KERN HEALTH SYSTEMS

PROVIDER bulletin

April 30, 2018

Dear Provider:

The following changes will go into effect May, 2018, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

Additions:

None

Deletions:

Oxycodone 30 mg: This strength is removed. Consider alternatives.

Modifications:

Muscle relaxants: Muscle relaxants used as antispasmodics (cyclobenzaprine and methocarbamol) will be limited to 3 months cumulative therapy. FDA indications are for short term use and studies have shown diminished effectiveness after a few weeks.

REPEATED INFO:

Opioids: Based on CDC guidance, naïve starts will be limited to a 7 day therapy. For chronic non-malignant pain, 120 MED (morphine equivalent dose) is maximum allowed without a prior authorization. Per FDA updated dosing indications, tramadol and acetaminophen/codeine will not be allowed for members < 18 years. **Lortab (hydrocodone/acetaminophen7.5-325mg/5ml)** will clear for members under 18 years of age up to a 3 day supply without a prior authorization. New FDA recommendations outline codeine to be avoided in pediatrics and others at risk.

Insulin: Consider **Basaglar** in place of Lantus. Basaglar is the preferred glargine product. Members on Lantus are asked to transition to the Basaglar. Though both Basaglar and Lantus are insulin glargine, they are not automatically substitutable, much like the situation with Ventolin HFA, ProAir HFA, and Proventil HFA. Consider **Admelog** in place of Humalog. Admelog is the preferred lispro product.

SGLT-2: New starts for SGLT-2 therapy should consider Steglatro, Farixga or Jardiance. Steglatro is preferred. If cardiovascular disease is being managed as well, consider Jardiance. Members currently on Invokana therapy should be transitioned to Steglatro.

DPP-4: Onglyza (saxagliptin) and Januvia (stiagliptin) are removed. Onglyza is not indicated for members at risk for heart failure. Januvia should be dose adjusted for members with renal impairment. Both will be available to members currently on therapy and adherent to the regimen. New starts and/or breaks in therapy need to consider alogliptin or Tradjenta (linagliptin). Consider **alogliptin** in place of other DDP-4's as clinically

appropriate. It is the only one in the class available as a generic. Not to be used in members at risk for heart failure.

ICS/LABA: (fluticasone/salmeterol [gen Airduo]) is the preferred product to use when managing asthmatic members.

DUR safety edits: Justification of medical necessity for duplicate therapy is required for coverage. There is limited clinical evidence to use the following combinations concurrently: ACE/ARB, H2/PPI, DDP-4/GLP-1, ICS/ICS-LABA, multiple anticholinergics, opioid/benzodiazepines.

Augmentin: Formulary strengths will be allowed to clear as first line up to age 8 for Otitis Media. Pneumonia, otitis media, and sinusitis are dosed at 45mg/kg/day divided twice daily and skin and UTIs are dosed at 25mg/kg/day divided twice a day. Instead of dosing three times a day, the plan recommends using a twice daily dosing schedule of 200mg and 400 mg and 600 mg, per AAP guidelines. If documented from the prescriber therapy is treating animal bites, submit with the following ICD-10 codes (Y04.1, W53.01, W53.19, W53.21, W54.0, W55.01, or W55.81) as appropriate. Claim will clear at the pharmacy level. No prior authorization is needed.

Cefdinir: Per AAP guidelines, the medication should be reserved as a second line agent for the management of otitis media. If documented from the prescriber that the member has failed first line therapy or has a penicillin allergy, submitting the prescription with the ICD-10 code (H65.90, H65.49, H65.419, H66.41) with the transaction will allow the claim to clear at the pharmacy level. No prior authorization is needed.

Emergency supply: KHS covers up to 72 hour supply of a medication in emergency situations. Efforts should be made to provide formulary medications. In the event of a weekend or holiday situation when an immediate response is not possible and a truly emergent situation exists, then dispensing of a 72 hour supply will be authorized. A TAR documenting the fact will be needed. Additionally, if a KHS nurse contacts the pharmacy about a member and gives a verbal authorization, it will be honored, but may require the next working business day to clear.

Authorization submission: Please submit TARs via the Provider portal. https://provider.kernfamilyhealthcare.com Contact your company's system administrator for user access. If you are unsure who your system administrator is, please contact your Kern Health Systems Provider Relations Representative.

Sincerely,

Bruce Wearda, R.Ph.
Director of Pharmacy