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ISSUE 2

HELPFUL NUMBERS FOR PROVIDERS

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HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
1-800-578-0603

WEBSITE

www.passporthealthplan.com

NEW IN THIS ISSUE

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New Generics:

Drug Name	PDL Category	Comments
Imatinib	Oncology, oral	The first generic for Gleevec®; Specialty
Molindone	Antipsychotics	The first generic for Moban®
Dutasteride/Tamsulosin	BPH agents	The first generic for Jalyn®
Repaglinide/Metformin	Hypoglycemics, meglitinides	The first generic for PrandiMet™
Tobramycin Pak	Inhaled antibiotics	The first generic for Kitabis™ Pak

Opioid Quantity Limit Update

Passport Health Plan has updated its quantity limits for ALL opioids (long-acting and short-acting). Daily limits are now based on a morphine equivalent dose per day. The updated point-of-sale (POS) edits will go into effect June 1, 2016. POS overrides may still 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.

“DESI” Explained

Drug Efficacy Study Implementation (DESI) was a program started by the Food and Drug Administration (FDA) in the 1960s after the requirement that all drugs be efficacious as well as safe, was made part of US law (Kefauver-Harris Drug Control Act-). A NDC may be designated a “DESI” if the manufacturer has failed to provide the FDA with substantial evidence of effectiveness. These NDCs are not reimbursable under Medicaid and Medicare Part B according to the Omnibus Budget Reconciliation Act of 1981 and non-DESI NDCs shall be used instead.

Vaccination Coverage

Passport Health Plan is now covering the Human Papillomavirus Vaccine (HPV) and Tetanus/Diphtheria/Pertussis (Tdap) in the pharmacy setting for individuals **at least 19 years of age**. Prior authorization is not needed.

- Gardasil® and Gardasil 9® are covered for both female and male patients between the ages of 19-26 in the pharmacy setting. A series of 3 vaccinations should be given at 0, 2 months, and 6 months. A lifetime maximum of 3 injections will be reimbursed.

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.

- Cervarix® is covered for females between the ages of 19-25 in the pharmacy setting. A series of 3 vaccinations should be given at 0, 1 month, 6 months. A lifetime maximum of 3 injections will be reimbursed.
- Boostrix® is covered for anyone 19 years of age or older in the pharmacy setting as a single administration. A lifetime maximum of 1 injection will be reimbursed.
- Adacel® is covered for anyone between the ages of 19-64 in the pharmacy setting as a single administration. A lifetime maximum of 1 injection will be reimbursed.

Dual Billing for Part B and OTC Drugs

For members who have Medicare as the primary insurance and Passport Health Plan Medicaid as the secondary:

When adjudicating claims for Part B drugs or other Medicare-excluded drugs (e.g., OTC medications and agents for symptomatic relief of cough & cold), the Other Coverage Code (OCC) should be 2 if the primary paid something on the claim. If the primary insurance did not pay anything toward the claim, an OCC of 4 is required (which signifies that other coverage exists but no payment was collected).

MTM Champion Spotlight



Pharmacist Prevents Hospital Admission

Robert Davis; Rite Aid Pharmacy 02558– Brandenburg, KY

A TIP alerted Robert that a patient with diabetes was not taking a cholesterol-lowering medication recommended by current guidelines to decrease risk of cardiac events. In discussion with the patient, Robert discovered the patient had stopped taking their cholesterol-lowering medication 6 months prior. Robert reached out to the prescriber who confirmed the patient should continue to take the cholesterol medication. In follow-up, Robert counseled the patient about the importance of taking this medication each day to receive the most benefit, decreasing their risk of heart attack and stroke.

Thanks to Robert’s intervention, a hospital admission was prevented. Great work, Robert!

Recent U.S. Food and Drug Administration (FDA) Drug Safety Advisories Affecting Network Pharmacies and Providers

The FDA recently issued the following advisories:

- 11/06/15** **FDA advises of rare cases of underactive thyroid in infants given iodine-containing contrast agents for medical imaging.** The FDA is advising that rare cases of underactive thyroid have been reported following the use of contrast media containing iodine for X-rays and other medical imaging procedures in infants who were either premature or had other serious underlying medical conditions. The FDA has approved changes to the labels of all iodinated contrast media (ICM) products to include information about these cases and do not recommend changes to current prescribing, administration, or monitoring practices. Manufacturers of ICM products have been required to conduct a study to investigate this safety issue further.
- 12/04/15** **FDA revises labels of sodium-glucose cotransporter-2 (SGLT2) inhibitors for diabetes to include warnings about high levels of acid in the blood and serious urinary tract infections (UTIs).** An FDA safety review has resulted in warnings for ketoacidosis and severe

urinary tract infections to be added to sodium-glucose cotransporter-2 inhibitors. A review of the FDA Adverse Event Reporting System (FAERS) database from March 2013 to May 2015 identified 73 cases of ketoacidosis in patients with type 1 or type 2 diabetes treated with SGLT2 inhibitors.

- 12/16/15** **FDA eliminates the Risk Evaluation and Mitigation Strategy (REMS) for rosiglitazone-containing diabetes medications.** Rosiglitazone-containing medications include Avandia (rosiglitazone), Avandamet (rosiglitazone and metformin), and Avandaryl (rosiglitazone and glimepiride). The FDA determined in 2013 that data **did not** demonstrate an increased risk of heart attack with rosiglitazone compared to metformin and sulfonylureas.
- 01/04/16** **FDA cautions about dosing errors when switching between different oral formulations of antifungal Noxafil (posaconazole); label changes.** The FDA is warning that differences in dosing regimens between the two oral formulations of the antifungal Noxafil have resulted in dosing errors. Noxafil is approved as both an oral suspension and a delayed-release tablet. The drug labels must now indicate that these formulations cannot be substituted directly for one another because mg for mg substitution of the two formulations can result in drug levels that are lower or higher than what is required to effectively treat certain fungal infections. Providers should specify the dosage form, strength, and frequency on all Noxafil prescriptions.
- 03/22/16** **FDA warns about several safety issues with opioid medications; label changes.** The FDA is requiring that labels of all opioid drugs include warnings about the risks of adrenal insufficiency, decreased sex hormone levels, and drug-drug interactions with antidepressants and migraine medications, which may lead to serotonin syndrome.
- 04/05/16** **FDA Warns of Heart-Failure Risk with Two Diabetes Medications.** The FDA is warning about the potential for increased risk for heart failure in patients taking the dipeptidyl peptidase-4 (DPP-4) inhibitors Onglyza (saxagliptin) and Nesina (alogliptin) for type 2 diabetes. The manufacturers of these drugs are now required to add a warning to the label cautioning that they may increase the risk for heart failure, especially in patients who already have cardiovascular or kidney disease. Combination drugs affected by this new warning include Kombiglyze XR (saxagliptin and metformin extended release), Kazano (alogliptin and metformin), and Oseni (alogliptin and pioglitazone). At this time, Januvia (sitagliptin) is not considered to have an increased risk of heart failure based on the findings of the Trial Evaluating Cardiovascular Outcomes with Sitagliptin (TECOS).

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

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications in February 2016:

BRAND NAME	GENERIC NAME/ DOSAGE FORMS	INDICATIONS	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Aristada™	Aripiprazole lauroxil	Schizophrenia	Abilify Maintena® Invega Sustenna® Invega Trinza™ Risperdal Consta®	Nonpreferred; PA; QL 1 inj/month
Belbuca™	Buprenorphine	Pain	Various other opioid and non-opioid alternatives	Nonpreferred; PA; QL 60 films/month
Jadenu™	Deferasirox	Chronic iron overload	Exjade®	Preferred; PA; Specialty
Keveyis™	Dichlorphenamide	Primary periodic paralysis	Potassium Acetazolamide	Nonpreferred; PA; QL 4 tabs/day
Lenvima™	Lenvatinib	Thyroid cancer	Nexavar®	Nonpreferred; PA; Specialty; QL 24mg/day
Natpara®	Parathyroid hormone	Hypopara-thyroidism	Vitamin D (including metabolites and analogs)	Preferred; PA; Specialty; QL 2 cartridges/month
Nucala®	Mepolizumab	Add-on maintenance treatment for severe asthma	Various other treatment alternatives	Nonpreferred; Specialty
Orfadin®	Nitisinone	Hereditary tyrosinemia type 1 (HT-1)	None	Preferred; PA; Specialty; QL dispense in multiples of 60 (do not repackage)
Praluent®	Alirocumab	Certain forms of hyperlipidemia	Various other statin and non-statin lipid- lowering alternatives	Nonpreferred; PA; QL 2 pens or syringes/ month
Repatha™	Evolocumab	Certain forms of hyperlipidemia	Various other statin and non-statin lipid lowering alternatives	Preferred; PA; Specialty; QL 2 or 3 pens or syringes/ month (indication specific)
Varubi™	Rolapitant	Chemotherapy-induced nausea and vomiting	Various other antiemetic alternatives	Nonpreferred; PA; QL 2 tabs/chemo cycle
Viberzi™	Eluxadolone	Irritable bowel syndrome with diarrhea (IBS-D)	Xifaxin®	Nonpreferred; PA; QL 60 tabs/month
Vivlodex™	Meloxicam	Osteoarthritis and rheumatoid arthritis	Meloxicam and various other generic NSAIDs	Nonpreferred; PA; QL 30 caps/month
Zecuity®	Sumatriptan succinate (transdermal patch)	Migraine and cluster headaches	Various other sumatriptan formulations	Nonpreferred; PA; QL 4 patches /month