



The changes in this bulletin apply to all groups that use the Net Cost Formulary. These changes include decisions that occurred as a result of our June 2020 Pharmacy and Therapeutics Committee (P&T) meeting.

### HIV PREP DRUG COVERAGE UPDATE

The following drugs used for HIV prevention therapy are now covered for \$0 copay under the Affordable Care Act: **Truvada, Descovy and tenofovir disoproxil fumarate.**

### SPECIALTY DRUG UPDATES

#### Additions

The following drugs were formerly excluded and are now included on the formulary as specialty drugs:

Ayvakit                      Enhertu                      Givlaari                      Padcev                      Tazverik

### EXCLUDED DRUG LIST UPDATES

#### Removals

The drug **Dovato** was formerly excluded and is now included on the formulary at Tier 3.

#### Additions

These New-to-Market drugs have been added to the Excluded Drug List. No letters will be sent to members, because the drugs were excluded before utilization could take place. Specialty drugs are noted with a (#).

Arazlo                      Fetroja                      Revcovi (#)                      Secuado                      Tepezza (#)  
Caplyta                      Jatenzo                      Scenesse (#)                      Talicia                      Vyondys 53

### PRIOR AUTHORIZATION (PA) DRUG LIST REMOVALS

The drug **Vascepa** has been removed from the Prior Authorization drug list.

### QUANTITY MANAGEMENT DRUG LIST REMOVALS

We have recently identified overprescribing of higher-than-appropriate quantities of various topical drugs used to treat fungal foot infections. These topical creams have been prescribed for dissolving in water as “foot soaks.” However, there is no clinical data to support the effectiveness of this type of treatment. As a result, we will institute new quantity limits on the products listed below, effective Sept. 1, 2020. Impacted members will receive a letter informing them of the new quantity limits.

Product	New Quantity Limit
GENTAMICIN SOL 0.3% OP	15 ml every 30 days
CLINDAMYCIN SOL 1%	2 ml per day
ERYTHROMYCIN SOL 2%	4 ml per day

Product	New Quantity Limit
MUPIROCIN OIN 2%	44 gm every 30 days
ECONAZOLE CRE 1%	2.84 gm per day
KETOCONAZOLE CRE 2%	2 gm per day

Please direct questions to your PAI account executive team.