



PROVIDER *bulletin*

March 10, 2010

Dear Provider:

The following changes will go into effect April 2020, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

Additions:

Farxiga/Xigduo: Allowed for members not at goal with metformin therapy with CAD. Without underlying cardiac disease Steglatro/Segluromet is expected to be used.

Lialda: Will be consistent with other mesalamine products, requires trial of basalazide first.

Symbicort: Prior authorization. Class is considered after inhaled steroids for management of asthma. Consider fluticasone/salmeterol first. ICS/LABA allowed for COPD without requirement of ICS.

Deletions:

Dulera, Breo Ellipta: Consider generic ICS/LABA alternatives.

Modifications:

Advair HFA: Prior authorization required. Consider generic ICS/LABA alternatives.

Premarin Vaginal Cream: Prior authorization required. Please consider generic estradiol.

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/acetaminophen 7.5-325mg/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.

SGLT-2: New starts for SGLT-2 therapy should consider **Steglatro** as it is preferred. If atherosclerotic cardiovascular disease is being managed as well, consider Jardiance or Farxiga.

DPP-4: New starts and/or breaks in therapy need to consider alogliptin. Consider **alogliptin** in place of other DPP-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. Consider Tradjenta in these cases.

Adlyxin: Step Therapy. Allowed after 90 days of SGLT-2 therapy. Lowest cost GLP-1 and a component of Soliqua.

Soliqua: Step Therapy. Requires prior use of Basaglar or GLP-1. Preferred if one is treated with both basal insulin and GLP-1 therapy.

ICS/LABA: (fluticasone/salmeterol [gen Airduo]) is the preferred product to use when managing asthmatic members. **(Fluticasone/salmeterol [gen Advair])** is the preferred product for management of COPD. (Wixela is the mftr allowed.)

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, DPP-4/GLP-1, ICS/ICS-LABA, multiple anticholinergics, opioid/benzodiazepines, opioid/muscle relaxants 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,

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Director of Pharmacy