

Pharmacy and Therapeutics summary

At Security Health Plan, we aim to keep you informed about any changes that may impact Security Health Plan members and providers. Below are the changes approved by the Security Health Plan Pharmacy and Therapeutics Committee from the March 2025 meeting, which include updates to medication prior authorization (PA) criteria and formulary placement for certain medications.

Commercial/Exchange/TPA formulary placement updates:

- Humira® (adalimumab) and Stelara® (ustekinumab) to be removed from formulary effective 7/1/25
- Preferred biosimilars on formulary:
 - Adalimumab products - adalimumab-adaz and Simlandi® (adalimumab-ryvk)
 - Ustekinumab products - Yesintek® (ustekimumab-kfce) and Selarsdi® (ustekimumab-aekn)
- Please see the Provider News article in this month's edition titled ***"Important information regarding Humira® and Stelara® Biosimilar Strategy"*** for additional details

Part D formulary placement updates:

Type of Change	Drug	Part D
New drug	Journavx® (suzetrigine) 50 mg tablets	NF
New drug	Evrysdi® (risdiplam) tablet	NF
New drug	Gomekli® (mirdametinib) capsules, oral suspension	T5, PA, QL
New drug	Romvimza® (vimseltinib) capsules	T5, PA, QL
New drug	Onapgo® (apomorphine hydrochloride) subcutaneous solution	NF
New drug	Alyftrek® (vanzacaftor, tezacaftor, and deutevacaftor) tablets	NF
New drug	Crenessity® (crinicerfont) capsules and oral solution	NF
New drug	Tryngolza® (olezarsen) subcutaneous autoinjector	NF

New biosimilar	Wezlana® (ustekinumab-auub) subcutaneous solution and prefilled syringe	NF
New biosimilar	Yesintek® (ustekinumab-kfce) subcutaneous solution and prefilled syringe	NF
New biosimilar	Steqeyma® (ustekinumab-stba) subcutaneous prefilled syringe	NF
New biosimilar	ustekinumab-ttwe syringe and vial	NF
New biosimilar	Selarsdi® (ustekinumab-aekn) syringe and vial	NF
New biosimilar	Otulfi® syringe and vial (ustekinumab-aauz)	NF
New biosimilar	Pyzchiva® syringe and vial (Ustekinumab-ttwe)	NF
New vaccine	Vimkunya® (CHIKUNGUNYA VACCINE, RECOMB/PF)	T3
New generic	prucalopride succinate 1 mg and 2 mg tablet (generic for Motegrity®)	NF
New generic	memantine hcl-donepezil hcl er capsules (generic for Namzaric®)	NF
New generic	Mesna tablets (generic for Mesnex®)	T5
New generic	levetiracetam (generic for Spritam®) 250 mg tablets	T4, QL
New generic	Auranofin capsules (generic for Ridaura®)	NF
New generic	mercaptopurine 20mg/mL oral suspension; 100 mL bottle (generic for Purixan®)	T5
Line extension	Prevymis® (letermovir) pellet tablets	T5, PA, QL
Line extension	Opdivo Qvantig® (nivolumab-hyaluronidase-nvhy) 600mg and 10,000 units/5 mL subcutaneous injection	NF
Line extension	Xromi® (hydroxyurea) 100 mg/mL oral solution	NF
• 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

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 July 1, 2025:
 - Datroway® (datopotamab deruxtecan-dlnk)
 - Opdivo Qvantig® (nivolumab and hyaluronidase-nvhy)
 - Encelto® (revakinagene taroretcel-lwey)
 - denosumab-dssb
 - Ospomyv® (denosumab-dssb)
 - Stoboclo® (denosumab-bmwo)
 - Xbryk® (denosumab-dssb)
 - Osenvelt® (denosumab-bmwo)
 - Avtozma® (tocilizumab-anoh)
 - tocilizumab-anoh
 - Omlyclo® (omalizumab-igec)
 - Omalizumab-igec
 - Focinvez® (fosaprepitant)
 - Retacrit® (epoetin alfa-epbx)

- **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 April 1, 2025, the following drugs will be removed from the program:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Epogen® (epoetin alfa)/Procrit® (epoetin alfa) (J0885)	Retacrit® (epoetin alfa-epbx) (Q5106)	

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

Requested Product	Preferred Alternative Agent(s)	Special Comments
Nypozi® (filgrastim-txid) (Q5148)	Granix® (tbo-filgrastim) (J1447) Zarxio® (filgrastim-sndz) (Q5101)	Granix® is not indicated for treatment of severe chronic symptomatic neutropenia (cyclic, congenital, or idiopathic) for a patient not on chemotherapy.
Axle® (pemetrexed) (J9292) Pemfexy® (pemetrexed) (J9304) Pemrydi® RTU (pemetrexed) (J9324)	Alimta® (pemetrexed) (J9305) Pemetrexed - accord (J9296) Pemetrexed - bluepoint(J9322) Pemetrexed - hospira (J9294) Pemetrexed - sandoz (J9297) Pemetrexed - teva (J9314) Pemetrexed ditromethamine (J9323) Pemetrexed (J9999)	
Posfrea® (palonosetron) (J2468)	Aloxi® (palonosetron) (J2469)	
Vyepti® (eptinezumab-jjmr) (J3032)	Aimovig® (erenumab) Ajovy® (fremanezumab) Emgality® (galcanezumab) Qulipta® (atogepant) Nurtec® ODT (rimegepant)	
Evkeeza® (evinacumab-dgnb) (J1305) Leqvio® (inclisiran) (J1306)	Praluent® (alirocumab) Repatha® (evolocumab)	
Krystexxa® (pegloticase) (J2507)	allopurinol AND febuxostat	

Benlysta® (belimumab) IV (J0490) Saphnelo® (anifrolumab-fnia) (J0491)	Benlysta® (belimumab) subQ	
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For dates of service on or after July 1, 2025, the following drugs will be moved from preferred agent to non-preferred agent:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Belrapzo® (bendamustine) (J9036) Bendeka® (bendamustine) (J9034)	Treanda® (bendamustine) (J9033)	Step therapy requirements DO NOT APPLY to the following FDA-approved indications: Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen.

For dates of service on or after July 1, 2025, the following drug will be added as a preferred agent:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Asceniv® (immune globulin IV) (J1554)	Yimmugo® (immune globulin IV) (J1599)	

- New Part D policies:**

Policy	Criteria
finerenone (Kerendia®)	1. Patient is 18 years of age or older 2. Patient has a diagnosis of chronic kidney disease (CKD) associated with type 2 diabetes
Policy	Criteria
tirzepatide (Zepbound®)	Initial request: 1. Patient is 18 years of age or older 2. Patient is obese, as defined by a BMI (the weight in kilograms divided by the square of the height in meters) of 30 kg/m2 or greater

3. Medication will be used in combination with a reduced calorie diet and increased physical activity

4. Patient has moderate to severe obstructive sleep apnea (OSA) as confirmed by sleep study with ONE of the following:

- a. Apnea Hypopnea Index/Respiratory Disturbance Index/Respiratory Event Index (AHI/RDI/REI) ≥ 15 events/hour that is predominantly obstructive
- b. AHI/RDI/REI ≥ 5 with at least ONE typical OSA symptom (e.g., unrefreshing sleep, daytime sleepiness, fatigue or insomnia, awakening with a gasping or choking sensation, loud snoring, or witnessed apneas)

5. Patient is not using concurrently with another GLP-1 agonist (e.g., Victoza [liraglutide], Saxenda [liraglutide], Ozempic [semaglutide], Wegovy [semaglutide], Rybelsus [semaglutide], Byetta [exenatide], Bydureon [exenatide extended-release]) or GLP-1/GIP receptor agonist (e.g., Mounjaro [tirzepatide])

Continuation request:

6. Patient has experienced improvement while on therapy (e.g., achieving reduction in AHI/RDI/REI or OSA symptoms)

• **Part D policies with clinical criteria updates :**

Policy	Change
abatacept (Orencia®)	- Removed requirement of disease-modifying antirheumatic drug (DMARD) for systemic juvenile idiopathic arthritis diagnosis - Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis
Policy	Change
adalimumab (Humira®)	- Removed requirement of disease-modifying antirheumatic drug (DMARD) for systemic juvenile idiopathic arthritis diagnosis - Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for Crohn's disease diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis
Policy	Change
anakinra (Kineret®)	Added abatacept (Orencia®) as preferred agent for rheumatoid arthritis (RA)

Policy	Change
apremilast (Otezla®)	Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis
Policy	Change
selexipag (Uptravi®)	Removed continuation criteria; initial request approval timeframe is now indefinite
Policy	Change
benralizumab (Fasenra®)	Standardized criteria for each indication for all medications in this category (Dupixent®, Fasenra®, Nucala® and Xolair®)
Policy	Change
canakinumab (Ilaris®)	Added corticosteroids as trial option for treatment of gout flares
Policy	Change
Continuous Glucose Monitoring (CGM) Products	Added additional option for approval for members who are stable on CGM coming from another health plan
Policy	Change
dupilumab (Dupixent®)	Standardized criteria for each indication for all medications in this category (Dupixent®, Fasenra®, Nucala® and Xolair®)
Policy	Change
Endothelin Receptor Antagonists	Removed continuation criteria; initial request approval timeframe is now indefinite
Policy	Change
Esketamine (Spravato®)	Revised to reflect expanded indication: Treatment-resistant depression (TRD) in adults, as monotherapy or in conjunction with an oral antidepressant
Policy	Change
etanercept (Enbrel®)	Removed requirement of disease-modifying antirheumatic drug (DMARD) for systemic juvenile idiopathic arthritis diagnosis

	Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis
Policy	Change
Growth Hormone (Norditropin®)	Removed specialist requirement
Policy	Change
guselkumab (Tremfya®)	- Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis
Policy	Change
omalizumab (Xolair®)	Standardized criteria for each indication for all medications in this category (Dupixent®, Fasenra®, Nucala® and Xolair®)
Policy	Change
mepolizumab (Nucala®)	Standardized criteria for each indication for all medications in this category (Dupixent®, Fasenra®, Nucala® and Xolair®)
Policy	Change
risankizumab-rzaa (Skyrizi®)	- Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for Crohn's disease diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis
Policy	Change
secukinumab (Cosentyx®)	Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis
Policy	Change
tofacitinib (Xeljanz, Xeljanz XR®)	- Removed requirement of disease-modifying antirheumatic drug (DMARD) for systemic juvenile idiopathic arthritis diagnosis - Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis

Policy	Change
upadacitinib (Rinvoq®)	- Removed requirement of disease-modifying antirheumatic drug (DMARD) for systemic juvenile idiopathic arthritis diagnosis - Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for Crohn's disease diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis
Policy	Change
ustekinumab (Stelara®)	- Removed requirement of DMARD for psoriatic arthritis (peripheral disease) diagnosis - Removed requirement of conventional treatment for Crohn's disease diagnosis - Removed requirement of conventional treatment for ulcerative colitis diagnosis

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

- Allergen Extracts
- Antineoplastic Drugs
- aztreonam (Cayston®)
- Immunomodulators
- Inhaled Tobramycin Agents
- lotilaner (Xdemvy®)
- plerixafor (Mozobil®)
- vigabatrin

- **Archived Part D policies:**

- treprostinil (Orenitram®)

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.