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ISSUE 4

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: MEDDADV

HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
1-800-578-0603

WEBSITE

www.passporthealthplan.com

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- Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Update
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- Thank you!

Inhaler Updates

Effective **December 2019**; both the generic Advair Diskus products and Trelegy Ellipta will move to a preferred status and no longer require a prior authorization. In addition, all generic albuterol HFA inhalers will no longer require a prior authorization (Proair Respiclick will not be affected by this change). Both changes were reviewed and approved by the Pharmacy and Therapeutics Committee following the November 2019 meeting.

Dipeptidyl Peptidase-4 {DPP-4} Inhibitor Update

Effective **February 3, 2020**; Januvia (sitagliptin), Janumet (sitagliptin/metformin), and Janumet XR will become non-preferred. Current utilizers who are adherent to therapy within the last 60 days will not be affected by this change at this time. All new utilizers will need to have a prior authorization submitted for any of the DPP-4 inhibitors. The prior authorization criteria will require a diagnosis of type 2 diabetes, a previous trial and failure of metformin, as well as a trial and failure of a SGLT2 (Steglatro) with certain exceptions. DPP-4 inhibitors have not demonstrated the same efficacy as other oral diabetes medications. These medications also are not known to demonstrate the same positive side effects such as weight loss and cardiovascular benefits as other oral diabetes medications. Formulary updates are intended to align with the most recent diabetes guidelines published in January 2019 by the American Diabetes Association. These changes were reviewed and approved by the Pharmacy and Therapeutics Committee following the November 2019 meeting.

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.

New Prior Authorization or Step Therapy Additions

Passport Health Plan will now require a prior authorization or step therapy review for the following medications, effective **February 3, 2020**:

- Apriso
- Proair Respiclick
- Azasan
- Latuda
- Prempro
- Premphase
- Januvia
- Janumet
- Janumet XR
- Sirturo

Formulary Changes

Please note the following formulary changes that were approved at the November 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 **February 3, 2020** unless otherwise noted in the table below.

PRODUCT	NEW FORMULARY STATUS	PREFERRED ALTERNATIVES
Praluent	Tier 3 (non-preferred) with PA and OL *Current authorizations durations still apply *	• Repatha * select NDCs apply *
Brand Anticonvulsants: • Dilantin 30 mg • Peganone • Celontin • Vimpat • Banzel	Tier 3 (non-preferred) with PA and OL *Current utilizers will be grandfathered *	• Generic anticonvulsants
Latuda	Tier 3 (non-preferred) with PA and OL *Current utilizers will be grandfathered *	• Generic antipsychotics • Vraylar- ST
Forteo , Tymlos	Tier 3 (non-preferred) with PA and OL *Current authorizations durations still apply *	• Prolia
Apriso	Tier 3 (non-preferred) with PA	• Mesalamine
Proair Respiclick	Tier 3 (non-preferred) with PA * Current utilizers will be grandfathered if adherent in last 60 days*	• Albuterol HFA (Ventolin HFA) • Albuterol HFA (Proair HFA) • Albuterol HFA (Proventil HFA)
Azasan	Tier 3 (non-preferred) with PA	• Azathioprine
H.P. Acthar Gel	Tier 3 (non-preferred) with PA and OL *Current authorizations durations still apply *	• Topiramate (Topamax) • Vigabatrin (Sabril) • Benzodiazepines • IV Corticosteroids
Prempro/Premphase	Tier 3 (non-preferred) with ST *Current utilizers will be grandfathered if adherent in last 60 days*	• Generics

PRODUCT	NEW FORMULARY STATUS	PREFERRED ALTERNATIVES
Quantity Limit Updates		
Genvoya Tablets	30 tablets per 30 days	N/A
Sirturo 100 mg Tablets	188 tablets per 365 days	N/A
Age Edit Updates		
Diuril 250 mg/5 ml Suspension	Remove PA for less than 8 years old	N/A
Utilization Management Updates		
Anoro Ellipta	Remove PA and replace with ST	N/A

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

BRAND NAME	GENERIC NAME	INDICATIONS	FORMULARY ALTERNATIVES (G)- generic (P)- preferred (NP)- nonpreferred	PASSPORT HEALTH PLAN STATUS
Nubeqa	darolutamide	Treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC)	<ul style="list-style-type: none"> Bicalutamide (G- PA, OL) Nilutamide (G- PA, OL) Flutamide (G- OL) Erleada (P- PA, OL) Xtandi (P- PA, OL) Zytiga (NP- PA, OL) 	Preferred with PA and OL (120 tablets/30 days)
Turalio	pexidartinib	Treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery	NA	Preferred with PA and OL (120 capsules/30 days)
Rozlytrek	entrectinib	<p>Treatment of:</p> <ul style="list-style-type: none"> Adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are ROS1-positive. Adult and pediatric patients 12 years of age and older with solid tumors that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection likely to result in severe morbidity and have progressed following treatment or have no satisfactory alternative therapy. 	<ul style="list-style-type: none"> Xalkori (P- OL) Zykadia (P- PA, OL) Alecensa (P- PA, OL) Vitkravi (P- PA, OL) 	Preferred with PA and OL (100 mg:30 capsules/30 days or 200 mg: 90 capsules/30 days)

Inrebic	fedratinib	Treatment of adult patients with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF)	<ul style="list-style-type: none"> Jakafi (P- OL) 	Preferred with PA and OL (120 capsules/30 days)
Wakix	pitolisant	Treatment of excessive daytime sleepiness (EDS) in adult patients with narcolepsy	<ul style="list-style-type: none"> Xyrem (P- PA, OL) Modafinil (G- PA, OL) Armodafinil (G- ST, OL) Generic stimulants (G- OL) 	Non-preferred with PA and OL (60 tablets/30 days)
Nourianz	istradefylline	Adjunct to levodopa/carbidopa in treating adult patients with Parkinson's Disease (PD) with "off-episodes." Off episodes occur when the patient's medications have reduced efficacy, leading to an increase in PD symptoms such as tremors and difficulty walking.	<ul style="list-style-type: none"> Levodopa/carbidopa (G) 	Non-preferred with PA and OL (30 tablets/30 days)
Pretomanid	N/A	Part of a combination regimen with bedaquiline (Sirturo) and linezolid for the treatment of adults with pulmonary extensively drug resistant (XDR), treatment-intolerant or nonresponsive multidrug-resistant (MDR-TB)	<ul style="list-style-type: none"> Sirturo (P-PA, OL) Linezolid (G-OL) 	Preferred with PA and OL(30 tablets/30 days with a maximum of 182 tablets per 365 days)
Xenleta	lefamulin	Treatment of adults with community-acquired bacterial pneumonia (CABP) caused by susceptible microorganisms.	<ul style="list-style-type: none"> Moxifloxacin (G- OL) Linezolid (G- OL) 	Preferred with PA and OL (10 tablets/5 days)
Rinvoq	upadacitinib	Treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to methotrexate	<ul style="list-style-type: none"> Xeljanz (P- PA, OL) Xeljanz XR (P- PA, OL) Olumiant (NP- PA, OL) 	Non-preferred with PA and OL (30 tablets/30 days)
Aklief	trifarotene	Topical treatment of acne vulgaris in patients 9 years of age and older	<ul style="list-style-type: none"> Adapalene (G- PA, OL) Tazarotene (G- PA) Tretinoin (G- PA, OL) 	Non-formulary
lbsrela	tenapanor	Treatment of irritable bowel syndrome with constipation (IBS-C) in adults	<ul style="list-style-type: none"> Amitiza (NP- PA, OL) Linzess (P- OL) Trulance (P- OL) 	Non-preferred with PA and OL (60 tablets/30 days)
Reyvow	lasmiditan	Acute treatment of migraine with or without aura in adults	<ul style="list-style-type: none"> Triptans 	Non-preferred with PA and OL (4 tablets/30 days)

Vumerity	diroximel fumarate	Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults	<ul style="list-style-type: none"> • Tecfidera (P- PA, OL) • Mavenclad (P- PA, OL) • Mayzent (P- PA, OL) • Gilenya (P- PA, OL) 	Non-Preferred with PA and OL (120 tablets/30 days)
Trikafta	elexacaftor, tezacaftor and ivacaftor; ivacaftor	The treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one F508del mutation in the CFTR gene	<ul style="list-style-type: none"> • Kalydeco (P- PA, OL) • Orkambi (NP- PA, OL) • Symdeko (NP- PA, OL) 	Non-Preferred with PA and OL (84 tablets/28 days)

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
Halcinonide cream 0.1%	Halog	T1 with PA/OL
Triamterene 50 mg and 100 mg capsules	Dyrenium	T1 with PA
Aminocaproic Acid 0.25/ml solution	Amicar	T1 with PA
Aprepitant 150 mg solution	Emend	T1
Posaconazole 100 mg tablets	Noxafil	T1 with PA/OL
Nitisinone 2 mg, 5 mg, 10 mg capsules	Orfadin	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
Deferiprone tablets	Ferriprox 1000 mg tablets	T2
Ivabradine HCL oral solution	Corlanor 5mg/5ml solution	T2 with PA/OL
Semaglutide tablets	Rybelsus 3 mg, 7 mg, 14 mg tablets	T3 PA/OL

Thank You!

Passport Health Plan has been in the business of keeping our members happy and healthy since 1997. As times are changing and more and more options arise, we appreciate our members giving us the opportunity to continue to improve their health and quality of life. We are dedicated to providing quality health education for our community. We would also like to thank our prescribers and pharmacies for continuing to support our goals of improving health and quality of life for their community. We look forward to continuing to serve our members and providers in the future.