PHARMACY NEWS

PASSPORT HEALTH PLAN

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

DATE JULY 2015
ISSUE 2

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:

- Abilify tablets are now available as a generic formulation called **aripiprazole**. **Aripiprazole** has been added as a **Preferred generic** on the Passport formulary and **Brand name Abilify is now Non-preferred**.
- Bromfed DM is now available as a generic formulation. The generic formulation has been added as a **Preferred generic** on the Passport formulary, while **Brand name Bromfed DM will remain Non-preferred**.
- Focalin XR® 5mg and 10mg are now available in a generic formulation called dexmethlyphenidate ER. **Dexmethylphenidate ER 5 & 10mg** join strengths 15, 30, and 40mg as **Preferred generics**.

Additional formulary updates may be found in the P & T Committee Review table beginning on page 4.

Suboxone® Prior Authorization Criteria Changes:

Passport Health Plan has updated its prior authorization (PA) process for buprenorphine-containing medications (e.g., Suboxone, Zubsolv). The clinical criteria have been revised to incorporate the recent Kentucky Board of Medical Licensure (KBML) regulations, 201 KAR 9:270. Guidance from the National Institute of Health, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services Clinical Guidelines for the use of Buprenorphine in the Treatment of Opioid Addiction were also sourced in developing changes to our current criteria. Some criteria changes include:

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.

- *A Statement of Understanding Form* to be discussed and completed by both the provider and member. This form will be found on the last page of the updated PA document.
- KASPER reports must be obtained and reviewed for a 12-month period immediately preceding the initial prescription and then on a monthly basis for reauthorization.
- Monthly drug screens must be performed, documented, and attached to requests. Every six months, at least one random drug screen should be coupled with a pill count.

Please note Passport covers medication-assisted treatment (MAT) of those with substance abuse disorders (medications, behavioral therapies, medical office visits, and follow-ups). **Therefore, a Medicaid provider who is providing one of these services must bill Passport or our business partner Beacon Health Strategies for these individual services and cannot charge the member for them.** If you have any questions about the updated criteria, or to request a copy of the criteria, please contact Passport Pharmacy Department at (502) 585-8249.

Lock-In Reminder:

Some Passport members are enrolled in the Passport Lock-In program. If any member requires a change to their assigned Pharmacy provider or Controlled Substance Provider, it is that members' responsibility to contact the Lock-In Coordinator at 502-585-7930 to make the request.

Overrides for Drug to Drug and Drug to Gender Interactions, and Therapeutic Duplications will require NCPDP standard codes

If you receive claim rejections for Drug-to-Drug, Drug-to-Gender Interactions, and Therapeutic Duplication, you may override select categories with the following NCPDP standard codes:

Professional Service Code/Description	Result of Service Code/Description
• 00 / No Intervention • CC / Coordination of Care • M0/Prescriber Consulted • PE / Patient Education/instruction • PH / Patient Medicaid History • P0/Patient Consulted • R0/Physician Consulted Other	• 1A/filled as is, false positive • 1B/filled prescription as is • 1C/filled, with different dose • 1D/filled, different direction • 1F/filled, different quantity • 1G/filled, prescriber approved • 2A/prescription not filled • 3B/recommendation not accepted • 3C/discontinued drug

Providers: Please remember that expired credentials with Kentucky Medicaid will result in prescription denials.

Passport will deny all prescriptions written by prescribers who are not enrolled as a provider with Kentucky Medicaid.

To enroll or update credentials, contact DMS Provider Enrollment at (877) 838-5085 (Monday to Friday, 8 a.m. to 4:30 p.m.). You may also download an application for participation (MAP-811) on the DMS web site at http://www.chfs.ky.gov/dms/provEnr/. Please note, the process may take up to 90 days.

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

The FDA recently issued the following advisories:

3/9/15 **FDA updates label for Chantix®.** These updates include information on a potential alcohol interaction and rare risk of seizures. Reviews of case series submitted by Pfizer and the FAERS (FDA Adverse Event Reporting System) database by the FDA revealed that some patients experienced decreased tolerance to alcohol, including unusual or aggressive behavior and no recollection of events that happened. After similar reviews, it was discovered that some patients with no previous history of seizures or a seizure disorder that had not been well-controlled had seizures, usually within the first month of starting Chantix. The FDA has updated the Warnings and Precautions section of the drug label and medication guide with information about these risks.

03/24/15 **FDA warns of serious slowing of the heart rate when antiarrhythmic drug amiodarone is used with hepatitis C treatments containing sofosbuvir (Sovaldi®) or Harvoni® in combination with another Direct Acting Antiviral drug.** FDA reviews of postmarketing adverse event reports found that patients can develop symptomatic bradycardia when amiodarone is combined with either Harvoni or Sovaldi and another direct-acting antiviral. The FDA is recommending avoiding this combination of drugs. If alternate treatment options are unavailable, inpatient hospital heart monitoring is recommended for the first 48 hours. Daily heart monitoring at a doctor's office and/or self-monitoring should be done for two weeks thereafter. Patients should seek medical attention right away if experiencing signs or symptoms of symptomatic bradycardia such as: fainting, dizziness, malaise, weakness, shortness of breath, chest pains, and confusion. Information about symptomatic bradycardia has been added to the Harvoni and Sovaldi labels.

04/22/15 **Mucinex® Fast-MAX® Products: Recall - Incorrect Labeling.** RB (formerly Reckitt Benckiser) has announced the recall of certain lots of liquid bottles of Mucinex Fast-MAX Night Time Cold & Flu; Mucinex Fast-MAX Cold & Sinus; Mucinex Fast-MAX Severe Congestion & Cough; and Mucinex Fast-MAX Cold, Flu & Sore Throat because the over-the-counter medications, which correctly label the product on the front of the bottle and lists all active ingredients, may not have the correct corresponding drug facts label on the back. Lot numbers of affected products and additional information can be found at http://www.fda.gov/Safety/Recalls/ucm444028.htm.

5/15/15 **FDA Warns that SGLT2 inhibitors for diabetes may result in a serious condition of too much acid in the blood.** The U.S. Food and Drug Administration (FDA) is warning that the type 2 diabetes medicines canagliflozin, dapagliflozin, and empagliflozin may lead to ketoacidosis.

5/20/15 **FDA cautions about dose confusion and medication errors for antibacterial drug Zerbaxa™ (ceftolozane and tazobactam).** The US Food and Drug Administration (FDA) is warning the risk for dosing errors with the antibacterial drug Zerbaxa (ceftolozand and tazobactam) due to confusion about the drug strength displayed on the vial and carton labeling. Zerbaxa's vial label was initially approved with a strength that reflects each individual active ingredient; however, the product is dosed based on the sum of these ingredients.

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

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

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Evzio®	naloxone hydrochloride	An opioid antagonist approved for: Emergency treatment of opioid overdose, either known or suspected, as demonstrated by respiratory and/or central nervous system depression. Not intended as a substitute for emergency medical care but for immediate administration as emergency therapy when opioids may have been used.	naloxone hcl 1 mg/ml	Nonpreferred QL: 4 per claim (2 boxes – 1.6 mL)
Bunavail®	buprenorphine/ naloxone	CIII substance indicated for the maintenance treatment of opioid dependence	buprenorphine-naloxone Suboxone film, tablet	Nonpreferred QL 60 films/30 days
Izba®	travoprost	Ophthalmic prostaglandin analog solution approved for: Reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.	latanoprost travoprost	Nonpreferred QL One bottle/30 days
Jublia®	efinaconazole	An azole antifungal indicated for the topical treatment of onychomycosis of the toenails due to Trichophyton rubrum and Trichophyton mentagrophytes.	terbinafine hcl 250 mg tablet ciclopirox 8% solution	Nonpreferred QL 1 bottle/month
Sivextro®	tedizolid phosphate	Tedizolid phosphate (Sivextro) is an oxazolidinone antibacterial agent indicated in adults for the treatment of acute bacterial skin and skin structure infection (ABSSSI). Tedizolid should only be used to treat ABSSSI that have proven susceptibility to the following Gram-positive microorganisms: Staphylococcus aureus (incuding methicillin-resistant [MRSA] and methicillin-susceptible [MSSA] isolates), Streptococcus anginosus Group (Streptococcus intermedius, Streptococcus constellatus, and Streptococcus anginosus) and Enterococcus faecalis..	Zyvox 100 mg/5 ml suspension Zyvox 600 mg tablet	Nonpreferred QL 6 tablets for 6 days supply

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Targiniq™ ER	Oxycodone/ naloxone	Targiniq ER is a combination of oxycodone hydrochloride, an opioid agonist, and naloxone hydrochloride, an opioid antagonist, in an extended-release abuse-deterrent formulation. This schedule II controlled substance, is indicated for pain management when the pain is severe enough to require daily, around-the-clock, long-term treatment with an opioid for which alternative treatments are inadequate. The product is not indicated to be used as needed.	oxycontin	Nonpreferred QL 2 tablets per day (60 tabs/30 days)
Vogelxo™	Testosterone	Topical testosterone gel approved for: Androgen indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone: primary hypogonadism (congenital or acquired) and hypogonadotropic hypogonadism (congenital or acquired).	Androgel	Nonpreferred QL Maxiumum dose of 100 mg/day. Two gel tubes or packets/ day (10 g) or one metered dose pump/ week
Plegridy®	peginterferon beta-1A	Pegylated interferon injection approved for: Treatment of patients with relapsing forms of multiple sclerosis (MS).	Avonex Rebif Extavia	Nonpreferred QL Maxiumum dose: 2 pens or syringes per 28 days
Viekira Pak™	ombitasvir/ paritaprevir/ ritonavir with dasabuvir	Ombitasvir, paritaprevir, ritonavir; dasabuvir (Viekira Pak) with or without ribavirin (RBV) is indicated for the treatment of patients with genotype 1 chronic hepatitis C virus (HCV) infection including those with compensated cirrhosis. Viekira Pak is not recommended for use in patients with decompensated liver disease.	Viekira Pak is preferred	PREFERRED with PA. QL: One dasabuvir + ombitasvir/ paritaprevir/ ritonavir pack per 28 days.

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
TCR Review Oral Anticoagulants Eliquis® Xarelto® Pradaxa®	Apixaban Rivaroxaban Dabigatran	To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. For the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients who have undergone hip or knee replacement surgery. For the treatment of DVT and PE, and for the reduction in the risk of recurrent DVT and PE following initial therapy	Xarelto Pradaxa	Eliquis will move to Nonpreferred status. Current patients on Eliquis will be able to continue therapy.
TCR Review Growth Hormones	Somatropin	Pediatric: Treatment of children with growth failure due to growth hormone deficiency (GHD), short stature associated with Noonan syndrome, short stature associated with Turner syndrome and short stature born SGA with no catch-up growth by age 2 to 4 years. Adult: Treatment of adults with either adult onset or childhood onset GHD.	Norditropin	Omnitrope and Tev-Tropin will move to Nonpreferred status
TCR Review Hepatitis C Viekira Pak™ Harvoni® Olysio® Sovaldi®	Dasabuvir/ Ombitasvir/ Paritaprevir/ Ritonavir Ledipasvir and Sofosbuvir Simeprevir Sodium Sofosbuvir	Indicated for the treatment of patients with genotype 1 chronic hepatitis C virus (HCV) infection including those with compensated cirrhosis. VIEKIRA PAK includes ombitasvir, a hepatitis C virus NS5A inhibitor, paritaprevir, a hepatitis C virus NS3/4A protease inhibitor, ritonavir, a CYP3A inhibitor and dasabuvir, a hepatitis C virus non-nucleoside NS5B palm polymerase inhibitor.	Viekira pak – preferred Harvoni – nonpreferred Olysio – preferred Sovaldi - preferred	Viekira Pak added as a preferred agent for genotype 1. Must have T/F of Viekira Pak for genotype 1 before Harvoni, Olysio, or Sovaldi, however, patients currently on therapy should be grandfathered as we do not want to interrupt therapy.
TCR Review Respiratory – Intranasal Steroids: Nasonex®	Mometasone Furoate	Treatment of Nasal Symptoms of Allergic Rhinitis in patients ≥2 years of age Treatment of Nasal Congestion Associated with Seasonal Allergic Rhinitis in patients ≥2 years of age Prophylaxis of Seasonal Allergic Rhinitis in patients ≥12 years of age Treatment of Nasal Polyps in patients ≥18 years of age	Triamcinolone acetonide	Nasonex is Nonpreferred; Nasonex: Remove the PA bypass for children under 4 years of age, since generics are available