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ISSUE 2

HELPFUL NUMBERS FOR PROVIDERS

CVS: 1-888-512-8935
Primary: 004336
Secondary Commercial: 013089
Secondary Part D: 012114

Passport Advantage
BIN: 004336
PCN: MEDDAVDV

HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
1-800-578-0603

WEBSITE

www.passporthealthplan.com

NEW IN THIS ISSUE

- Proton Pump Inhibitors (PPI) Step Therapy
- Topical Pain Compound Product Exclusions
- Opioid Overdose Prevention Coverage Update
- Generic Metformin Products
- Basal Insulin Changes
- New Generics
- P & T Committee Review

Proton Pump Inhibitors (PPI) Step Therapy

PPI Step Therapy

- *Step 1: The following are required before receiving a step 2 medication*
 - Omeprazole generic AND
 - Pantoprazole generic AND
 - Nexium® 24HR 20 mg tablets or capsules OR
 - Prevacid® 24HR 15 mg capsules OR
 - Prilosec® OTC 20 mg tablets
- *Step 2: These medications are required before receiving a step 3 medication*
 - Lansoprazole AND
 - Rabeprazole AND
 - Zegerid® OTC brand or generic capsules
- *Step 3: These medications are covered but require trial and failure of the medications outlined in step 2. Brand products will also require a trial and failure of the corresponding generic.*
 - Esomeprazole strontium/magnesium generic
 - Brand-name products

Prescription Zegerid® Products Prior Authorization

- *Documentation for approval will require a trial and failure to ALL of the following formulary alternatives:*
 - Omeprazole generic
 - Pantoprazole generic
 - Lansoprazole generic
 - Rabeprazole generic
 - Esomeprazole generic
 - Zegerid® OTC (brand or generic)*

** Product is available over-the-counter but requires a prescription to be billed by the pharmacy*

Topical Pain Compound Product Exclusions

Passport Health Plan will soon implement a prior-authorization for compounded products. Our goal is to ensure compounded medications are being used for FDA approved indications and/or indications supported in medical literature. Topical compounds containing ingredients such as ketamine, baclofen, and gabapentin will no longer be covered due to lack of FDA approved indication or strong clinical evidence to support topical use. In addition, the prior-authorization for compounded products will help ensure that similar products are not commercially available and that the requested ingredients have not been withdrawn from the market due to safety reasons. For assistance with the prior-authorization process, please call the CVS Help Desk at 1-888-512-8935.

Opioid Overdose Prevention Coverage Update

In an effort to combat opioid overdose, Passport Health Plan covers the following naloxone products. Please note, Evzio® is a non-preferred product and does require a prior authorization. Please refer to the information below for the coverage details.

- *Preferred Products: These medications are covered with a quantity limit*
 - Naloxone 1mg/mL injection solution for intranasal use: 8 mL (4 doses) per 30 days
 - Nasal atomizer is also covered for use with naloxone 1mg/mL injection solution
 - Narcan® 4mg/0.1mL nasal spray: 2 boxes (4 doses) per 30 days
- *Non-Preferred Products: This medication requires prior authorization and subject to a quantity limit*
 - Evzio® 0.4mg/0.4mL auto-injector: 0.8 mL (2 doses) per 180 days
- *Excluded Products: This medication is not covered and will require a prior authorization*
 - Evzio® 2mg/0.4mL auto-injector

Generic Metformin Products

Metformin is available under three different brand names: Glucophage®, Fortamet®, and Glumetza®. Please note that the corresponding generic products to each brand product may have different coverage and is outlined below:

- *Preferred Products: These medications are covered*
 - Metformin 500mg, 850mg, 1000mg tablets (generic for **Glucophage®**)
 - Metformin 500mg, 750mg ER tablets (generic for **Glucophage® XR**)
 - Metformin 1000mg ER tablet (generic for **Fortamet®**)
 - Riomet® 500mg/5mL solution
- *Non-Preferred Products: These medication requires step therapy or prior authorization*
 - Metformin 500mg ER tablet (generic for **Fortamet®**)
 - Metformin 500mg, 1000mg ER tablets (generic for **Glumetza®**)
 - Brand-name products: **Glucophage®, Glucophage XR, Fortamet®, Glumetza®**

Basal Insulin Changes

As a reminder, Passport Health Plan's preferred basal insulin products will change as of June 1, 2017. Please review the new preferred formulary agents and consider transitioning members to the preferred products. All members will be required to have their provider submit a prior authorization request to continue use of a non-preferred product after **June 1, 2017**.

- *Preferred Products: These medications are covered with a quantity limit*
 - Basaglar® KwikPen®: 45mL per 30 days
 - Tresiba® FlexTouch®: 45mL per 30 days
- *Non-Preferred Products: These medications require prior authorization and are subject to a quantity limit*
 - Lantus® (vial): 50mL per 30 days
 - Lantus® SoloStar®: 45mL per 30 days
 - Levemir® (vial): 50mL per 30 days
 - Levemir® FlexTouch®: 45mL per 30 days
 - Toujeo® SoloStar®: 45mL per 30 days

New Generics

BRAND NAME	GENERIC NAME	BRAND NAME	GENERIC NAME
Cellcept®	Mycophenolate IV vial	Azilect®	Rasagiline
Tamiflu®	Oseltamivir capsules	Emend®	Arprepitant
Zetia®	Ezetimibe	Kaletra®	Lopinavir-Ritonavir Solution

*Generic drugs will have a \$0 co-pay. However, some generic drugs may still be subject to prior authorization or step therapy requirements, and certain quantity limits. For details, please refer to the drug formulary on Passport Health Plan's website www.passporthealthplan.com

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications in February 2017*

BRAND NAME	GENERIC NAME	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Eucrisa™	Crisaborole	Mild to moderate atopic dermatitis in patients age 2 years and older	Topical steroids, tacrolimus (generic for Protopic®)	Non-Preferred, PA, QL 1 tube/month
Soliqua™	Insulin glargine/ Lixisenatide	Type 2 diabetes inadequately controlled with basal insulin or Adlyxin	Basaglar®, Tresiba®, Trulicity®, Victoza®	Non-Preferred, PA, QL 30mL/month
Xultophy®	Insulin degludec/ Liraglutide	Type 2 diabetes inadequately controlled with basal insulin or Victoza	Basaglar®, Tresiba®, Trulicity®, Victoza®	Non-Preferred, PA, QL 15mg/month
Intrarosa™	Prasterone	Moderate to severe dyspareunia due to menopause	Vagifem®	Non-Preferred, PA, QL 30 inserts/month
Amjevita®	Adalimumab-atto	Rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, adult Crohn's disease, ulcerative colitis, and plaque psoriasis.	Humira®, Enbrel®, Actemra®, Remicade®	Non-Preferred, PA, QL 2 syringes/month
Rubraca™	Rucaparib	Advanced ovarian cancer associated with BRCA mutation	Lynparza™	Non-Preferred, PA, QL 60 tablets/month

Drug Class Review

Basal Insulin

- Preferred Products: Basaglar®, Tresiba®
- Non-Preferred Products: Lantus®, Levemir®, Toujeo®

Oral Anticoagulants

- Preferred Products: Jantoven®, Warfarin, Xarelto®, Eliquis®
- Non-Preferred Products: Pradaxa®, Coumadin®, Savaysa®

*The Pharmacy and Therapeutics committee also reviewed updates to quantity limits, prior-authorization durations, and other clinical criteria requirements. For specific questions about the clinical criteria please visit www.passporthealthplan.com or call the CVS Help Desk at 1-888-512-8935.