PHARMACY NEWS

PASSPORT HEALTH PLAN

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

DATE DECEMBER 2014
ISSUE 4

HELPFUL NUMBERS FOR PROVIDERS

Passport Health Plan
Magellan: 1-800-846-7971
Bin: 016523
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HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
800-578-0603

WEBSITE
www.passporthealthplan.com

NEW IN THIS ISSUE

Formulary Updates

The Pharmacy & Therapeutics Advisory Committee recommended the following updated clinical criteria and quantity limits:

Hepatitis C Treatment Criteria: Passport Health Plan (Passport) has revised its criteria concerning the use of Hepatitis C medications, including Sovaldi, Olysio and Harvoni. The updated criteria reflect guidance from the American Association for the Study of Liver Disease (AASLD) and the Infectious Diseases Society of America (IDSA) as well as the World Health Organization and Department of Veterans Affairs. An updated prior authorization (PA) form for these medications can be found on Passport's website.

Long-Acting Narcotics Criteria: Passport has revised its criteria so that all long-acting narcotic products will require a PA (exceptions exist for Hospice and cancer patients). The PA criteria for these products have also been updated to include more clinical measures to ensure their safe and effective use. For more information on the criteria or to receive a copy of the criteria, please contact 1-800-846-7971

Opioid Quantity Limits: Passport has updated and applied quantity limits for all opioids (short-acting and long-acting). Point-of-sale overrides will be available for members with pain due to cancer, those in Hospice, and those transitioning out of long-term care.

Additional formulary updates may be found in the table beginning on page 4.

Pharmacy Tips and Reminders

Copays: The following copays will remain in place for Passport members in 2015:

- $0 Generic Drugs
- $2 Preferred Brand Drugs
- $4 Non-preferred Brand Drugs

All medications may be subject to edits to limit quantities dispensed, day's supply, and drug-drug interactions at the point of service. Pharmacy and Therapeutic Committee decisions are based upon relevant medical literature that is evidence based and peer reviewed. Price(s) listed are calculated based on Wholesale Acquisition Cost (WAC) published by First Data Bank. The cost of therapy is calculated based on a 30 days' supply unless otherwise indicated. This information is to be used as a reference and/or a learning tool for providers.

Submitting Prior Authorizations: In addition to phone and fax submissions, prescribers may submit PAs, as well as determine if a drug requires PA, through an online web portal application called Pharmacy Web Prior Authorization (Web PA). To access Web PA, prescribers and their staff will need to register with the User Administration Console (UAC) found in the pharmacy portal located at www.passporthealthplan.com/pharmacy.

Accessing PHP's Preferred Drug List (PDL): Passport is diligently working to return the useful Drug Look-Up tool for providers in early 2015. In the meantime, the formulary status of a medication can be accessed at https://kyphp.magellanpharmacysolutions.com/provider/static/kyphp/documents/Preferred-DrugGuide_full.pdf

If you have any questions regarding the copay or formulary status of a drug please call (800) 846-7971.

PHP Preferred hydrocortisone containing antihemorrhoidal products: Passport recognizes that pharmacy providers may have experienced rejections processing claims for hydrocortisone rectal topical formulations such as Anusol-HC and some generic equivalents. The FDA Drug Efficacy Study Implementation (DESI) program has rated many of these drugs as "less than effective." Passport is unable to reimburse for drugs that are found to be "less than effective" by DESI evaluation. Listed below are some preferred alternatives that will adjudicate.

NDC_NUMBER	DRUG NAME	BRAND NAME	STRENGTH	DOSAGE FORM
10631040701	HYDROCORTISONE	PROCTOSOL-HC	2.5 %	CREAM WITH APPLICATOR
64980030130	HYDROCORTISONE	PROCTOZONE-HC	2.5 %	CREAM WITH APPLICATOR
64980030230	HYDROCORTISONE	PROCTO-PAK	1 %	CREAM (GRAM)
13925015714	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	0.5 %-3 %	CREAM WITH APPLICATOR
13925016320	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	1%-3%(7G)	KIT
13925016520	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	0.5 %-3 %	KIT
59088077120	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	1%-3%(7G)	KIT
59088081914	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	0.5 %-3 %	CREAM WITH APPLICATOR
59088081920	HYDROCORTISONE AC/LIDOCAINE	LIDOCAINE-HC	0.5 %-3 %	KIT
68220014015	HYDROCORTISONE ACETATE	CORTIFOAM	10 %	AEROSOL; FOAM WITH APPLICATOR (GRAM)
13925016420	HYDROCORTISONE/LIDOCAINE/ALOE	LIDOCAINE-HC	2.5-3%(7G)	KIT
59088081624	HYDROCORTISONE/LIDOCAINE/ALOE	LIDOCAINE-HC	2 %-2 %	KIT
59088081701	HYDROCORTISONE/LIDOCAINE/ALOE	LIDOCAINE-HC	0.55%-2.8%	GEL WITH APPLICATOR (GRAM)
59088083820	HYDROCORTISONE/LIDOCAINE/ALOE	LIDOCAINE-HC	2.5-3%(7G)	KIT
49908015030	HYDROCORTISONE/PRAMOXINE	PRAMCORT	1 %-1 %	CREAM WITH APPLICATOR
68220014015	HYDROCORTISONE ACETATE	CORTIFOAM	10 %	AEROSOL; FOAM WITH APPLICATOR (GRAM)
54162001512	HYDROCORTISONE ACETATE	GRX HICORT 25	25 MG	SUPPOSITORY; RECTAL
68784010812	HYDROCORTISONE ACETATE	RECTACORT-HC	25 MG	SUPPOSITORY; RECTAL
68784010824	HYDROCORTISONE ACETATE	RECTACORT-HC	25 MG	SUPPOSITORY; RECTAL

Recent Federal Drug Administration (FDA) Advisories Affecting Network Pharmacies and Providers

The FDA recently issued the following advisories:

9/26/14 **FDA approves label changes for asthma drug Xolair (omalizumab), including describing slightly higher risk of heart and brain adverse events.** An FDA review of safety studies suggests a slightly elevated risk of cardiovascular and cerebrovascular serious adverse events among patients being treated with Xolair than in those who were not treated with Xolair. As a result, the FDA has added information about these potential risks to the drug label. Patients taking Xolair should continue to take the medication as prescribed and discuss any questions or concerns with their health care professionals.

10/17/14 **FDA warns of recall of 1% Lidocaine HCl for Injection by Hospira.** Hospira initiated a voluntary recall of one lot of 1% Lidocaine HCI for Injection, USP, 10 mg per mL, 30 mL Single-dose, Preservative-Free to the user level due to a confirmed customer report of particulate in a single unit. This lot (NDC 0409-4279-02; Lot 40-316-DK, exp. 1APRIL2016) was distributed nationwide from May 2014 through June 2014. Anyone with an existing inventory of the recalled lot should stop use and distribution and quarantine the product immediately.

10/22/14 **FDA warns of packaging mix-up of Assured Brand Naproxen Sodium Tablets.** Contract Packaging Resources, a drug repackaging company, voluntarily recalled 11,640 boxes of Assured brand Naproxen Sodium tablets because some cartons actually contain bottles of Ibuprofen, a different pain reliever. The affected products are: boxes of Assured brand Naproxen Sodium Tablets 220mg, 15 count (Lot #FH4102A, SKU #122368/UPC #639277223685) containing bottles of Ibuprofen softgels in 200mg strength. Contract Packaging Resources is notifying its distributors and customers directly and arranging for replacement of all recalled products. Consumers may return the recalled products to the place of purchase or contact the firm by phone at 336-252-3422, on Monday – Friday from 8:00 am to 4:00 pm (Eastern).

11/16/14 **Long-term Antiplatelet Therapy: Safety Announcement - Preliminary Trial Data Shows Benefits But a Higher Risk of Non-Cardiovascular Death.** FDA is evaluating preliminary data from a clinical trial showing that treatment for 30 months with dual antiplatelet blood-thinning therapy decreased the risk of heart attacks and clot formation in stents, but there was an increased overall risk of death compared to 12 months of treatment. The clinical trial compared 30 months versus 12 months of treatment with dual antiplatelet therapy consisting of aspirin plus either clopidogrel (Plavix) or prasugrel (Effient), following implantation of drug-eluting coronary stents. These stents are small, medicine-coated tubes inserted into narrowed arteries in the heart to keep them open and maintain blood flow to the heart. Clopidogrel and prasugrel are important medicines used to prevent heart attacks, strokes, and other clot-related diseases. The FDA believes the benefits of clopidogrel (Plavix) and prasugrel (Effient) therapy continue to outweigh their potential risks when used for approved uses.

11/17/14 **FDA warns of Class I recall of ABC Dophilus® Powder**. Solgar, Inc. voluntarily recalled its ABC Dophilus® Powder because the product was found to contain Rhizopus oryzae, which may cause Mucormycosis. This is a rare infection that may cause health problems to consumers, particularly premature infants/infants, children, and those with weakened immune

systems. Although, it may also occur (rarely) in people who are otherwise healthy. ABC Dophilus was used as part of the in-hospital course of treatment for a very preterm infant (<32 week gestation) who suffered from multiple complications, including intestinal mucormycosis, and died on October 11, 2014. Solgar is notifying consumers and customers not to consume this product. Consumers who have purchased Solgar ABC Dophilus® Powder are urged not to consume the product and should return it to the place of purchase for a full refund. Susceptible consumers should consult with their physician or health care provider if they have used this product.

11/24/14 **Gabapentin Capsules, USP 300 mg, by Aurobindo Pharma USA: Recall - Complaints of Empty Capsules**. Aurobindo Pharma USA is voluntarily recalling lot GESB14011-A of Gabapentin Capsules, USP 300 mg 100-count bottles to the consumer level. The product lot has been found to contain some empty capsules. Empty capsules could result in missed dose(s) of gabapentin resulting in adverse health consequences that could range from no effect, short term reduction in efficacy, short term withdrawal effect, or status epilepticus (long period seizures) that could be life-threatening. Consumers, distributors, and retailers that have product which is being recalled should stop using, distributing, or dispensing the affected lot and return to place of purchase.

Please visit www.fda.gov/opacom/7alerts.html for more information.

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications in October 2014

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Harvoni™	Ledipasvir and Sofosbuvir	Chronic Hepatitis C	Sovaldi, Olysio, Ribavirin, Victrelis, Pegasys, Pegasys-Proclick	NONPREFERRED WITH PA AND QL No step therapy required. Patients must meet clinical criteria. Quantity Limit: One ledipasvir 90mg / sofosbuvir 400mg tablet per day (28 tablets/28 days).
Sovaldi™	Sofosbuvir	Chronic Hepatitis C	N/A	PREFERRED WITH PA AND QL Quantity Limit: One 400mg tablet per day (28 tablets/28 days).
Olysio®	Simeprevir	Chronic Hepatitis C	N/A	PREFERRED WITH PA AND QL Quantity Limit: One tablet per day (28 tablets/28 days)
Class Review-Opioids	Various	Management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time	N/A	Long Acting Opioids all will have PA and QL. Short Acting Opioids will have QL. Overrides will be available for preferred products for cancer patients suffering from moderate to severe pain, Hospice patients, and patients transitioning from long-term care facilities.

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Triumeq	abacavir/ dolutegravir/ lamivudine	Fixed-dose combination antiretroviral indicated for the treatment of human immunodeficiency virus type 1 (HIV-1) in adults. Triumeq can be used alone as a complete treatment regimen or with other HIV medicines.	Any HIV drug (Examples include: Abacavir or Abacavir-Lamivudine-Zidovudine)	NONPREFERRED WITH PA AND QL No step therapy required. Patients must meet criteria according to FDA labeling. Clinical edit: Adults ≥18 years with a diagnosis of HIV-1 Quantity Limit: 1 tablet per day
Myalept®	metreleptin	Indicated as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with Generalized Lipodystrophy (Congenital [CGL] or Acquired Generalized Lipodystrophy [AGL]).	Drugs used for Diabetes and Hyper-triglycidemia	NONPREFERRED WITH PA AND STEP/ QL Quantity Limit: Myalept 11.3mg vial (1 vial per day)