To: **Jai Medical Providers**
From: **ProCare Rx**
Date: **December 30, 2021**
Subject: **December 2021 Formulary Updates**

Effective 1/1/2022, the following products have been added to the formulary:

- **Hydrocodone-Acetaminophen 7.5-325** and **Hydrocodone-Acetaminophen 10-325** have been added with a QL of 180/30 days and all of the standard opioid limitations (Initial fill for opioid naïve is limited to no more than a 7 day supply, prior authorization is needed to exceed 14 day supplies per fill for patients who are new to the medication, opioid prior authorization form with attestation statements or exception diagnoses needed to exceed 90 MME per day of opioid medication)

Other coverage status updates

- **Jardiance** - PA criteria has been updated to include criteria for heart failure
  INDICATION:
  (1) Type 2 diabetes mellitus
  (2) To reduce the risk of cardiovascular death plus hospitalization for heart failure in adults with heart failure and reduced ejection fraction with or without type 2 diabetes mellitus
  Criteria for Type 2 diabetes mellitus:
  (a) Failure of metformin, a sulfonylurea, or pioglitazone
  Criteria for heart failure:
  (a) Diagnosis of heart failure with reduced ejection fraction
  (b) Has not achieved adequate symptom control with the following:
  (1) ACE/ARB or ARNI, and
  (2) Beta Blocker

Effective 2/1/2022, the following products will have a change made to their coverage status:

- **Byetta** – will be removed from the formulary and replaced by **Bydureon,** with the PA criteria below**:**
  INDICATION: (1) Adjunctive therapy of type 2 diabetes mellitus
  Criteria:
  (a) Diagnosis of type 2 diabetes; and
  (b) Failure or intolerance to sulfonylureas and/or metformin at optimal dosing. Failure defined as Hemoglobin A1c > 7.0; and
  (c) Patient ≥ 10 years of age

  Members who are currently approved for Byetta will be given a three month approval to continue treatment and providers will be allowed to request the prior authorization they currently have for Byetta to be switched to Bydureon for the current approved duration.

- **Invokana** – will be removed from the formulary and replaced by **Farxiga,** with the PA criteria below:
  INDICATION:
  (3) Type 2 diabetes mellitus
  (4) To reduce the risk of hospitalization and/or death for heart failure in adults with type 2 diabetes mellitus and either established cardiovascular disease or multiple cardiovascular risk factors or heart failure with reduced ejection fraction (NYHA class II-IV)
  (5) To reduce the risk of sustained eGFR decline, end stage kidney disease, cardiovascular death and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.
  Criteria for Type 2 diabetes mellitus:
  (a) Diagnosis of Type 2 diabetes mellitus
  (b) Has not achieved adequate glycemic control on the following:
  (1) Metformin (alone or in combination)
  Criteria for heart failure:
  (a) Diagnosis of heart failure with reduced ejection fraction
  (b) Has not achieved adequate symptom control with the following:
  (1) ACE/ARB or ARNI, and
  (2) Beta Blocker
  Criteria for Chronic Kidney Disease:
  (a) Diagnosis of Chronic Kidney Disease
  (b) Has not achieved adequate symptom control with the following:
  (1) ACE/ARB,
  (c) NOT on dialysis

  Members who are currently approved for Invokana will be given at least a three month approval to continue treatment to allow their providers determine whether they want to continue with Invokana or request a change to Farxiga

Providers can contact ProCare's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24 hour customer service department at 800-213-5640.