

Basic utilization management program

Effective July 1, 2022

Basic step therapy with quantity limits program

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

Therapeutic use	Step 1 medication	Step 2 medication	Quantity limit
Oral Brand Tetracyclines[†]			
	doxycycline or minocycline	ACTICLATE	None
		DORYX	None
		DORYX MPC	None
		LYMEPAK	None
		MINOLIRA	None
		MONODOX	None
		ORACEA	None
		SOLODYN	None
		TARGADOX	None
		VIBRAMYCIN	None
	doxycycline AND minocycline	SEYSARA	None
Fibric Acid Derivatives[†]			
	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE	None
		FIBRICOR	None
		TRIGLIDE	None
Migraine Agents[†]			
	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	ONZETRA XSAIL	1 kit (8 doses)/30 days
		TOSYMRA	2 packages (12 spray units) per 30 days
		TREXIMET	9 tabs/30 days
		ZOMIG NASAL	2 packages (12 spray units) per 30 days

[†] Applies to new starts only.

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Continued

Therapeutic use	Step 1 medication	Step 2 medication	Quantity limit
Leukotriene Modifiers†			
	Any one of the following generics: montelukast, zafirlukast	zileuton ER	None
		ZYFLO	None
BPH Agents†			
	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	CARDURA XL	None

Basic quantity limits program

The following medications have a new or revised quantity limit that will be covered. This means there is a new limit to the amount of the drug(s) below that will be covered.

Therapeutic use	Targeted drugs	Quantity limit
Antibiotics†		
	SIVEXTRO, ZYVOX	SIVEXTRO TABLETS
		6 tabs/30 days
		SIVEXTRO INJECTION
		6 vials/30 days
		ZYVOX TABLETS
		28 tabs/30 days
		ZYVOX SUSPENSION
		6 bottles/28 days
Antifungals†		
	LAMISIL	LAMISIL TABLETS
		84 day supply/180 days
Platelet Inhibitors†		
	YOSPRALA	YOSPRALA TABLETS
		1 tab/day
Diarrhea†		
	MYTESI	MYTESI TABLETS
		2 tabs/day
Obstetrics & Gynecology†		
	BRISDELLE	BRISDELLE CAPSULES
		1 cap/day

† Applies to new starts only.

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Effective as of July 1, 2022.

PLEASE NOTE: This drug list is subject to regular updates and may not be all inclusive. Drugs affected include both brand and generic and include all strengths unless noted. If a targeted drug has a new strength, it may be automatically added to the list.