KERN HEALTH SYSTEMS

PROVIDER bulletin

September 22, 2017

Dear Provider:

The following changes will go into effect October 2017, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments. (3 pages faxed)

Additions:

Trulicity (dulaglutide) and Victoza (liraglutide): Will be added in accordance to our current GLP-1 coverage of Bydureon. Will be considered after 3 months of adherent therapy of SGLT-2 therapy.

Tresiba (insulin degludec): Available to endocrinologists after insulin glargine failure.

Besivance (besifloxacin): Allowed in step-therapy fashion after first line medications. Allowed first line for ophthalmologists. Replaces Vigamox.

Combigan (brimonidine tartrate/timolol): Added to formulary.

Deletions:

Cortisporin OTIC SOLUTION (neomycin/polymixin/hydrocortisone): Suspension formulations remain available. Neomycin products not recommended in compromised eardrums.

Invokana (canagliflozin) and Invokamet (canagliflozin/metformin): New starts for SGLT-2 therapy should consider Farixga or Jardiance. Members currently on Invokana should be transitioned to one of the other SGLT-2 inhibitors.

Vigamox (moxifloxacin): Consider Besivance as appropriate.

Alcaine (proparacaine): Removed.

Metamyd (sulfacetamide/prednisolone): Removed.

Modifications:

DDP-4: Onglyza (saxagliptin) and Januvia (stiagliptin) are being removed. Onglyza 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 would be

asked 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.

DUR safety edits: Current therapeutic duplication edits/alerts are set at soft responses. These will become hard edits. Justification of medical necessity for duplicate therapy will be required for coverage.

Restasis (cyclosporine): Will require prior authorization from ophthalmologist.

Cymbalta (duloxetine): Allowed as first line, no step-therapy or provider specialty required.

Effexor (venlafaxine): Allowed as first line, no step-therapy or provider specialty required.

Trileptal (oxcarbazepine): Allowed as first line, no step-therapy or provider specialty required.

REPEATED INFO:

Basaglar (insulin glargine): Consider 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.

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.

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. 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.

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