (anifrolumab-fnia) – new SC formulation indicated for treatment of patients with moderate to severe systemic lupus erythematosus (SLE).
 - Pharmacy, Tier 4, specialty (SP), prior authorization (PA), quantity limit (QL)
- **Yuvezzi** (carbachol and brimonidine tartrate) – preservative-free ophthalmic solution indicated for treatment of presbyopia in adults.
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV)
- **Yuviwel** (navepegritide) – C-type natriuretic peptide (CNP) analog indicated to increase linear growth in pediatric patients ≥2 years of age with achondroplasia (ACH) and open epiphyses
 - Pharmacy, SP, Benefit Exclusion (accelerated approval)
- **Armlupeg** (pegfilgrastin-unne) – Neulasta biosimilar approved for the same indications
 - Medical

- **Atmeksi** (methocarbamol)– oral suspension formulation of methocarbamol
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV)
- **Bysanti** (milsaperidone) tablet and therapy packs – oral atypical antipsychotic
 - Pharmacy, Nonformulary/Not-covered – NAV, QL
- **Atoncy** (atomoxetine) solution & authorized generic– Oral solution formulation of atomoxetine
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Auvelity** (dextromethorphan-bupropion) titration pack – starter pack for treatment of agitation associated with dementia due to Alzheimer’s disease
 - Pharmacy, Nonformulary/Not-covered – NAV, QL
- **Osvyriti & Jubereq** (denosumab injection) – biosimilar to Prolia and Xgeva, respectively
 - Jubereq: Medical, Nonformulary/Not-covered – NAV, SP
 - Osvyriti: Medical, Nonformulary/Not-covered – NAV, SP
- **Dexlyt** (dexamethasone) – branded dexamethasone tablet in 0.25 mg strength
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Filkri** (filgrastim-laha) – biosimilar injection for short-acting Neupogen
 - Medical
- **Granisol** (granisetron) – branded oral solution for granisetron
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Jakafi XR** (ruxolitinib) – extended-release formulation of ruxolitinib with once daily dosing
 - Pharmacy, Formulary Tier 4, PA, SP
- **Qivigy** (immune globulin, IV, human-kthm) –liquid 10% solution IVIG product
 - Medical, Prime PA, SP
- **Relgaabi** (gabapentin) capsule & authorized generic – new gabapentin 200 mg strength
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Tryngolza** (olezarsen) – injection to reduce triglycerides and the risk of pancreatitis in adults with severe hypertriglyceridemia
 - Pharmacy, Formulary Tier 4, PA, SP, QL
- **Xtoro** (finafloxacin)– otic fluoroquinolone indicated for the treatment of acute otitis externa
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Zolybus** (bimatoprost) –prostaglandin analog ophthalmic gel indicated to reduce elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension
 - Pharmacy, Nonformulary/Not-covered – NAV

New oncology medications

- **Cavhanza** (nilotinib) – orally dissolving tablet kinase inhibitor indicated for treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia
 - Pharmacy, Tier 4, Eviti PA, QL, SP
- **Decnupaz** (pivekimab) – CD123-directed agent indicated for treatment of blastic plasmacytoid dendritic cell neoplasm in adults
 - Medical, Eviti PA, SP
- **Veppanu** (vepdegestrant) – proteolysis-targeting chimera receptor degrader indicated for the treatment of estrogen-receptor positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer in adults with disease progression following at least one line of endocrine therapy.
 - Pharmacy, Tier 4, Eviti PA, QL, SP

Formulary changes

- Methocarbamol 1000 mg brand and generic tablet
 - Moved to Nonformulary – not covered, NAV
- Leqvio (inclisiran)
 - Moved to Medical Nonformulary – not covered, NAV
- Repatha
 - Moved to Step Therapy with single step through one statin
- Praluent
 - Moved Step Therapy with double step through one statin and Repatha
- Oxycontin
 - Moved to formulary Tier 3 (Nonpreferred)
- Humira Biosimilars
 - Adalimumab-aacf, adalimumab-aaty, Yusimry–
 - Pharmacy, Formulary Tier 4, PA, QL, SP
 - Adalimumab-adaz, adalimumab-fkjp
 - Moved to Nonformulary – not covered
- Stelara Biosimilars
 - Imuldosa, Pyzchiva, Starjemza, Steqeyma, ustekinumab-aaaz–
 - Pharmacy, Formulary Tier 4, PA, QL, SP
 - Wezlana
 - Moved to Nonformulary – not covered, NAV
- Latuda (lurasidone)
 - Removed step therapy requirement
- Sodium phenylbutrate (MM-RxC-232) –
 - Removed prior authorization. Policy retired
- Qutenza
 - Moved to Medical, Nonformulary – not covered, NAV

New policies

- Aqvesme – Orphan Drug Policy
- Myqorzo
- Redemplo
- Yartemlea – Orphan Drug Policy
- Zycubo
- Rhapsido
- Dawnzera
- Prior Authorization Administrative Guideline
- Inhaled Anticholinergic Step Therapy

If you have any questions about Security Health Plan's pharmacy benefits, please contact Security Health Plan Pharmacy Services at (877) 873-5611 or SHP Pharmacy Request (Shared) shprx@securityhealth.org.