

October 12, 2020

The changes in this bulletin apply to all groups that use the Lowest Net Cost Formulary. These changes include decisions that occurred as a result of our September 2020 Pharmacy and Therapeutics Committee (P&T) meeting. All changes are effective Jan. 1, 2021, unless otherwise noted. Members negatively impacted by one of these changes will be sent a letter in November.

FORMULARY UPDATES

Additions

Darzalex Faspro (Tier 4)	Pemazyre (Tier 4)	Tabrecta (Tier 4)
Koselugo (Tier 4)	Qinlock (Tier 4)	Trodelyv (Tier 4)
Nexletol (Tier 2)	Retevmo (Tier 4)	Tukysa (Tier 4)
Nexlizet (Tier 2)	Sarclisa (Tier 4)	Xcopri (Tier 3)

Exclusions

Members will be sent letters informing them of the following newly excluded products. Note: some alternatives require PA approval.

Excluded Product	Covered Alternatives
Asmanex	Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR Redihaler
Dayvigo	eszopiclone, temazepam, zaleplon, zolpidem/ER
Licart	diclofenac
Naprosyn susp. 125 mg/5 mL (BRAND)	naproxen suspension 125mg/5mL
Treximet (BRAND)	sumatriptan-naproxen sodium tab
Zerviate	azelastine, olopatadine

As a result of the COVID-19 pandemic, the excluded drugs **Proventil** and **Ventolin** were temporarily allowed coverage at Tier 1. Beginning Jan. 1, 2021, these drugs will once again be excluded. Members will be sent letters informing them of the change and directing them to use generic albuterol.

PRIOR AUTHORIZATION (PA) PROGRAM UPDATES

Rybelsus will be added as a preferred option for Diabetes (GLP-1) drugs.

Condition/Drug Class	Before member has coverage for one of these drugs...	...they must have tried one (or more) of these alternative drugs first.
Diabetes (GLP-1)	Bydureon/BCISE, Byetta	Ozempic, Rybelsus, Trulicity, Victoza <i>These drugs require prior use of metformin, metformin ER (generic Glucophage XR) or Prior Authorization.</i>

Continued

Durolane, Euflexxa, Gelsyn-3 will be the new preferred products among the Hyaluronic Acids used to treat osteoarthritis of the knee.

Condition/Drug Class	Before member has coverage for one of these drugs...	...they must have tried TWO of these alternative drugs first.
Osteoarthritis of the Knee	Euflexxa, Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/FX, Synvisc/One, SynoJoynt, Triluron, Visco-3	Durolane, Euflexxa, Gelsyn-3

In the Growth Hormones category, members will be required to try **two** preferred products before they can have coverage for the non-preferred products. Letters will be sent to members who will need to use an additional product.

Condition/Drug Class	Before member has coverage for one of these drugs...	...they must have tried TWO of these alternative drugs first.
Growth Deficiency	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin

STEP THERAPY PROGRAM UPDATES

Seizure treatment will be added to the Step Therapy drug list.

Condition	Step 1 Drugs Member must try one or more of these drugs first, or doctor must request an override...	Step 2 Drugs ... before member can get coverage for this drug.
Seizures	lamotrigine immediate-release (IR), levetiracetam IR, levetiracetam extended-release (ER), oxcarbazepine IR, topiramate IR	Xcopri

Please direct questions to your PAI account executive