

Pharmacy and Therapeutics Committee updates

At Security Health Plan, our goal is to keep you updated about any changes that may affect Security Health Plan members and providers. The Pharmacy and Therapeutics Committee approved the following changes at the March 2026 meeting. The list includes changes to medication prior authorization (PA) criteria and formulary placement for medications for our **commercial/exchange** lines of business. This list does **NOT** apply to Medicare.

New medications

Abbreviation index: Benefit Exclusion (BE); No Additional Value (NAV); Prior Authorization (PA), Quantity Level Limit (QL), Specialty Medication (SP); Step Therapy (ST)

- **Dawnzera** (donidalorsen): an antisense oligonucleotide indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.
 - Pharmacy, Formulary Tier 4, PA, QL, SP.
- **Exxua** (gepirone): a molecular entity indicated for the treatment of major depressive disorder (MDD) in adult patients.
 - Pharmacy, Nonformulary – Not covered, NAV, QL
- **Forzinity** (elamipretide): a cardiolipin binder that localizes to the inner membrane and helps restore mitochondrial efficiency in pediatric and adult patients with Barth Syndrome (BTSH) weighing ≥ 30 kg.
 - BE, clinical studies have not demonstrated safety and efficacy. Received FDA accelerated approval.
- **Jascayd** (nerandomilast): a PDE4 inhibitor that exerts both antifibrotic and immunomodulatory effects indicated for treatment of idiopathic pulmonary fibrosis (IPF) in adult patients.
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Leqembi Iqlik** (lecanemab-irmb): an anti-amyloid beta monoclonal antibody indicated for the treatment of Alzheimer's Disease (AD).
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Lynkuet** (elinzanetant): a neurokinin 3 (NK-3) receptor antagonist indicated for the treatment of vasomotor symptoms of menopause.
 - Pharmacy, Nonformulary – Not covered, NAV, ST, QL
- **Palsonify** (paltusotide): a one-daily oral somatostatin analogue indicated to treat acromegaly in adults.
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Papzimeos** (zopapogene imadenovec-drba): a molecular entity indicated for the treatment of recurrent respiratory papillomatosis (RRP) in adults.
 - Medical, SP, PA

- **Rhapsido** (remibrutinib): Bruton's tyrosine kinase (BTK) inhibitor indicated for the treatment of chronic spontaneous urticaria (CSU) in adults who remain symptomatic despite H1 antihistamine treatment.
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Tonmya** (cyclobenzaprine): sublingual formulation of cyclobenzaprine (skeletal muscle relaxant) indicated for the treatment of fibromyalgia in adults.
 - Pharmacy, Nonformulary – Not covered, NAV, QL
- **Wayrilz** (rilzabrutinib): First BTK inhibitor indicated for the treatment of persistent or chronic immune thrombocytopenia (ITP).
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Avtozma** (tocilizumab): Interleukin-6 (IL-6) antagonist approved as biosimilar to Actemra indicated for rheumatoid arthritis (RA) in adults, giant cell arteritis (GCA) in adults, polyarticular/ systemic juvenile idiopathic arthritis (PJIA/SJIA) in patients ≥ 2 years, cytokine release syndrome (CRS) in patients ≥ 2 years, and coronavirus disease 2019 (COVID-19).
 - Medical, PA, SP, Nonformulary/Not covered, NAV
- **Denosumab** (*Prolia*: Bilydos, Opomyv, Conexxence): a RANK ligand inhibitor indicated for treatment of postmenopausal women with osteoporosis at high risk for fracture, treatment to increase bone mass in men with osteoporosis at high risk for fracture, treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture, treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer, treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

(*Xgeva*: Bilprevda, Bomynta): a RANK ligand inhibitor indicated for prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors, treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity, treatment of hypercalcemia of malignancy refractory to bisphosphonates.

 - Bilydos, Bilprevda, Ospomyv, Conexxence, Bomynta, Prolia, Xgeva – Medical, Nonformulary/Not-covered, SP, NAV
 - Jubbonti, Stoboclo, Wyost, Osenvelt – Medical, PA, SP
- **Doptelet** (avatrombopag): oral granule formulation of Doptelet corresponding to an expanded age range for use in persistent or chronic ITP.
 - Pharmacy, Nonformulary – Not covered, NAV, SP, QL
- **Enbumyst** (bumetanide): nasal spray formulation of bumetanide (loop diuretic) indicated for treatment of edema associated with congestive heart failure, hepatic and renal disease, including nephrotic syndrome in adults.
 - Pharmacy, Nonformulary – Not covered, NAV, QL

- **Escitalopram 15 mg capsule:** a branded capsule formulation of escitalopram indicated only for adults up to age 65.
 - Pharmacy, Nonformulary – Not covered, NAV, QL
- **Horizant** (gabapentin enacarbil tablet): thought to provide consistent 24-hour symptoms relief for restless leg syndrome and postherpetic neuralgia compared to regular gabapentin.
 - Pharmacy, Nonformulary – Not covered, NAV
- **Javadin** (clonidine oral solution): approved for treatment of hypertension in adults.
 - Pharmacy, Nonformulary – Not covered, NAV
- **Koselugo** (selumetinib): Mitogen-activated kinase (MEK) ½ inhibitor indicated for the treatment of patients with neurofibromatosis type 1 and symptomatic, inoperable plexiform neurofibromas (PNs).
 - Pharmacy, Formulary Tier 4, PA, QL, SP, age limit
- **Subvenite** (lamotrigine oral suspension): similar bioavailability to oral tablet formulation with efficacy for treatment of epilepsy and bipolar disorder based on established effectiveness of oral tablet.
 - Pharmacy, Nonformulary – Not covered, NAV
- **Vyscoza** (celecoxib oral suspension): similar indications to Celebrex (except acute pain and primary dysmenorrhea).
 - Pharmacy, Nonformulary – Not covered, NAV
- **Zoryve 0.05% cream** (roflumilast): indicated for the topical treatment of mild to moderate atopic dermatitis in pediatric patients 2-5 years of age.
 - Pharmacy, Formulary Tier 3 (Nonpreferred), ST, QL, age limit

New medications (oncology)

- **Blenrep** (belantamab): a B-cell maturation antigen (BCMA)-directed antibody and microtubule inhibitor conjugate indicated in combination with bortezomib and dexamethasone for treatment of adult patients with relapsed or refractory multiple myeloma who have received at least two prior lines of therapy, including a proteasome inhibitor and an immunomodulatory agent.
 - Medical, Eviti Prior Authorization (PA), SP
- **Hyrnuo** (sevabertinib): kinase inhibitor indicated for the treatment of adult patients with locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) whose tumors have HER2 (ERBB2) tyrosine kinase domain (TKD) activating mutations as detected by an FDA-approved test, and who have received a prior systemic therapy.
 - Pharmacy, Formulary Tier 4, Eviti PA, SP, QL
- **Inlexzo** (gemcitabine): a nucleoside metabolic inhibitor-containing intravesical system indicated for the treatment of adult patients with Bacillus Calmette-Guerin (BCG)- unresponsive, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors
 - Medical, Eviti PA, SP

- **Inluriyo** (imlunestrant): estrogen receptor antagonist indicated for treatment of adults with ER-positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy
 - Pharmacy, Tier 4, Eviti PA, QL, SP
- **Komzifti** (ziftomenib): menin inhibitor indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (NPM1) mutation who have no satisfactory alternative treatment options
 - Pharmacy, Formulary Tier 4, Eviti PA, QL, SP
- **Lymphir** (denileukin): IL2-receptor-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy
 - Medical, Eviti PA, SP
- **Rybrevant Faspro** (amivantamab-hyaluronidase): combination of amivantamab, a bispecific EGF receptor-directed and MET receptor-directed antibody, and hyaluronidase, an endoglycosidase, approved for the same indications as the Rybrevant IV formulation.
 - Medical, Eviti PA, SP

Formulary changes

- Somavert: Moved from Nonformulary/Not covered to Pharmacy, Formulary Tier 4, PA, SP, QL
- Mycapssa: Moved from Nonformulary/Not covered to Pharmacy, Formulary Tier 4, PA, SP, QL
- Tryptryr: Moved from Nonformulary/Not covered to preferred brand (Tier 2).
- Horizant (gabapentin tablet): Moved to Nonformulary/Not covered, NAV. Current users will be grandfathered to allow for continued use.
- Bilydos, Bilprevda, Ospomyv, Conexence, Bomynta, Prolia, Xgeva: Moved to Nonformulary/Not covered, SP, NAV
- Jubbonti, Stoboclo, Wyost, Osenvelt: Moved to Medical, PA, SP
- Escitalopram oral solution: Moved to Nonformulary/Not covered, NAV, QL. Current users will be grandfathered to allow for continued use.

New policies

- Andembry
- Ekterly
- Anzupgo
- Brinsupri
- Sephience
- Otezla XR
- DDP-IV GLP-1 Duplication of therapy

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