



# PROVIDER *bulletin*

January 27, 2017

Dear Provider:

The following changes will go into effect February 1, 2017, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments. (2 pages faxed)

## **Additions:**

**Basaglar (insulin glargine)**

**Eliquis (apixaban)**

**Oxycodone 10 mg (immediate release)** Allowed if written by pain management or oncology. Limit 3 tablets/day.

**Incruse Ellipta (umeclidinium)** Allowed for management of COPD.

## **Deletions:**

**Carisoprodol** Please consider other formulary muscle relaxants if warranted. Most muscle relaxants should be used short term (2-3 weeks). They often lose effectiveness with long term use.

**Cimetidine** Consider famotidine or ranitidine as alternatives with fewer adverse effects/drug-drug interactions. Current users will be grandfathered if filled compliantly.

**Trimethobenzamide** Consider other formulary alternatives. Current users will be grandfathered if filled compliantly.

## **Modifications:**

**Blood pressure monitors** Allowed once every 5 years. Maximum \$50 per unit.

**Buspirone** Eliminating the 30 mg dosage form from coverage, use 15 mg if needed. All other edits are the same.

**Clomipramine** Will require prior authorization.

**Condylox (podofilox)** Solution will be the only formulation covered.

**Isordil (isosorbide)** Eliminating the 40 mg dosage form, use 20 mg tablets.

**Pyridostigmine ER** Eliminating the 180mg dosage form, use 60 mg tablets.

**Vaccines:** Pneumococcal vaccines will now be covered for members > 19 years. Meningococcal vaccines will no longer have a life limit restriction.

**Opioids:** For chronic non-malignant pain, 120 MED (morphine equivalent dose) is maximum allowed without a prior authorization. Removing high dosage forms (OxyContin 80mg, MS Contin 100 and 200 mg). Methadone will be available by prior authorization, written by pain management providers.

### **REPEATED INFO:**

**Cednifir:** Per AAP guidelines, the medication should be reserved as a second line agent for the management of otitis media. If documented from the prescriber that the member has failed first line therapy or has a penicillin allergy, submitting the prescription with the ICD-10 code (H65.90, H65.49, H65.419, H66.41) with the transaction will allow the claim to clear at the pharmacy level. No prior authorization is needed.

**Lortab (hydrocodone/acetaminophen):** This liquid will clear for members under 12 years of age up to a 3 day supply without a prior authorization. New FDA recommendations outline codeine to be avoided in pediatrics.

**Emergency supply:** KHS covers up to 72 hour supply of a medication in emergency situations. Efforts should be made to provide formulary medications. In the event of a weekend or holiday situation when an immediate response is not possible and a truly emergent situation exists, then dispensing of a 72 hour supply will be authorized. A TAR documenting the fact will be needed. Additionally, if a KHS nurse contacts the pharmacy about a member and gives a verbal authorization, it will be honored, but may require the next working business day to clear.

**Authorization submission:** Please submit TARs via the Provider portal. <https://providerportal.khs-net.com/Login.aspx> Call your KFHC Provider Relations Representative for Username and Password.

Sincerely,

Bruce Wearda, R.Ph.  
Director of Pharmacy