

Coupe Health Pharmacy Benefit Update

Effective 7/11/2022, the following drug(s) will have a change or be added to the utilization management (UM) program requirements for the Coupe Health benefit plan, including prior authorization (PA), step therapy (ST), and quantity limit (QL).

Our utilization management program ensures access to safe, effective, and affordable medications with the overall goal of reducing pharmacy expenses and improving quality of care for our members and their employers. The intent of PA, ST and QL is to encourage appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.

| Target Agent(s) | New/Change to Program | Prior Authorization | Step Therapy | Quantity Limit |
|---|-----------------------|---------------------|--------------|----------------|
| Ajovy (frenmanezumab) | Change to Program | X | X | X |
| Aimovig (erenumab) | Change to Program | X | X | X |
| Besremi (ropeginterferon alfa-2b-njft) | New Program | X | | X |
| Brand Topical Acne Medications | Change to Program | X | X | |
| Brand Topical Combination Acne Medications | Change to Program | X | X | |
| Emgality (galcanezumab) | Change to Program | X | X | X |
| Evkivity (mobocertinib) | New Program | X | | X |
| Livmarli (maralixibat) | New Program | X | X | X |
| Livtency (maribavir) | New Program | X | X | X |
| darifenacin tablets (generic) | New Program | | | X |
| oxybutynin IR/ER tablets (generic) | New Program | | | X |
| solifenacin (generic) | New Program | | | X |
| tolterodine IR/ER (generic) | New Program | | | X |
| tropium IR/ER (generic) | New Program | | | X |
| Myrbetriq (mirabegron) | New Program | | X | X |
| Gemtesa (vibegron) | New Program | | X | X |
| Detrol / Detrol LA (tolterodine IR/ER) | New Program | | X | X |
| Ditropan XL (oxybutynin ER tablets) | New Program | | X | X |
| Gelnique (oxybutynin transdermal gel) | New Program | | X | X |
| Oxytrol (oxybutynin transdermal patch) | New Program | | X | X |
| Vesicare (solifenacin tablets) | New Program | | X | X |
| Vesicare LS (solifenacin solution) | New Program | | X | X |
| Toviaz (fesoterodine) | New Program | | X | X |

COUPE HEALTH

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| Ozempic (semaglutide injection) | Change to Program | X | X | X |
| Quilipia (atogepant) | Change to Program | X | X | X |
| Quviviq (daridorexant) | New Program | | X | X |
| Scemblix (asciminib) | New Program | X | X | X |
| Tavneos (avacopan) | New Program | X | | X |
| Voxzogo (vosoritide) | New Program | X | | X |

Note: brand and generic drugs are subject to these requirements, where applicable.

Please reach out to MedOne, pharmacy benefit manager for Coupe Health, to request a copy of the criteria for the target agent(s) by contacting them at 1-888-884-6331, fax a request to 1-563-293-8156, or make a request in writing to:

MedOne Pharmacy Benefit Solutions
Attention: Clinical Review Department
P.O. Box 1537
Dubuque, IA 52004

New PA criteria will be posted by May 18th, 2022 and may be accessed using the Coupe Health provider link.

- Access <https://www.coupehealth.com/providers/>
- Select the Upcoming Pharmacy Utilization Management link to view the “Pharmacy Utilization Management (UM) Program Criteria Activity” document, specific to effective date, for new or updated criteria
- Scroll through the “Pharmacy Utilization Management (UM) Program Criteria Activity” document to locate specific criteria

Prescribers can submit a prior authorization request to MedOne by phone, fax or Prompt PA portal.

By Phone

To begin the prior authorization process via phone, please call 833-749-1969 to connect with a Simple Pay Health Professional. They will begin the paperwork for the request, asking the name and date of birth of the member, member ID number, prescriber name and NPI, the name of the drug, and applicable directions. Please have this information at-the-ready for the representative to collect and submit on your behalf.

By Fax

To begin the prior authorization process via fax, please visit the MedOne website - www.medone-rx.com/members - to download the prior authorization form listed under Documents & Forms for MedOne Members at the bottom of the page. Find the listing for Standard PA Form, download, and fill out the required fields. Fax the completed document to MedOne at 563-588-0173.

If you encounter trouble or have questions regarding these steps, please do not hesitate to reach out to MedOne directly via phone at 888-884-6331 or chat on our website at www.medone-rx.com.

By Prompt PA Portal

To begin the prior authorization process via web portal, please submit a PA using the MedOne Prompt PA Portal at <https://medone-rx.promptpa.com/>.

Questions?

If you have questions, please contact MedOne at 877-376-7974.