



# PROVIDER *bulletin*

December 28, 2017

Dear Provider:

The following changes will go into effect January, 2018, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

## **Additions:**

**Fosrenol (lanthanum carbonate):** Allow up to 3000 mg daily. Doses exceeding that amount require prior authorization.

**Differin 0.1% gel OTC:** Allow up to 15 g per month.

**Zyvox (linezolid) 600 mg tablet:** Prior authorization required. Reserved for VRE cases.

**Cresemba (isavuconazonium SO<sub>4</sub>):** Prior authorization required. Consider fluconazole, itraconazole, voriconazole first.

**Vfend (voriconazole):** Prior authorization required. Consider fluconazole, itraconazole first.

**Benznidazole:** Prior authorization required.

**Vancomycin:** Prior authorization required.

## **Deletions:**

**Erythromycin 400mg/5 ml:** Please double the dosing of the 200mg/5ml. All oral erythromycin products require prior authorization.

## **Modifications:**

**Amoxicillin and amoxicillin/clavulanate:** Age restrictions are removed for formulary suspensions. Chewable formulations will be removed from formulary.

**Nitrofurantoin suspension:** Will be covered up to age 6 years. Consider capsules, which may be opened and applied to soft foods, for members older who may have swallowing difficulties.

**Eurax (crotamiton):** Prior authorization required.

**Anucort-HC (hydrocortisone acetate) 25 mg suppository:** Limit to (2) per day and seven days therapy per month. Doses exceeding that amount require prior authorization and condition should be evaluated for alternative forms of management.

**Retin-A (tretinoin):** Formulary creams (0.025%, 0.05%, 0.1%) will be considered after trial and failure of Differin 0.1% gel.

## **REPEATED INFO:**

**Basaglar (insulin glargine):** Consider in place of Lantus. Basaglar is the preferred glargine product. Members on Lantus are asked to transition to the Basaglar. Though both Basaglar and Lantus are insulin glargine, they are not automatically substitutable, much like the situation with Ventolin HFA, ProAir HFA, and Proventil HFA.

**Tramadol:** Per FDA updated dosing indications will not be allowed for members < 18 years.

**Acetaminophen/codeine:** Per FDA updated dosing indications will not be allowed for members < 18 years.

**Alogliptin:** Consider in place of other DDP-4's as clinically appropriate.

**DDP-4: Onglyza (saxagliptin) and Januvia (sitagliptin)** are removed. Onglyza not indicated for members at risk for heart failure. Januvia should be dose adjusted for members with renal impairment. Both will be available to members currently on therapy and adherent to the regimen. New starts and/or breaks in therapy need to consider alogliptin or Tradjenta (linagliptin). Consider alogliptin in place of other DDP-4's as clinically appropriate. It is the only one in the class available as a generic. Not to be used in members at risk for heart failure.

**DUR safety edits:** Justification of medical necessity for duplicate therapy is required for coverage.

**“First” reconstituted suspensions:** Are not FDA approved formulations. Medicaid funds may not be spent on these medications. Preparations would need to be compounded in their place if warranted due to the member not being able to swallow the solid oral product. Examples would include using IV vancomycin in place of “First-vancomycin,” or using capsules for the “First-omeprazole.”

**Vaccines:** Pneumococcal vaccines are covered for members > 19 years. Meningococcal vaccines will no longer have a life limit restriction. Shingrix is the preferred vaccine for Zoster.

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

**Augmentin:** Formulary strengths will be allowed to clear as first line up to age 8 for Otitis Media. Pneumonia, otitis media, and sinusitis are dosed at 45mg/kg/day divided twice daily and skin and UTIs are dosed at 25mg/kg/day divided twice a day. Instead of dosing three times a day, the plan recommends using a twice daily dosing schedule of 200mg and 400 mg and 600 mg, per AAP guidelines. If documented from the prescriber therapy is treating animal bites, submit with the following ICD-10 codes (Y04.1, W53.01, W53.19, W53.21, W54.0, W55.01, or W55.81) as appropriate. Claim will clear at the pharmacy level. No prior authorization is needed.

**Cefdinir:** 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 18 years of age up to a 3 day supply without a prior authorization. New FDA recommendations outline codeine to be avoided in pediatrics.

**Invokana (canagliflozin) and Invokamet (canagliflozin/metformin):** New starts for SGLT-2 therapy should consider Farixga or Jardiance. Members currently on Invokana should be transitioned to one of the other SGLT-2 inhibitors.

**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://provider.kernfamilyhealthcare.com> Contact your company's system administrator for user access. If you are unsure who your system administrator is, please contact your Kern Health Systems Provider Relations Representative.

Sincerely,

Bruce Wearda, R.Ph.  
Director of Pharmacy