



PROVIDER *bulletin*

June 26, 2019

Dear Provider:

The following changes will go into effect July, 2019, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

Additions:

Stiolto Respimat: No authorization needed.

Adlyxin: Step Therapy. Allowed after 90 days of SGLT-2 therapy. Lowest cost GLP-1 and a component of Soliqua.

Ozempic: Allowed for endocrinologists.

Soliqua: Step Therapy. Requires prior use of Basaglar or GLP-1. Preferred if one is requiring to be on basal insulin and GLP-1 therapy.

Trelegy Ellipta: Considered after trial of either LAMA/LABA and wishing to add an ICS or ICS/LABA and wishing to add a LAMA.

Orilissa: Prior authorization required. Should have clinical failure of high dose progesterone, seen by OB/GYN.

Estradiol vaginal cream: Please consider as an alternative to Premarin Vaginal cream.

Isotretinoin: Allowed when prescribed by dermatologists following FDA recommended prescribing therapy durations. 20 mg and 40 mg only, 30 mg is not formulary.

Deletions:

Lotrisone: Clinically not recommended to use topical steroid and antifungal together.

Modifications:

Trulicity: Removing the endocrinologist requirement, will now process after 90 days of SGLT-2 therapy.

Syringes/pen needles: This will be allowed depending on the formulation of the insulin dispensed.

DOACs: The starter packs of Xarelto and Eliquis will clear for initiating therapy.

REPEATED INFO:

Muscle relaxants: Muscle relaxants used as antispasmodics (cyclobenzaprine and methocarbamol) will be limited to 3 months cumulative therapy. FDA indications are for short term use and studies have shown diminished effectiveness after a few weeks.

Opioids: Based on CDC guidance, naïve starts will be limited to a 7 day therapy. For chronic non-malignant pain, 120 MED (morphine equivalent dose) is maximum allowed without a prior authorization. Per FDA updated dosing indications, tramadol and acetaminophen/codeine will not be allowed for members < 18 years. **Lortab (hydrocodone/acetaminophen 7.5-325mg/5ml)** 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 and others at risk. The CDC has issued guidance on the combined use of opioids and benzodiazepines, sedatives, and other agents that increase sedation and in particular suppress respiration. In general, the lowest dose of opioids for the shortest duration is recommended. Long term management requires appropriate monitoring, use of alternative therapies such as non-opioids, and even non-pharmacological treatments like acupuncture, chiropractic services, physical therapy, cognitive behavior modification, ice, and others.

Insulin: Basaglar is the preferred glargine product. Generic insulin lispro is required.

SGLT-2: New starts for SGLT-2 therapy should consider **Steglatro** as it is preferred. If atherosclerotic cardiovascular disease is being managed as well, consider Jardiance.

DPP-4: New starts and/or breaks in therapy need to consider alogliptin. Consider **alogliptin** in place of other DPP-4's as clinically appropriate. It is the only one in the class available as a generic. Alogliptin is not to be used in members at risk for heart failure. Consider Tradjenta in these cases.

ICS/LABA: (fluticasone/salmeterol [gen Airduo]) is the preferred product to use when managing asthmatic members. **(Fluticasone/salmeterol [gen Advair])** is the preferred product for management of COPD. (Wixela is the mftr allowed.)

DUR safety edits: Justification of medical necessity for duplicate therapy is required for coverage. There is limited clinical evidence to use the following combinations concurrently: ACE/ARB, H2/PPI, DPP-4/GLP-1, ICS/ICS-LABA, multiple anticholinergics, opioid/benzodiazepines, opioid/muscle relaxants and opioid/sedatives.

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