

DATE SEPTEMBER 2019
ISSUE 3

HELPFUL NUMBERS FOR PROVIDERS

CVS: 1-888-512-8935
Primary: 004336
Secondary Commercial: 013089
Secondary Part D: 012114
Passport Pharmacy Services:
1-844-380-8831

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

- Triptan Nasal Sprays Update
- Federal Poverty Level Notice Update
- Prenatal Products Update
- New Prior Authorization Additions
- Formulary Changes
- P&T Committee Review
- New Generics
- Line Extension Products
- Pen Needles & Syringes
- Durable Medical Equipment (DME) & Medical Products Update

Triptan Nasal Sprays Update

Effective **October 15, 2019**, the Zomig (zolmitriptan) nasal spray products will remain on the nonpreferred tier and will require a prior authorization for coverage. Current utilizers who are stable on therapy will not be affected by this change at this time. All new utilizers will need to have a prior authorization submitted for Zomig. The prior authorization criteria will require: a diagnosis of migraine with or without aura in those 12 years or older, a previous trial and failure of an oral triptan medication, as well as a trial and failure of the sumatriptan nasal spray. In addition, sumatriptan nasal spray products will be included in this prior authorization policy. The prior authorization for sumatriptan nasal spray products will require a diagnosis of migraine with or without aura in those 18 years or older, and a previous trial and failure of an oral triptan medication. Both changes were reviewed and approved by the Pharmacy and Therapeutics Committee following the August 2019 meeting.

Federal Poverty Level Notice Update

As a reminder, Medicaid beneficiaries have the right to medications regardless of their economic status. According to Federal Regulations in [42 U.S.C. §447.52] if a Medicaid beneficiary is at or below 100% of the Federal Poverty Level (FPL) and cannot afford their copay, services cannot be denied by any Medicaid provider. Services, **including pharmacy services**, may only be denied for failure to pay if that is:

1. The current business practice the provider uses for all patients and
2. The member's income is above 100% of the FPL.

To identify whether a member's income is at or below 100% of the FPL, the message: "**MEMBER IS AT OR BELOW 100% FPL**" will be returned in the appropriate NCPDP field. Additionally, House Bill 200 states that a beneficiary presenting with a condition that could result in harm if left untreated shall be dispensed a 72-hour emergency supply of a prescribed drug regardless of ability to afford copayment. For products dispensed in any special packaging that may not be broken, the minimum full quantity to last 72 hours should be dispensed. Partial fills of C-II substances are allowed for non-terminally ill patients who are not residents of long-term care facilities per 905 KAR 55:095; should a patient request a partial fill of a C-II medication, additional dispensing shall not continue beyond 30 days. Only one dispensing fee shall be paid by the Cabinet for both the emergency supply and remainder of the prescription. Medicaid Managed Care Organizations shall determine their policies with respect to dispensing fees. The following

action is requested:

1. If member is at or below 100% of FPL **and** member reports an inability to pay, pharmacy services must be provided.
2. If member is above 100% of FPL **and** member reports an inability to pay, pharmacy must dispense a 72-hour emergency supply if condition could result in harm if left untreated.

The above message was provided by the Kentucky Department for Medicaid Services.

Prenatal Products Update

Effective **October 15, 2019**, various prenatal vitamin products will be moving to a non-formulary status. Those members utilizing these products will continue to have coverage for the remainder of their pregnancy or a minimum of nine months from the effective date. A variety of prenatal vitamin products will remain on tier 1 and 2 as preferred products, see table below for medications remaining on formulary. This change was reviewed and approved by the Pharmacy and Therapeutics Committee following the August 2019 meeting.

GENERIC MEDICATION	LABEL NAME	COVERED NDCS
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	PRENATAL VIT TAB MINERALS, PX PRENATAL TAB MULTIVIT, GNP PRENATAL TAB 28-0.8MG, PRENATAL TAB, etc	37205039582, 37205039578, 11822308910, 37864083701, 40985027310, 11917017127, 11917017102, 87701040799, 35515094774, 49348055610, 11917005880, 11917005881, 07610010418, 00536408501, 96295011001, 41163023569, 78742043656, 96295011466, 96295012831, 96295012833, 30768003700, 10939045433, 11822033550, 51645083701, 57896057501, 52569013433, 48433011201, 00179843990, 10939055944, 54738005001, 70030013333, 63868000101, 46122009878, 00179806490, 00536406301, 11917014144, 81131067887, 41415014777, 11917007404, 11917007575
PRENATAL VIT & MIN W/ FA- FISH OIL CHEW TAB 0.4-113.5 MG	CVS PRENATAL CHW GUMMY	50428889924, 50428045447
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	PRENATAL ONE TAB DAILY	00904531346, 00904531361, 00904531360, 37864083730, 37864083703, 31604001435, 31604001499, 10432031301, 70898010501, 50428027137, 58487003131, 51645084001, 51645084003, 62107006301, 77333071510, 77333071525, 68752082701
PRENATAL W/O A VIT W/ FE FUM-FA TAB CHEW 29-1 MG	PRENATA CHW 29-1MG	44946104105
PRENATAL VIT W/ SEL-FE FUMARATE-FA TAB 27-1 MG	VINATE M TAB	51991015501
PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG	VINATE ONE TAB, TRINATAL RX TAB	51991056601, 13811000710
PRENATAL VITAMINS & MINERALS W/ FA CHEW TAB 0.4 MG	CVS PRENATAL CHW GUMMY	50428054880

GENERIC MEDICATION	LABEL NAME	COVERED NDCS
PRENAT W/ FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK	PRENATAL PLS MIS MV + DHA	44946200106
PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	CO-NATAL FA TAB 29-1MG, PRETAB TAB 29-1MG	10267227001, 69543025910
PRENATAL VIT W/ SEL-FE FUMARATE-FA TAB 9-0.5 MG	PRENATAL TAB	11822511190
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG	CENTRUM SPEC PAK PRENATAL	00005436556, 70074062428, 70074062427, 00005180623
PRENATAL MV & MIN W/FE CARBONYL-FA-DHA CAP 27-0.8-200 MG	STUART ONE CAP	00642403030
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	NIVA-PLUS TAB, PRENATAL TAB 27-1MG, PNV FOLIC AC TAB + IRON, TRICARE TAB PRENATAL, etc	75834005001, 00813931601, 58657017001, 39328010610, 39328010650, 12830080001, 13811051950, 13811051910, 13349001030, 63044015005, 63044015001, 44946104602, 44946104600, 44946104604, 44946104509, 44946104504, 44946104501, 67112010100, 69543025850, 69543025810, 70898011501
PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG	PRENATABS RX TAB, PNV TABS TAB 29-1MG, etc	60258019309, 42937070510, 42937070516, 42937070518, 13811051690, 69543026790, 58657013390
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG	TRINATE TAB, VOL-NATE TAB	60258019201, 13811051410
PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-200 MG	PRENATAL MUL CAP DHA	31604004218
PRENATAL VIT W/ FE FUMARATE-FA TAB 6.75-0.2 MG	PRENATAL TAB	10432035001, 10432035003, 10432035002, 58487003502, 58487003503, 58487003501
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	PRENATAL 19 CHW TAB	13925011701, 60258019701, 42937070710, 42937070718, 42937070716, 13811001490
PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	PRENATAL 19 TAB, THRIVITE 19 TAB	13925011601, 60258019601, 42937070610, 42937070616, 42937070618, 58657013601
PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 250 PK	COMPLETE NAT PAK DHA	13811001030
PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	VIRT-C DHA CAP, TARON-C DHA CAP, CONCEPT DHA CAP, DOTHELLE DHA CAP	76439033130, 13811053630, 52747062130, 58657012130

New Prior Authorization Additions

Passport Health Plan will require prior authorization review for the following medications, effective **October 15, 2019**.

- Ruzurgi
- Sumatriptan and Zolmitriptan Nasal Sprays

Formulary Changes

Please note the following formulary changes that were approved at the May P&T Committee meeting. Some formulary changes include the addition of Prior Authorizations and/or Quantity Limits only (and not a tier change). Changes will be effective **October 15, 2019**, unless otherwise noted in the table below.

PRODUCT	NEW FORMULARY STATUS	PREFERRED ALTERNATIVES
Topiramate ER Capsule 25, 50, 100, 150 mg (generic for Qudexy XR)	Non-formulary	<ul style="list-style-type: none"> • Topiramate Sprinkle Capsule 15, 25 mg (generic for Topamax Sprinkle Cap) • Topiramate Tablet 25, 50, 100, 200 mg (generic for Topamax Tab) • Trokendi XR 25, 50, 100, 200 mg
Zomig Nasal Sprays	Tier 3 (non-preferred) with PA and QL	<ul style="list-style-type: none"> • Sumatriptan nasal spray • Oral triptans
Sumatriptan Nasal Sprays	Tier 1 with PA and QL	<ul style="list-style-type: none"> • Oral triptans
Ethacrynic Acid 25 mg tablet	Non-formulary	<ul style="list-style-type: none"> • Furosemide • Torsemide
Cafergot 1-100 mg Tablet (ergotamine w/ caffeine)	Non-formulary	<ul style="list-style-type: none"> • Triptans
Ultrasal-ER Solution 28.5% (salicylic acid ER film-forming topical solution)	Non-formulary	<ul style="list-style-type: none"> • Salicylic Acid Film Forming Liquid 27.5%
Brand formulations of: <ul style="list-style-type: none"> • Doxepin cream • Fluorouracil cream • Hydrocortisone lotion Urea topical formulations	Non-formulary	<ul style="list-style-type: none"> • Generic Alternatives
Syprine 25 mg Capsule (trientine)	Non-formulary	<ul style="list-style-type: none"> • Zinc Acetate
Quantity Limit Updates		
Alinia Tablet 500 mg	6 tablets per 365 days	N/A
Nitrofurantoin Suspension 25 mg/5 ml	500 ml per 30 days and a max age of 12 years old	N/A
Epinephrine Auto-Injector Products	4 pens per 180 days	N/A
Spinosad 0.9% Suspension	240 ml per 30 days	N/A
Age Edit Updates		
Breo Ellipta	Age edit of 18 years and older (in line with FDA-labeled indication)	<ul style="list-style-type: none"> • Generic AirDuo • Generic Advair Diskus

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications in August 2019

BRAND NAME	GENERIC NAME	INDICATIONS	FORMULARY ALTERNATIVES (G)- generic (P)- preferred (NP)- nonpreferred	PASSPORT HEALTH PLAN STATUS
Evenity	Romosozumab-aqog	Treatment of osteoporosis in postmenopausal women at high risk for fracture defined as women with a history of osteoporotic fracture or multiple risk factors for fracture or those who have failed or are intolerant to other available osteoporosis therapy.	Prolia (NP- PA, QL) Oral generic bisphosphonates (G) Forteo (P- PA, QL) Tymlos (P- PA, QL)	Non-preferred with PA and QL
Skyrizi	risankizumab-rzaa	Treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy	Tremfya (NP- PA, QL) Ilumya (NP- PA, QL) Cosentyx (P- PA, QL) Siliq (NP- PA, QL) Taltz (NP- PA, QL) Stelara (NP- PA, QL) Humira (P- PA, QL) Enbrel (P- PA, QL) Remicade (P- PA, QL)	Non-preferred with PA and QL
Vyndaqel and Vyndamax	tafamadis meglumine and tafamadis	Cardiomyopathy of wild type or hereditary transthyretin-mediated (hATTR) amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization	N/A	Preferred with PA and QL
Balversa	erdafitinib	Treatment of adult patients with locally advanced or metastatic urothelial carcinoma (mUC) that has: <ul style="list-style-type: none"> • Susceptible FGFR3 or FGFR2 genetic alterations, and • Progressed during or following at least one line of prior platinum containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy 	N/A	Preferred with PA and QL

Piqray	alpelisib	In combination with fulvestrant, for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer following progression on or after an endocrine-based regimen.	Verzenio (P- PA, QL) Ibrance (P- PA, QL) Kisqali (P- PA, QL)	Preferred with PA and QL
Xpovio	selinexor	In combination with dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma (RRMM) who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody	Ninlaro (P- PA, QL) Revlimid (P- PA, QL) Pomalyst (P- PA, QL)	Preferred with PA and QL
Mavenclad	cladribine	The treatment of relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease and active secondary progressive disease, in adults. Because of its safety profile, use of Mavenclad is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternate drug indicated for the treatment of MS	Mayzent (P- PA, QL) Gilenya (P- PA, QL)	Non-preferred with PA and QL

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 Pharmacy Services at 844-380-8831.

New Generics*

GENERIC NAME	BRAND NAME	FORMULARY STATUS
CEFIXIME CAP 400 MG	SUPRAX	T1 with PA
ERLOTINIB HCL TAB 25 MG, 100 MG, 150 MG	TARCEVA	T1 with PA and QL
BOSENTAN TAB 62.5 MG, 125 MG	BOSENTAN	T1 with PA and QL
MESALAMINE CAP DR 400 MG	DELZICOL	T1
PENICILLAMINE CAP 250 MG	CUPRIMINE	T1
SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	REVATIO	T1 with PA and QL
NAFTIFINE HCL GEL 1%	NAFTIN	T1 with PA
DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	DICLEGIS	T1 with PA and QL

LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	LOTEMAX	T1 with PA
FEBUXOSTAT TAB 40 MG, 80 MG	ULORIC	T1 with PA and QL
ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)	FIRAZYR	T1 with QL
RAMELTEON TAB 8 MG	ROZEREM	T1 with PA and QL
ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG, 12.5-1000 MG	KAZANO	T1 with PA
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	OSENI	T1 with PA

*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 website www.passporthealthplan.com.

Line Extension Products

GENERIC NAME	BRAND NAME	RECOMMENDATION
IVACAFTOR TAB	KALYDECO PAK 25 mg	T2 with PA and QL
ROSUVASTATIN	EZALLOR SPRINKLE CAP 5 mg, 10 mg, 20 mg, 40 mg	T2 with QL
OMALIZUMAB	XOLAIR PREFILLED SYRINGE INJ 75/0.5 ML, 150/1 ML	T2 with PA and QL
DUPILUMAB	DUPIXENT INJ 200/1.14 ML	T3 with PA and QL

Pen Needles & Syringes

As a reminder, BD brand pen needles and syringes are the preferred brand for Passport Health Plan. Please reference the table below for a list of covered BD brand NDCs. Any NDC not on this list will require a Prior Authorization (PA) for coverage.

INSULIN SYRINGES	NDC	PACKAGE SIZE
BD UF Insulin Syringe 1ML 31G x 6mm	08290-3249-12	100
BD UF Insulin Syringe .05ML 31G x 6mm	08290-3249-11	100
BD UF Insulin Syringe .03ML 31G x 6mm	08290-3249-09	100
BD UF Insulin Syringe .03ML 31G x 6mm,	08290-3249-10	100 ½ unit
BD UF U-500 Insulin Syringe .05ML 31G x 6mm	08290-3267-30	100
BD Ultra-Fine™ Syringe 1cc	08290-3284-11	100
BD Ultra-Fine™ Syringe 1/2cc	08290-3284-66	100
BD Ultra-Fine™ Syringe 3/10cc	08290-3284-31	100
BD Ultra-Fine™ Syringe 1cc	08290-8411-01	10
BD Ultra-Fine™ Syringe 1/2cc	08290-8466-01	10
BD Ultra-Fine™ Syringe 3/10cc	08290-8431-01	10
BD Ultra-Fine™II Syringe 1cc	08290-3284-18	100
BD Ultra-Fine™II Syringe 1/2cc	08290-3284-68	100
BD Ultra-Fine™II Syringe 3/10cc	08290-3284-38	100

BD Ultra-Fine™II Syringe 1cc	08290-8418-01	10
BD Ultra-Fine™II Syringe 1/2cc	08290-8468-01	10
BD Ultra-Fine™II Syringe 3/10cc	08290-8438-01	10
BD Ultra-Fine™II Syringe 3/10cc ½ Unit Marking	08290-3284-40	100
PEN NEEDLES	NDC	PACKAGE SIZE
BD Ultra-Fine™ Pen Needles Orig	08290-3282-03	100
BD Ultra-Fine™III Pen Needles	08290-3201-09	100
BD Ultra-Fine™ Micro Pen Needles 6mm x 32G	08290-3207-49	100
BD Ultra-Fine™ III Mini Pen Needles	08290-3201-19	100
BD UF™ NANO Pen Needle 32G x4mm	08290-3201-22	100
BD Nano™ Pen Needle 32G X 4 MM-10 (Outer Pack)	08290-3205-47	200
BD Nano™ Pen Needle 32G X 4 MM-10 (Inner Pack)	08290-0547-01	10
BD Nano™ Pen Needle 32G X 4 MM-30	08290-3205-48	30
BD NANO 2nd Generation Pen Needle 32G x4mm	08290-3205-50	100

Durable Medical Equipment (DME) & Medical Products Update

Effective **October 15, 2019**, various products will no longer be covered under the health plan's pharmacy benefit. These products will be covered under DME and medical benefit and will reject at the pharmacy with the appropriate benefit to bill. There are not any members currently utilizing these products. Please refer to the chart below for a list of applicable products. This change was reviewed and approved by the Pharmacy and Therapeutics Committee following the August 2019 meeting.

PRODUCTS MOVED TO DME	PRODUCTS MOVED TO MEDICAL
<ul style="list-style-type: none"> Urine test strips Collagen sponges/pads Parenteral therapy supplies, IV sets, injection devices Safety seals Blood collection needles Epidural needs Allergy tray kits Spinal needles 	<ul style="list-style-type: none"> Ferric subsulfate solution Gelatin sponges/powders Fibrin patches/solutions Thrombin solutions/pads Fluorescein ophthalmic strips/solutions Hydroxyamphetamine-tropicamide ophthalmic solution Arginine injection Cosyntropin injection Diagnostic glucagon Hexaminolevulinate solution Indigotindisulphonate injection Isosulfan blue solution Methacholine inhaled solution Metyrapone 250 mg capsules Secretin acetate injection Sincalide injection Technetium IV solution Thallous chloride injection Indium pentetreotide Barium sulfate caps/tabs/suspension
	<ul style="list-style-type: none"> Perflutren suspension Chondrocyte implants Sulfuric acid solution Sodium fluoride rinses Lidocaine tracheal solution Minocycline powder Artificial saliva formulations Sucralfate paste Oral wound care products Pentobarbital injection Ropivacaine injections Baclofen intrathecal injections Cyclopentolate ophthalmic solution Lidocaine intradermal injector Diatrizoate solutions Iohexol injections Iodixanol injections Iopromide injections Iothalamate injections Ioversol injections Gadobutrol, gadodiamide, gadopentetate injections