

# Basic utilization management program

Effective Jan. 1, 2023

## 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
<b>Oral Brand Tetracyclines<sup>†</sup></b>			
	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
<b>Fibric Acid Derivatives<sup>†</sup></b>			
	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE	None
		FIBRICOR	None
		TRIGLIDE	None
<b>Migraine Agents<sup>†</sup></b>			
	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

<sup>†</sup> 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
<b>Leukotriene Modifiers†</b>			
	Any one of the following generics: montelukast, zafirlukast	zileuton ER	None
		ZYFLO	None
<b>BPH Agents†</b>			
	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	
<b>Antibiotics†</b>			
	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
<b>Antifungals†</b>			
	LAMISIL	LAMISIL TABLETS	84 day supply/180 days
<b>Platelet Inhibitors†</b>			
	YOSPRALA	YOSPRALA TABLETS	1 tab/day
<b>Diarrhea†</b>			
	MYTESI	MYTESI TABLETS	2 tabs/day
<b>Obstetrics &amp; Gynecology†</b>			
	BRISDELLE	BRISDELLE CAPSULES	1 cap/day

† Applies to new starts only.

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Effective as of Jan. 1, 2023.

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.