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HELPFUL NUMBERS FOR PROVIDERS

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

Passport Health Plan
800-578-0603

WEBSITE

www.passporthealthplan.com

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New Generics:

Drug Name	PDL Category	Comments
ALMOTRIPTAN	ANTIMIGRAINE AGENTS, TRIPTANS	THE FIRST GENERIC FOR AXERT®
ALOSETRON	IRRITABLE BOWEL DISORDER	THE FIRST GENERIC FOR LOTRONEX®
ARIPIRAZOLE	ANTIPSYCHOTICS	THE FIRST GENERIC FOR ABILIFY® SOLUTION
ASA/DIPYRIDAMOLE	PLATELET AGGREGATION INHIBITORS	THE FIRST GENERIC FOR AGGRENEX®
DULOXETINE	NEUROPATHIC PAIN	THE FIRST GENERIC FOR IRENKA™
FENOFIBRATE	LIPOTROPICS, OTHER	THE FIRST GENERIC FOR FENOGLIDE
GLATOPA	MULTIPLE SCLEROSIS	THE FIRST GENERIC FOR COPAXONE® 20 MG/ML
LINEZOLID	LINCOSAMIDES/ OXAZOLIDINONES/ STREPTOGRAMINS	THE FIRST GENERIC FOR ZYVOX®
MEGESTROL	PROGESTINS FOR CACHEXIA	THE FIRST GENERIC FOR MEGACE® ES
NAFTIFINE	ANTIFUNGALS, TOPICAL	THE FIRST GENERIC FOR NAFTIN® CREAM
SILDENAFIL	PAH AGENTS, INJECTABLE	THE FIRST GENERIC FOR REVATIO® INJECTION
TRAMADOL ER	ANALGESICS, NARCOTIC LONG	THE FIRST GENERIC FOR CONZIP™, ULTRAM ER
TRIAMCINOLONE/ DIMETHICONE	STEROIDS, TOPICAL HIGH	THE FIRST GENERIC FOR DERMACIN RX® SILAPAK™

2015 Seasonal Flu Vaccine Reimbursement

EFFECTIVE IMMEDIATELY, Passport Health Plan will reimburse pharmacies for administration of the injectable seasonal flu vaccines listed below to all members between the ages of 19-64 and FluMist* to all members between the ages of 19-49. **PASSPORT MEMBERS HAVE A \$0 COPAY FOR THE FLU VACCINE.**

Flu vaccines are provided for children ages 18 and under through the Vaccines for Children (VFC) Program. **PHARMACIES MAY NOT ADMINISTER OR BILL FOR CHILDREN'S FLU VACCINES.**

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.

For more information regarding the VFC program, please visit the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/vaccines/programs/vfc/index.html.

A dispensing fee plus an administration fee of **\$14.06 per vaccine** will be reimbursed for contracted pharmacies when flu vaccine is administered at the pharmacy level. *There are no special considerations for adjudication, submit in the same manner as any other prescription.*

PREFERRED PRODUCTS

Drug Name	PDL Category	Comments
TRADE NAME	DOSAGE FORM	THE FIRST GENERIC FOR AXERT®
AFLURIA 2015-2016	VIAL/SYRINGE	THE FIRST GENERIC FOR LOTRONEX®
FLUARIX® 2015-2016	SYRINGE	THE FIRST GENERIC FOR ABILIFY® SOLUTION
FLUBLOK® 2015-2016	VIAL	THE FIRST GENERIC FOR AGGRENEX®
FLUCELVAX® 2015-2016	SYRINGE	THE FIRST GENERIC FOR IRENKA™
FLULAVAL® QUAD 2015-2016	VIAL/SYRINGE	THE FIRST GENERIC FOR FENOGLIDE
FLUMIST® QUAD 2015-2016	NASAL SPRAY	THE FIRST GENERIC FOR COPAXONE® 20 MG/ML
FLUVIRIN® 2015-2016	VIAL/SYRINGE	THE FIRST GENERIC FOR ZYVOX®
FLUZONE® 2015-2016	VIAL	THE FIRST GENERIC FOR MEGACE® ES
FLUZONE® INTRADERM QUAD 2015-2016	VIAL/SYRINGE	THE FIRST GENERIC FOR NAFTIN® CREAM
SINGLE USE EZ FLU 2015-2016	SYRINGE	THE FIRST GENERIC FOR REVATIO® INJECTION

REFERRALS

Pharmacies not administering the flu vaccine should refer Passport members to their provider or local health department for the flu vaccine and FluMist®. The CDC's vaccine recommendations for the 2015-2016 flu season are at www.cdc.gov/flu/about/season/.

CONTACT US

For questions or assistance with flu-related claims, please call the Magellan Help Desk at 1-800-846-7971.

*Package insert states FluMist® is only indicated for healthy persons between the ages of 2 and 49 years.

Passport Advantage (HMO SNP)

Passport Advantage is a new Medicare Advantage HMO Dual Special Needs Plan for Kentucky Medicaid recipients residing in Jefferson, Bullitt, Nelson, and Hardin counties in Kentucky beginning January 1, 2016. Passport Advantage will have a separate formulary and pharmacy benefits manager from Passport Health Plan.

To view the formulary and additional information, please visit Passport Advantage's website at www.passportadvantage.com.

For more information or questions, please visit the website or call Passport Advantage Provider Services at 1-844-859-6152.

Gabapentin: Another Drug of Abuse?

Current literature suggests that abuse, dependency, and withdrawal symptoms are associated with gabapentin use. Gabapentin misuse and abuse occurred primarily in patients with prior histories of substance abuse and dependency; either to deal with cravings or abstinence symptoms, or as a substitute for substances such as cocaine. Some patients admitted to snorting the powder from gabapentin capsules to achieve an altered

mental state or “high.”

It is recommended that providers assess patients for drug abuse history when prescribing gabapentin, as well as monitor patients for any signs of misuse or abuse. Prescribers and pharmacists should monitor patients for the development of tolerance, unauthorized escalation of dosing, requests for early refills and other aberrant behaviors. Prescribers should consider testing for the presence of gabapentin in urine drug screens if abuse is suspected.

References:

1. Victorri-Vigneau C, Guerlais M, Jolliet P. Abuse, dependency and withdrawal with gabapentin: a first case report. *Pharmacopsychiatry*. 2006;40:45-6. Accessed July 31, 2015.
2. Markowitz JS, Finkenbine R, Myrick H, King L, Carson WM. Gabapentin abuse in a cocaine user: implications for treatment? *J Clin Psychopharmacol*. 1997;17:423. Accessed July 31, 2015.
3. Melton, Sarah, Has Gabapentin Become a Drug of Abuse. <http://www.medscape.com/viewarticle/826680>. June 17, 2014. Accessed July 31, 2015.

MTM Champion Spotlight

Pharmacist Prevents an Emergency Department Visit

Apothecare Pharmacy – Karlie Douglas, PharmD; Vine Grove, KY



A TIP alerted Karlie that a patient was in need of a rescue inhaler to control shortness of breath associated with lung disease. In discussion with the patient, Karlie also discovered that the patient had been using his/her maintenance inhaler as a rescue inhaler. Karlie contacted the physician and successfully recommended initiating an appropriate rescue inhaler for the patient. Karlie counseled the patient on how to use the new inhaler and provided education on the differences between the two therapies.

Thanks to Karlie’s intervention, an emergency room visit was prevented. Great work, Karlie!

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

The FDA recently issued the following advisories:

7/30/15 **FDA Drug Safety Communication: FDA warns about prescribing and dispensing errors resulting from brand name confusion with antidepressant Brintellix® (vortioxetine) and antiplatelet Brilinta® (ticagrelor).** Brintellix is a tear-shaped tablet stamped with “TL” on one side of the tablet and a number that indicates the tablet strength on the other side; it varies in color depending on tablet strength. Brilinta is a round, yellow tablet with a “90” above a “T” stamped on one side.

8/21/15 **FDA Drug Safety Communication: FDA warns of severe adverse events with application of Picato® (ingenol mebutate) gel for skin condition; requires label changes.** The FDA is warning about reports of severe allergic reactions, herpes zoster, and severe eye injuries associated with the use of Picato gel (ingenol mebutate). As a result, the FDA is requiring changes to the label to warn about these new safety risks and to provide additional instructions on the safe and appropriate application of the product. Patients should use Picato gel as prescribed by their health care professionals, and should not use it on an area of skin larger or for a longer period than instructed in the drug label. Also patients should avoid applying the gel in, near, and around the mouth, lips and eye area. Patients who experience a severe allergic reaction should stop using Picato gel and seek immediate medical

attention. If accidental eye exposure occurs, flush the eyes thoroughly with water and seek medical care.

8/28/15 **FDA Drug Safety Communication: FDA warns that DPP-4 inhibitors for type 2 diabetes may cause severe joint pain.** The FDA is warning that the type 2 diabetes medicines sitagliptin, saxagliptin, linagliptin, and alogliptin may cause joint pain that can be severe and disabling. As a result, the FDA added a new Warning and Precaution about this risk to the labels of all medicines in the DPP-4 inhibitor drug class. Patients should not stop taking their DPP-4 inhibitor, but should contact their health care professional right away if they experience severe and persistent joint pain.

9/10/15 **FDA Drug Safety Communication: FDA revises label of diabetes drug canagliflozin (Invokana®, Invokamet®) to include updates on bone fracture risk and new information on decreased bone mineral density.** The FDA has strengthened the warning for the type 2 diabetes medicine canagliflozin (Invokana, Invokamet) related to the increased risk of bone fractures and added new information about decreased bone mineral density. As a result, the FDA, added a new Warning and Precaution and revised the Adverse Reactions section of the Invokana and Invokamet drug labels. Health care professionals should consider factors that contribute to fracture risk prior to starting patients on canagliflozin.

9/15/15 **FDA Drug Safety Communication: FDA modifies monitoring for neutropenia associated with schizophrenia medicine clozapine; approves new shared REMS program for all clozapine medicines.** The FDA clarified and enhanced the prescribing information for clozapine that explains how to monitor patients for neutropenia and manage clozapine treatment. In addition, the FDA approved a new, shared risk evaluation and mitigation strategy (REMS) called the Clozapine REMS Program. The shared REMS require prescribers, pharmacies, and patients to enroll in a single centralized program. For more information please visit, www.clozapinerems.com.

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

Non-FDA Notable Warning:

10/6/15 **Using benzodiazepines may increase a patient's risk of developing dementia.** A Canadian review of 9,000 patients found those who had taken a benzodiazepine for three months or less had about the same dementia risk as those who had never taken one.¹ Taking the drug for three to six months raised the risk of developing Alzheimer's disease by 32 percent, and taking it for more than six months boosted the risk by 84 percent.¹

1. Billioti de Gage, S. et al. 'Benzodiazepine Use And Risk Of Alzheimer's Disease: Case-Control Study'. *BMJ* 349.sep09 2 (2014): g5205-g5205. Web.

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

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Afrezza®	Inhaled Insulin, human	Insulin inhalation powder (Afrezza) is rapid-acting, orally inhaled insulin indicated to improve glycemic control in adults with Type 1 or Type 2 diabetes mellitus. Insulin inhalation powder should not be used by patients who smoke or who have recently stopped smoking, as safety and efficacy has not been established in this population.	Humalog®; Humalog® Mix; Humulin® N; Humulin® R; Humulin® Mix	Nonpreferred; PA/QL Three 4-unit cartridges per day Nine 8-unit cartridges per day
Brilinta®	Ticagrelor	Anti-platelet inhibitor used for reduction of the rate of cardiovascular death, myocardial infarction (MI), and stroke in patients with acute coronary syndrome (ACS) or a history of MI; reduces the rate of stent thrombosis in patients who have been stented for treatment of ACS.	Effient®, Pradaxa®, clopidogrel	Removed PA
Cosentyx®	Secukinumab	Treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.	Enbrel®; Humira®	Nonpreferred; PA; Specialty
Cresemba®	Isavuconazo-nium	Azole antifungal approved for the treatment of invasive aspergillosis and mucormycosis.	Invasive aspergillosis: voriconazole ± echinocandin (such as caspofungin, micafungin, or anidulafungin) Invasive mucormycosis: surgical debridement and liposomal amphotericin B, posaconazole, and/or isavuconazonium	Nonpreferred
Doxycycline hyclate	Doxycycline	Tetracycline antibiotic with various indications.	monohydrate	Nonpreferred

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Evekeo™	Immediate release amphetamine sulfate tablet	Immediate-release amphetamine approved for the treatment of attention deficit disorder with hyperactivity (ADHD); short-term treatment of exogenous obesity as an adjunct to caloric restriction for patients refractory to alternative therapy; narcolepsy.	Various generic amphetamine salts	Nonpreferred; QL Narcolepsy: six 10mg tablet per day; one 5mg tablet per day ADHD: four 10mg tablets per day; two 5mg per day Exogenous obesity: three 5mg tablets per day; three 10mg tablets per day
Glyxambi®	Empagliflozin/ Linagliptin	Oral medication used for treatment of diabetes mellitus, type 2.	empagliflozin (Jardiance®) canagliflozin (Invokana®) sitagliptin (Januvia®) saxagliptin (Onglyza®) canagliflozin/ metformin (Invokamet)	Nonpreferred; PA/QL 1 tablet per day
Ibrance®	Palbociclib	Treatment of estrogen receptor (ER)–positive, human epidermal growth factor receptor 2 (HER2)–negative advanced breast cancer (in combination with letrozole) in postmenopausal women as initial endocrine-based therapy for metastatic disease.	Afinitor® (everolimus) PLUS Aromasin® (exemestane)	Preferred; PA/QL; Sp Specialty 21 capsules per 28 days
Mitigare™	Colchicine	Prophylaxis of gout flares in adults.	Colchicine (Colcrys)	Nonpreferred; QL 2 capsules per day
Orkambi™	Lumacaftor/ Ivacaftor	Treatment of cystic fibrosis (CF) in patients 12 years and older who are homozygous for the F508del mutation in the CFTR gene.	Inhaled tobramycin; dornase alfa; inhaled hypertonic saline; inhaled aztreonam	Nonpreferred; PA/QL; Specialty 4 tablets per day
Savaysa®	Edoxaban	Deep vein thrombosis and pulmonary embolism; nonvalvular atrial fibrillation.	Warfarin; dabigatran (Pradaxa®); rivaroxaban (Xarelto®)	Nonpreferred; QL 1 tablet per day
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; Lanreotide autogel/ depot	Covered under the medical benefit

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Soolantra®	Ivermectin	Topical agent used for treatment of head lice (pediculus capitis); rosacea	Topical ABX (metronidazole); azelaic acid/sulfur; oral ABX; topical retinoids	Nonpreferred
Tybost®	Cobicistat	Treatment of HIV-1 infection to increase systemic exposure of atazanavir or darunavir (once-daily dosing regimen) in combination with other antiretroviral agents.	Norvir (ritonavir)	Nonpreferred; PA/QL 1 tablet per day; maximum dose 150mg per day
Viokace®	Pancrealipase	Pancreatic digestive enzymes used for treatment of exocrine pancreatic insufficiency caused by cystic fibrosis or other conditions; in combination with a proton pump inhibitor, is approved for use in adults with exocrine pancreatic insufficiency caused by chronic pancreatitis or pancreatectomy.	Creon®; Zenpep®	Nonpreferred