

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 May 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
Vaccine	Vivotif® (typhoid vaccine live, attenuated)	T3
New drug	Raldesy® (trazodone) 10 mg/mL oral solution	T5, PA
New drug	Symbravo® (meloxicam-rizatriptan) 20 mg-10 mg oral tablet	NF
New drug	Zunveyl® (benzgalantamine) 5 mg, 10 mg, 15 mg tablet	NF
New drug	Vecamyl® (mecamylamine) 2.5 mg tablet	NF
New drug	Vykat® XR (diazoxide choline; 25 mg, 75 mg & 150 mg extended-release tablet	NF
New drug	Vanrafia® (atrasentan hydrochloride) 0.75 mg tablet	NF
New generic	rivaroxaban 2.5 mg tablet	NF
Previous brand	Xarelto® 2.5 mg tablet	Tier 3, QL
New generic	ferric citrate 210 mg tablet	Tier 5, PA, QL
Previous brand	Auryxia® 210 mg tablet	Tier 5, PA, QL
New generic	finasteride-tadalafil 5-5 mg capsule	NF
Previous brand	Entadfi® 5-5 mg capsule	NF
New generic	nilotinib 50 mg, 150 mg, 200 mg capsule	NF
Previous brand	Tasigna® 50 mg, 150 mg, 200 mg capsule	Tier 5, PA, QL

New generic	ticagrelor 90 mg tablet	NF
Previous brand	Brilinta® 90 mg tablet	Tier 3, QL
New generic	umeclidinium-vilanterol 62.5-25 mcg/ actuation inhalation powder	NF
Previous brand	Anoro Ellipta® 62.5-25 mcg/ actuation inhalation powder	Tier 3, QL
New generic	ustekinumab 45 mg/0.5 mL, 90 mg/mL single-dose pre-filled syringes [PFS]	NF
Previous brand	Stelara® 45 mg/0.5 mL, 90 mg/mL single- dose pre-filled syringes [PFS]	Tier 5, PA, QL
New generic	ustekinumab-aekn 45mg/0.5mL, 90mg/mL single-dose pre-filled syringes [PFS]	NF
Previous brand	Selarsdi® 45mg/0.5mL, 90mg/mL single- dose pre-filled syringes [PFS]	Tier 5, PA, QL
New generic	nitroglycerin 2% topical ointment	Tier 3
Previous brand	Nitro-BID® topical ointment	Tier 3

- **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 provider statement of medical necessity
- **Non-labeler** – manufacturer has not signed agreement with CMS to provide gap discount on all of 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 on 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

New Part D policies:

Policy	Criteria
trazodone (Raldesy®)	1. Patient is 18 years of age or older 2. Patient has a diagnosis of major depressive disorder (MDD) 3. Patient has a contraindication to OR has documented inability to swallow trazodone tablets

Part D policies with clinical criteria updates:

Policy	Change
sotatercept (Winrevair®)	Revised criteria defining previous trial timeframe to 3 months
Policy	Change
dupilumab (Dupixent®)	Added new FDA approved indication for Chronic Spontaneous Urticaria (CSU)
Policy	Change
guselkumab (Tremfya®)	Added new FDA approved indication for Crohn's Disease
Policy	Change
upadacitinib (Rinvoq®)	Added new FDA approved indication for Giant Cell Arteritis
Policy	Change
Immunomodulators	For Actemra® Actpen: Removed methotrexate criteria of previous trial/contraindication for Giant Cell Arteritis diagnosis. Per CMS direction, can not include products that are not FDA approved for this diagnosis

Part D policies with no clinical criteria updates:

- carglumic acid (Carbaglu®)
- darbepoetin alfa (Aranesp®)
- Multiple Sclerosis Agents

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.