PHARMACY NEWS

PASSPORT HEALTH PLAN

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

DATE SEPTEMBER 2015
ISSUE 3

HELPFUL NUMBERS FOR PROVIDERS

Passport Health Plan
Magellan: 1-800-846-7971
Bin: 016523
Processor control: 747

HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
800-578-0603

WEBSITE
www.passporthealthplan.com

NEW IN THIS ISSUE

Formulary Updates

- Growth Hormone: Passport has revised its criteria concerning the use of Growth Hormone products. Norditropin® (somatropin) is Preferred; Omnitrope® and Tev-tropin® are now Non-preferred.
- Oral Anticoagulants: Passport has revised its criteria concerning the use of Oral Anticoagulants. Xarelto® (rivaroxaban) and Pradaxa® (dabigatran) are Preferred; Eliquis® (apixiban) is now Non-preferred. **Any member currently maintained on Eliquis will be grandfathered and allowed to continue therapy without disruption**

New Generics:

Drug Name	PDL Category	Comments
RISEDRONATE	BONE RESORPTION SUPPRESSION	THE FIRST GENERIC FOR ACTONEL 35 MG (ONCE WEEKLY)
TOLCAPONE	ANTIPARKINSON'S AGENTS	THE FIRST GENERIC FOR TASMAR
ARIPIPRAZOLE	ANTIPSYCHOTICS	THE FIRST GENERIC FOR ABILIFY TABLETS
BIMATOPROST	OPHTHALMICS, GLAUCOMA	THE FIRST GENERIC FOR LUMIGAN
CEFIXIME SUSPENSION	CEPHALOSPORINS & RELATED	THE FIRST GENERIC FOR SUPRAX SUSPENSION
TRIAMCINOLONE SPRAY	STEROIDS, TOPICAL HIGH	THE FIRST GENERIC FOR KENALOG SPRAY
METOCLOPRAMIDE ODT	ANTIEMETICS/ ANTIVERTIGO AGENTS	THE FIRST GENERIC FOR METOZOLV ODT
ADAPALENE LOTION	ACNE AGENTS, TOPICAL	THE FIRST GENERIC FOR DIFFERIN LOTION
NAPROXEN CR	NSAIDS	THE FIRST GENERIC FOR NAPRELAN
METHYLPHENIDATE CHEWABLE TABLETS	STIMULANTS	THE FIRST GENERIC FOR METHYLIN CHEWABLE TABLETS
ESOMEPRAZOLE	PROTON PUMP INHIBITORS	THE FIRST GENERIC FOR NEXIUM
PRAMIPEXOLE ER	ANTIPARKINSON'S AGENTS	THE FIRST GENERIC FOR MIRAPEX ER
LAMOTRIGINE ODT	ANTICONVULSANTS	THE FIRST GENERIC FOR LAMICTAL ODT
LAMIVUDINE SOLUTION	HIV/AIDS	THE FIRST GENERIC FOR EPIVIR SOLUTION

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.

Pharmacy Tips & Reminders:

Re-launch of Passport's Searchable Drug Formulary Tool

Passport Health Plan's new Searchable Drug Formulary Tool has been developed to assist providers with identifying preferred drugs on Passport's formulary. The tool allows you to search the formulary status of prescription drugs (Preferred vs. Non-preferred) by the following:

- Search by Therapeutic Class
- Search by Drug Name (Brand or Generic)
- Find Alternate therapies

For qualifying drugs, the tool will also display special considerations, including:

- Quantity Limits
- Prior Authorization requirement
- Step Therapy requirement
- Specialty Drug status
- Age or Gender Limitations

You may access the Searchable Drug Formulary Tool at: http://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhblBkZlR5cGUtMzE

Pharmacy Criteria Changes for Opioids

Passport Health Plan has revised its criteria for opioid medications to include the following:

- All **long-acting** opioid products will now require Prior Authorization (PA).
- **ALL** opioids (long-acting and short-acting) will now have Quantity Limitations.

Long-Acting Opioids and Prior Authorization:

The Prior Authorization (PA) criteria for these products have been updated to include more clinical measures to ensure their safe and effective usage. **Exceptions to the PA requirement include Oncology, Hospice, and Long Term Care.** At the point-of-sale, pharmacies will be able to place an override to bypass the prior authorization (PA) requirement for these members.

Opioid Quantity Limits:

Passport has updated and applied quantity limits for **ALL** opioids (long-acting and short-acting). Point-of-sale overrides may be applied by pharmacies for members with **pain due to cancer, those in Hospice, and those transitioning out of Long Term Care**. Quantity limits are posted on the Preferred Drug List (PDL) located on the Pharmacy Page of Passport's website: www.passporthealthplan.com/pharmacy.

Specialty Network

Retail Pharmacies Dispensing Specialty Products

On behalf of Passport Health Plan, MagellanRx is establishing a new network to better manage specialty products. If you wish to continue filling these products, your pharmacy will need to apply and contract to be a participating provider in this network. Once this network is implemented, your pharmacy will not be able to fill for specialty products until you have completed the credentialing process

To request an application and list of specialty products, please call Magellan Provider Operations at 1-800-441-6001.

MTM Champion Spotlight

Physician and Pharmacist Collaborative Effort to Improve Patient Outcomes!

Medica Pharmacy and Wellness Center – Alyson Roby PharmD; Bardstown, KY

Alyson initiated a prescriber intervention following a Comprehensive Medication Review in which she learned a patient did not know why they were taking a heartburn medication. Upon consulting the physician, it was determined this medication was initially prescribed to protect the patient from developing stomach ulcers from their anti-inflammatory medication. Since the patient is no longer on the anti-inflammatory and has not history of heartburn, Alyson recommended the discontinuation of the heartburn medication. The prescriber agreed it was appropriate to discontinue the therapy.

Thanks to Alyson's intervention, a physician visit was prevented. Great work, Alyson!

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

The FDA recently issued the following advisories:

6/16/15 **FDA determines 2013 labeling adequate to manage risk of retinal abnormalities, potential vision loss, and skin discoloration with anti-seizure drug Potiga® (ezogabine); requires additional study.** The FDA has determined that the potential risks of vision loss due to pigment changes in the retina and of skin discoloration can be adequately managed by following the current recommendations in the Potiga labeling. To further explore any potential long-term consequences of these pigment changes, the FDA has required the Potiga manufacturer, GlaxoSmithKline, to conduct a long-term observational study. This information is an update to the FDA Drug Safety Communication that was issued 10/31/2013.

6/24/15 **FDA reporting permanent skin color changes associated with use of Daytrana® patch (methylphenidate transdermal system) for treating ADHD.** The FDA warns that permanent loss of skin color may occur with use of the Daytrana patch (methylphenidate transdermal system) for Attention Deficit Hyperactivity Disorder (ADHD). FDA added a new warning to the drug label to describe this skin condition, which is known as chemical leukoderma. Patients or their caregivers should watch for new areas of lighter skin, especially under the drug patch, and immediately report these changes to their health care professionals. Patients should not stop using the Daytrana patch without first talking to their health care professionals. The FDA recommends that health care professionals consider alternative treatments for patients who experience these skin color changes.

7/1/15 **FDA evaluating the potential risks of using codeine cough-and-cold medicines in children.** The FDA is investigating the possible risks of using codeine-containing medicines to treat coughs and colds in children under 18 years because of the potential for serious side effects, including slowed or difficult breathing. They are evaluating all available information and will also consult with external experts by convening an advisory committee to discuss these safety issues. The FDA stated that they will communicate their final conclusions when the review is complete.

7/9/15 **FDA strengthens warning that non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs) can cause heart attacks or strokes.** The FDA is strengthening an existing label warning that non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs) increase the chance of a heart attack or stroke. Based on the comprehensive review of new safety information, they are requiring updates to the drug labels of all prescription NSAIDs. The FDA is also requesting updates to the OTC non-aspirin NSAID Drug Facts labels. The new safety information is listed in the FDA Drug Safety Communication. For additional information, visit http://www.fda.gov/Drugs/DrugSafety/ucm451800.htm

7/16/15 **FDA warns about a serious lung condition in infants and newborns treated with Proglycem® (diazoxide).** The FDA warns that a serious lung condition called pulmonary hypertension, which is high pressure in the blood vessels leading to the lungs, has been reported in infants and newborns treated with Proglycem (diazoxide) for low blood sugar. In all cases, the pulmonary hypertension resolved or improved after Proglycem was stopped. The FDA is continuing to investigate this safety issue and will determine whether changes are needed in the Proglycem prescribing information.

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

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications in June 2015:

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Akynzeo®	netupitant/palonosetron	Netupitant/palonosetron (Akynzeo) is indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.	Emend Ondansetron	Nonpreferred; PA/ QL 4 capsules per 28 days
Kitabis™	tobramycin inhalation solution	Management of cystic fibrosis (CF) in adults and pediatric patients six years of age and older with	Tobi Podhaler Tobramycin	Nonpreferred; PA
Mircera	methoxy polyethylene glycol-epoetin beta	Anemia secondary to chronic kidney disease (CKD) in adult dialysis and non-dialysis patients.	Procrit	Nonpreferred; PA

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Signifor® LAR	pasireotide	Treatment of patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option.	Sandostatin Lar Octreotide Acetate	Nonpreferred; PA/QL 1 kit per 28 days
Lynparza™	olaparib	Monotherapy in patients with deleterious or suspected deleterious germline BRCA mutated (as detected by an FDA-approve test) advanced ovarian cancer that have been treated with three or more prior lines of therapy.	Altretamine (Hexalen), Cyclophosphamide (Cytoxan), Hydroxyurea (Hydrea), Melphalan (Alkeran)	Nonpreferred; PA/QL 448 capsules per 28 days
Belsorma	suvorexant	Suvorexant (Belsomra) is an orexin receptor antagonist indicated for the treatment of insomnia that is characterized by sleep onset and/or sleep maintenance difficulties. Suvorexant is a Schedule IV controlled substance.	Eszopiclone Zaleplon Zolpidem Tartrate Zolpidem Tartrate Er	Nonpreferred; QL 1 tablet per day (max dose=20 mg/day)
Kerydin®	tavaborole	Management of cystic fibrosis (CF) in adults and pediatric patients six years of age and older with Pseudomonas aeruginosa.	Tobi Podhaler Tobramycin	Nonpreferred; PA
Rasuvo®	methotrexate	Management of severe, active rheumatoid arthritis (RA) in selected adults (ACR criteria), and polyarticular juvenile idiopathic arthritis (pJIA) in children who are intolerant of or had an inadequate response to first line therapy; and Symptomatic control of severe, recalcitrant, disabling psoriasis in adults that is not adequately responsive to other forms of therapy.	Methotrexate Trexall	Nonpreferred; QL 4 auto-injectors/ month
Prepopik®	sodium picosulfate, magnesium oxide, and anhydrous citric acid	Prepopik is indicated for cleansing of the colon as a preparation for colonoscopy in adults. It is a combination of a stimulant laxative, sodium picosulfate, and an osmotic laxative, magnesium oxide and anhydrous citric acid, which form magnesium citrate.	Peg-3350 Peg-3350 And Electrolytes Peg-3350 With Flavor Packs Polyethylene Glycol 3350	Nonpreferred

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Bronchodilators, Beta-Agonist LA; Striverdi Respimat; Foradil	Olodaterol HCl Formoterol Fumarate	COPD	Striverdi Respimat	Striverdi Respimat; preferred Foradil ; nonpreferred
Angiotensin II Receptor Blockers and Angiotensin Modulator combos; Brands: Exforge Exforge HCT Diovan	Amlodipine/Valsartan Amlodipine/Valsartan/ HCTZ	Hypertension	Various; all generic class	Exforge: nonpreferred Exforge HCT; nonpreferred Diovan: nonpreferred
Platelet Aggregation Inhibitors; Aggrenox®	Aspirin/Dipyridamole	reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis	Clopidogrel Dipyridamole Effient Brilinta	Aggrenox: nonpreferred
Beta-Blockers Dutoprol™	metoprolol succinate extended release/ hydrochlorothiazide)	Hypertension	Various; all generic class	Dutoprol; nonpreferred
Hypoglycemics Incretin Mimetics/ Enhancers Victoza®	Liraglutide	Type 2 Diabetes Mellitus	Byetta Bydureon Bydureon Pen	Victoza; preferred: PA/QL Bydureon; preferred: PA/QL Byetta; preferred PA/ QL