KERN HEALTH SYSTEMS

PROVIDER bulletin

November 5, 2018

Dear Provider:

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

Additions:

Irbesartan

Lisinopril/hctz

Benezapril/hctz

Irbesartan/hctz

Prasugrel: Prior authorization required unless written by cardiologist.

Nitroglycerin patch: Please use in place of nitroglycerin ointment.

Veltassa (patiromer): Requires prior authorization.

Deletions:

Fosinopril and moexipril: Other ACE inhibitors are available.

Quinidine: Consider other formulary antiarrhythmics.

Nifedipine immediate release and **nisoldipine**: Please use other formulary calcium channel blockers. Nifedipine time release versions are still on Formulary.

Old formulation Dyazide (50-25) mg capsules: Please use new formulation.

Fenofibric acid: Please use fenofibrate if medically necessary.

Niaspan: Immediate release formulations are available.

Nitroglycerin: The ointment 2% and sublingual spray are removed. Please use the patches for topical preparations and the sublingual tablets.

Renegal: Please use formulary sevelamer carbonate.

Modifications:

ARBs and ARB/hctz: These will no longer require step-therapy of an ACE.

Retacrit: Please use in place of Epogen. Currently the 20,000 unit formulation is not available, so the preferred agent would be the Epogen for that strength.

REPEATED INFO:

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.

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. The CDC has issued guidance on the combined use of opioids and benzodiazepines, sedatives, and other agents that increase sedation and in particular suppress respiration. In general, the lowest dose of opioids for the shortest duration is recommended. Long term management requires appropriate monitoring, use of alternative therapies such as non-opioids, and even non-pharmacological treatments like acupuncture, chiropractic services, physical therapy, cognitive behavior modification, ice, and others.

Insulin: Consider **Basaglar** in place of Lantus. Basaglar is the preferred glargine product. Members on Lantus are asked to transition to the Basaglar. Consider **Admelog** in place of Humalog. Admelog is the preferred lispro product.

SGLT-2: New starts for SGLT-2 therapy should consider **Steglatro** as it 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. 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. Alogliptin is 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, and opioid/sedatives.

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