

Security Health Plan Pharmacy and Therapeutics Committee update

At Security Health Plan, our goal is to keep you updated about any changes that may affect Security Health Plan Medicare Advantage members and providers. We want to let you know of the Security Health Plan Pharmacy and Therapeutics Committee approved changes from the January 2025 meeting. This includes changes to medication prior authorization (PA) criteria and Part D formulary placement for some medications.

Part D formulary placement updates:

Type of Change	Drug	Part D
New drug	nilotinib tartrate (Danziten®) tablets	Tier 5, PA, QL
Line extension	imatinib mesylate (Imkeldi®) 80 mg/mL oral solution	Tier 5, PA, QL
New drug	inavolisib (Itovebi®) tablet	Tier 5, PA, QL
New drug	acoramidis hcl (Attruby®) tablets	NF
New drug	lebrikizumab-lbkz (Ebglyss Syringe®) solution for subcutaneous injection	NF
New generic	timolol 0.5% eye drop	NF
Previous brand	timolol (Betimol®) eye drop	NF
New generic	exenatide subcutaneous injection	NF
Previous brand	Byetta® subcutaneous injection	NF
Line extension	adalimumab-adaz(cf) 20 mg/0.2 mL solution for subcutaneous injection	NF
Line extension	Hyrimoz® 20 mg/0.2 mL subcutaneous injection	NF
New generic	hydrocortisone topical solution	NF
Previous brand	hydrocortisone (Texacort®) topical 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 Authorizaton (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 Security Health Plan will cover. For example, the quantity limit for sumatriptan is 18 tablets per 30 days

Prior authorization criteria updates:

- **New 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 4/1/25:
 - zanidatamab-hrii (Ziihera®)
 - eladocogene exuparvovec-tneq (Kebilidi®)
 - obecabtagene autoleucel (Aucatzyl®)
 - zolbetuximab-clzb (Vyloy®)
 - zenocutuzumab-zbco (Bizengri®)
 - cosibelimab-ipdl (Unloxcyt®)
 - remestemcel-L-rknd (Ryoncil®)
 - ustekinumab-aekn (Selarsdi®)
 - ustekinumab-srlf (Imuldosa®)
 - ustekinumab-aaaz (Otulfi®)

- ustekinumab-kfce (Yesintek®)
- ustekinumab-stba (Steqeyma®)

- **New Part D policies:**

Policy	Criteria
furosemide (Furoscix®)	1. Patient is 18 years of age or older 2. Prescribed by a cardiologist or specialist with expertise in managing heart failure 3. Patient has diagnosis of chronic heart failure AND a. Signs and symptoms of congestion due to fluid overload b. NYHA Class II – III 4. Established on oral loop diuretic therapy (e.g. furosemide, torsemide) with clinical reasoning for reduced responsiveness 5. The patient does not require ongoing emergency care or hospitalization for heart failure, acute pulmonary edema, or other conditions 6. Patient is currently a candidate for parenteral diuresis outside of the hospital 7. Patient will only be on short-term AND will be replaced with oral diuretics as soon as practical

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

Policy	Change
Cystic Fibrosis	Removed tezacaftor/ivacaftor and ivacaftor (Symdeko®) as it is non-formulary for 2025
Policy	Change
Glycerol Phenylbutyrate (Ravicti®)	Included criteria that “Disorder cannot be managed by dietary protein restriction and/or amino acid supplementation” as it is part of FDA-approved labeling
Policy	Change
Immunomodulators	Policy now only includes tocilizumab (Actemra®) and certolizumab (Cimzia®) therefore organized and reduced to FDA-approved indications by drug
Policy	Change
rifaximin (Xifaxan®)	Removed check of serum ammonia levels for continuation. Improvement in mental status used to check for treatment benefit

Policy	Change
tasimelteon (Hetlioz®)	Included light-insensitivity for initial criteria Simplified continuation criteria to check for positive clinical response to therapy
Policy	Change
Testosterone Replacement Products	Updated to include more specific objective measure to define normal/low testosterone levels Added separate section for testosterone enanthate due its additional FDA-approved indications
Policy	Change
voriconazole Oral	Added trial or contraindication to fluconazole for systemic candidemia or deep tissue candida infection diagnosis Removed PA from tablets as cost of tablets has decreased (~\$238 per month at maximum recommended dosing) Policy will now only apply to suspension

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](#)
- View medical pharmacy PA criteria for all lines of business (managed by Prime Therapeutics):
 - [Prime Therapeutics PA Criteria](#)
- View Part B Step Therapy program medications (managed by Prime Therapeutics):
 - [Part B Step Therapy Medication List](#)

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 SHP Pharmacy Request (Shared) shprx@securityhealth.org.