



PROVIDER *bulletin*

October 8, 2021

Dear Provider:

Please take a moment to familiarize yourself and staff to the amendments regarding the Formulary.

Additions:

Savaysa (edoxaban tosylate): Not recommended for those with renal impairment.

Deletions:

None:

Modifications:

Wixela & generic AirDuo (fluticasone/salmeterol): Removed step-therapy requirement of inhaled steroids.

Symbicort (budesonide/formeterol): Removed step-therapy requirement of inhaled steroids.

REPEATED INFO:

ICD-10 Requirement: Please provide ICD-10 codes with each submission. All devices and supplies will require ICD-10 submissions. The following medications when prescribed for the following documented diagnosis will clear without a prior authorization. Please note Plan quantity limits and DUR edits such as: member not active with plan, refill too soon, drug interactions, formulary strengths, etc. will still cause a claim to reject. Please submit the claim with the appropriate ICD-10. FDA dosing guidelines for h. pylori apply. Documentation supporting diagnosis should be available on hand.

Augmentin:	Allow for animal bites as first line. Y04.1, W53.01, W53.19, W53.21, W54.0, W55.01, W55.81.
Cefdinir:	Allow for penicillin allergy. Z88.0
Amoxicillin:	Allow for H. pylori. B96.81
Clarithromycin:	Allow for H. pylori. B96.81
Omeprazole:	Allow for H. pylori. B96.81
Pantoprazole:	Allow for H. pylori. B96.81

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.

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, 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,

Bruce Wearda, R.Ph.
Director of Pharmacy