



PROVIDER *bulletin*

June 21, 2017

Dear Provider:

The following changes will go into effect July, 2017, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments. (2 pages faxed)

Additions:

Prenatal vitamins/DHA: Like our current prenats, these are still reserved for pregnant women. Only the OTC formulations will be approved.

Brilinta (ticagrelor): Allowed if written by cardiologist, otherwise prior authorization required. Consider Plavix first. Maximum use is 12 months.

Ezetimibe: Prior authorization required. Should be adjunct to statin therapy.

Toujeo (insulin glargine)

Fluticasone/salmeterol: 55-14, 113-14, 232-14 strengths have been added in same step position as Dulera and Breo Ellipta. These are the same medications, though different strengths as Advair. This is the first generic drug in this class. Please consider before other branded products in this class.

Deletions:

Beta blockers (betaxolol, nadolol, timolol): Please consider other formulary beta blockers for management of blood pressure.

Calcium Channel blockers (felodipine, diltiazem 12 hr): Consider other formulary calcium channel blockers.

Irbesartan and combination: Consider other formulary alternatives. Current users will be grandfathered if filled compliantly.

Modifications:

Fludrocortisone: No prior authorization will be required.

Buspirone: Eliminating the step therapy.

Ortho TriCyclen Lo: Will not require step therapy.

Rosuvastatin: Will not require step therapy.

Tramadol: Per FDA updated dosing indications will not be allowed for members < 18 years.

Acetaminophen/codeine: Per FDA updated dosing indications will not be allowed for members < 18 years.

REPEATED INFO:

Basaglar (insulin glargine): Consider in place of Lantus.

Alogliptin: Consider in place of other DDP-4's as clinically appropriate.

Vaccines: Pneumococcal vaccines will now be covered for members > 19 years. Meningococcal vaccines will no longer have a life limit restriction.

Opioids: For chronic non-malignant pain, 120 MED (morphine equivalent dose) is maximum allowed without a prior authorization. Removing high dosage forms (OxyContin 80mg, MS Contin 100 and 200 mg). Methadone will be available by prior authorization, written by pain management providers.

Augmentin: Formulary strengths will be allowed to clear as first line up to age 8. 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.

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.

Lortab (hydrocodone/acetaminophen): This liquid 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.

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://providerportal.khs-net.com/Login.aspx> Call your KFHC Provider Relations Representative for Username and Password.

Sincerely,

Bruce Wearda, R.Ph.
Director of Pharmacy