

Pharmacy and Therapeutics Committee updates

At Security Health Plan our goal is to keep you informed of any changes that may affect Security Health Plan members and providers. The Pharmacy and Therapeutics Committee approved the following changes at the June 2026 meeting. The list includes changes to (1) medication prior authorization (PA) criteria, (2) formulary placement for medications included in the pharmacy benefit for our commercial and exchange lines of business and (3) updates to the medical pharmacy benefit for members in our commercial, exchange and Medicare lines of business.

New medications

- **Aqvesme** (mitapivat) – a pyruvate kinase activator indicated for treatment of anemia in adults with α - or β -thalassemia.
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Cardamyst** (etripamil) – a short-acting, non-dihydropyridine L-type calcium channel blocker administered via nasal spray for the conversion of acute symptomatic episodes of paroxysmal supraventricular tachycardia (PSVT) in adults.
 - Pharmacy, Formulary Tier 3 (Nonpreferred), QL
- **Exdensur** (depemokimab-ulaa) – Interleukin (IL)-5 antagonist indicated for add-on maintenance treatment of severe asthma characterized by an eosinophilic phenotype in adults and pediatric patients ≥ 12 years of age
 - Medical, Nonformulary – Not covered, No additional value (NAV), SP, PA, QL
- **Itvisma** (onasemnogene abeparvovec) – gene therapy indicated for spinal muscular atrophy (SMA) administered intrathecally in adults and pediatric patients ≥ 2 years of age.
 - Benefit Exclusion (fast track approval, confirmatory trials pending to establish safety and efficacy), Medical, SP
- **Myqorzo** (aficamten) – a cardiac myosin inhibitor indicated to improve functional capacity and symptoms in adults with obstructive hypertrophic cardiomyopathy.
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Omlonti** (omidenepag isopropyl) – a relatively selective prostaglandin E2 receptor agonist indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT)
 - Pharmacy, Nonformulary – Not covered, No additional value (NAV)
- **Redemplo** (plozasiran) – apolipoprotein C3 (APOC3) inhibitor indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Voyxact** (sibeprenlimab-szsi) – A Proliferation Inducing Ligand (APRIL) blocker indicated to reduce proteinuria in adults with primary Immunoglobulin A Nephropathy (IgAN) at risk for disease progression
 - Benefit Exclusion (fast track approval, confirmatory trials pending to establish safety and efficacy), Pharmacy, QL, SP

- **Yartemlea** (narsoplimab-wuug) – monoclonal antibody indicated for the treatment of adult and pediatric patients ≥ 2 years of age with transplant-associated thrombotic microangiopathy (TA-TMA)
 - Medical, PA, SP
- **Zycubo** (copper histidinate [CuHis]) – bioavailable copper replacement therapy indicated for the treatment Menkes disease in pediatric patients
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Arynta** (lisdexamfetamine) 10 mg/ml oral solution – oral solution of lisdexamfetamine
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Avtozma** (tocilizumab) – Actemra biosimilar approved for both IV and SC use
 - SC
 - Pharmacy, Formulary Tier 4, PA, QL, SP
 - IV – Medical, PA, SP
- **Daybue Stix** (trofinetide) – Oral powder packet formulation of Daybue indicated for Rett Syndrome
 - Pharmacy, Formulary Tier 4, PA, QL, SP
- **Desmoda** (desmopressin) 0.05 mg/ml – Oral solution formulation of desmopressin
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Ontralfy** (tizanidine) – Oral solution formulation of tizanidine
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Pivya** (pivmecillinam) – penicillin class antibiotic indicated for treatment of female patients 18 years of age and older with uncomplicated urinary tract infections caused by escherichia coli, proteus mirabilis, and staphylococcus saprophyticus
 - Pharmacy, Nonformulary/Not-covered – NAV
- **Rezenopy** (naloxone) – 10 mg/0.11 ml naloxone nasal spray formulation
 - Pharmacy, Nonformulary/Not-covered – NAV, QL
- **Sdamlo** (amlodipine) – Oral solution formulation of amlodipine
 - Pharmacy, Nonformulary/Not-covered – NAV, QL
- **Vykoura** (leucovorin) – leucovorin IV and IM injection solution
 - Medical, Nonformulary/Not-covered – NAV, PA

New medications (Oncology)

- **Lifyorli** (relacorilant) – glucocorticoid receptor antagonist indicated in combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer
 - Pharmacy, tier 4, Eviti PA, QL, SP

Formulary changes

- Velporo 500 mg chewable tablet – Moved to Nonformulary – not covered, NAV
- Exenatide 5 mcg and 10 mcg injectable pen – Moved to Nonformulary – not covered, NAV

- Rytary ER capsule – Brand and authorized generic Moved to Nonformulary – not covered, NAV
- Ondansetron 16 mg ODT tablet – Moved to Nonformulary – not covered, NAV
- Abiraterone 500 mg tablet – Moved to Nonformulary – not covered, NAV
- Triamterene capsule – Moved to Nonformulary – not covered, NAV
- Valsartan 20 mg/5 ml= solution – Moved to Nonformulary – not covered, NAV
- Glycerol phenylbutyrate 1.1 gm/ml liquid – Moved to Nonformulary – not covered, NAV
- Vanrafia and Fabhalta (IgAN indication only) – Moved to benefit exclusion (fast track approval, confirmatory trials pending to establish safety and efficacy)
- Removed step therapy requirement for Motegrity (prucalopride) Brand and generic.

New policies

- Dawnzera
- Jascayd
- Leqembi Iqlik
- Non-hormonal VMS step therapy policy
- Palsonify
- Mycapssa
- Somavert
- Papzimeos
- Rhapside
- Wayrilz
- Orphan Drug (Rare Disease)
- Topical Phosphodiesterase-4 Inhibitor Step Therapy
- 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 shprx@securityhealth.org.