Olewine promoted to president of Pharmacy Benefit Dimensions

Pharmacy Benefit Dimensions (PBD), an affiliate of Independent Health, is pleased to announce that Lynne Olewine has been promoted to president. In this role, she is responsible for assuring the successful management of PBD, including the oversight and direction of the business strategy, business plans and operational performance.

Previously serving as vice president of pharmacy benefit management (PBM) operations, she helped develop and actively support business strategy, business plans and operational performance for all of PBD. She also oversaw PBD’s government programs and compliance, systems and data, communications and employer group servicing.

Lynne has more than 20 years of health care management expertise in the areas of design, implementation, regulatory compliance, claims processing, reporting, analysis, contracting and account management. She joined PBD in 2005 as manager, pharmacy systems. In this position, she was responsible for ensuring accuracy of the Rx Claim system and overseeing formulary changes, pharmacy network, provider network, plan builds and enhancement testing.

Lynne earned a bachelor’s degree in health care services and a master’s degree in business administration with a minor in information technology management while living in Arizona and attending the University of Phoenix. She is a member of the National Council of Prescription Drug Plans, Pharmacy Benefit Management Institute and Academy of Managed Care Pharmacy.

Some MediSource members may be designated as restricted recipients

Medicaid enrollees with Independent Health Association (IHA) who are found to be over-utilizing services or using these medical resources inappropriately may be designated for restriction and involuntarily enrolled in our IHA MediSource Restricted Recipient Program.

These members are identified as “restricted” on their IHA ID card, as well as in ePaces. These members can be restricted to utilizing a single physician, hospital, pharmacy, or any combination of these. If they wish to see a different health care provider, their primary care physician must first seek a referral through IHA.

Members who are enrolled as restricted recipients have a team of nurses, pharmacists and behavior health social workers assisting them with a high level of care coordination. In order for this process to work effectively, we need the assistance of our community pharmacists as well.

Restricted recipients may present a prescription to a pharmacy that rejects for the prescriber. If you feel that the prescription from this prescriber should be covered, please contact our Pharmacy Help Desk at (716) 631-2927 or 1-800-993-9898, Monday through Sunday from 7 a.m. to 11 p.m. EST. Based on a review by one of our care coordination team members, an override may be given for the provider on either a one-time basis or long-term, as deemed appropriate. Our care coordination team may also investigate the issue in order to eliminate future rejections.

Some examples of when an override is appropriate are:

• The medication is for an urgent and acute condition (e.g., an antibiotic).
• The medication is a refill of a chronic maintenance medication (e.g., an ACE inhibitor).
• The prescription is written by a prescriber in the same office as an authorized physician (e.g., a physician’s assistant).

Additionally, we have a system in place to monitor our restricted members’ utilization. This system relies on our ability to see claims, both paid and rejected. We will not be able to identify inappropriate utilization if a restricted member fills a prescription for cash or through a discount card. Please consider this when working with our restricted members.

By partnering with our community pharmacists, we will be able to accurately monitor the utilization and safety of our members.

PHARMACY HELP DESK

If you have questions regarding any of the information in this issue, please call our Pharmacy Help Desk at (716) 631-2927 or 1-800-993-9898, Monday through Sunday from 7 a.m. to 11 p.m. EST. Additional information regarding when the help desk is closed can be found on page 2.
Fraud Prevention
Health care fraud can cost the government millions of dollars annually and increase the cost of health care nationwide. Examples of health care fraud range from an individual using someone else’s coverage or insurance card to a health care provider billing for services that were not provided.

If you become aware of any potentially fraudulent or illegal activity, please contact Independent Health’s Integrity Help Line toll-free at 1-877-229-4916.

Has Your Provider Information Changed?
Independent Health is continuously updating its pharmacy information to ensure the most accurate and complete information possible is available for published directory listings, as well as for service remittance addresses, phone and fax numbers, state identification, status and billing.

If any of the above listed or any related items should change in your pharmacy, please let us know in writing at:

Independent Health
Attn.: Pharmacy Department
511 Farber Lakes Drive
Buffalo, New York 14221

Read ScRipt on the Internet
Read ScRipt online at: independenthealth.com/providers. Accessible under the “News” tab in “Newsletters.”

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Opioid epidemic leads to new NYS legislation and changes to Medicaid Managed Care plans

New legislation has been enacted by New York to help combat the current crisis on heroin and prescription opioid abuse. The New York State Public Health and Insurance Laws have been amended to include provisions that limit access to opioids and remove barriers when it comes to treatment for a substance abuse disorder.

As a result of this new legislation, effective July 22, 2016, health care providers are now restricted to prescribing no more than a 7-day supply of opioids for patients who are being treated for acute pain for the first time. Individuals who are prescribed opioids to treat pain associated with a chronic condition will be exempt from this new supply limit.

Independent Health will charge a prorated copayment for a 7-day supply of opioids for fully-insured members (i.e., Commercial and Exchange plans) who are being treated for acute pain for the first time. For example, here’s how a $30 copay will be prorated:

- A member will be charged a $7 copay for the initial 7-day prescription of opioids.
- If the member needs to continue the medication for the remainder of the month, he or she will be charged a $23 copay for the second prescription (additional 23-day supply).

Since this provision does not pertain to self-funded insurance plans, plan participants will be charged a full copay for the initial 7-day prescription of opioids and a full copay for the second prescription if they need to continue taking the medication (up to a 23-day supply). However, self-funded groups have the option to change their plan design so that plan participants are also charged a prorated copay for a 7-day supply of opioids.

For more information about the new legislation, visit www.bit.ly/NYSLegislation.

Limits on opiates for individuals in Medicaid Managed Care plans

As required by New York state, effective October 1, 2016, all members in Independent Health’s MediSource plan will be limited to a maximum of four fills of opiates in a 30-day period, unless they obtain prior authorization to receive additional fills.

Please note: Members in a nursing facility, as identified by the claim’s location code, are exempt from this limit as they typically receive shorter days’ supplies. Additionally, members who receive opiates for pain associated with cancer or sickle cell disease are exempt from this limit.

In order to override claims in excess of four fills, pharmacies must submit a corresponding ICD10 code indicating a member’s diagnosis with the claim.

Important reminders to keep in mind

1. **All new Pharmacy Agreements were due back June 1** – Independent Health has updated our Agreement to include updated federal and state regulatory requirements along with the updated New York State Standard Clauses. In addition, we have streamlined our Pharmacy Agreement to include Independent Health and all of our subsidiaries into one Agreement. The new Agreements were due back as of June 1, 2016. If you have not returned your Agreement, please do so immediately in order to avoid contract disruption.

2. **Update your email address** – Independent Health’s Pharmacy Department has begun to move away from faxing pharmacy notices and begin emailing pharmacies with system update and pharmacy notifications. Please make sure that you have an updated email address on file with our Pharmacy Department. If you have not returned your updated form that was mailed to you in December 2015, please send your email address to Pharmacy.Contracting@independenthealth.com to ensure that you do not miss any pharmacy notices.
Drug formulary changes recently announced

Changes to the Independent Health Drug formularies resulting from the June 2016 Independent Health Pharmacy and Therapeutics Committee are summarized below and are currently in effect unless otherwise noted.

The following medications were added to drug formularies I, II and III, and FEHB & Essential Benefits Plan:
• Descovy – T2
• Rebif – T2 PA SP; FEHB T4 PA SP
• Jardiance – T3
• Synjardy – T3
• Desvenlafaxine Succ – T1 ST (Commercial, PBD, FEHB only)

The following medications were added to the Medicaid drug formulary:
• Descovy – T2
• Vascepa – T2

The following changes will be made to all Independent Health drug formularies:
• Incruce – Move to NF as of January 1, 2017
• Tudorza – Move to NF as of January 1, 2017
• Nasal Steroids – Cover Generic/OTC only as of January 1, 2017
• Mometasone Nasal – Move to NF as of January 1, 2017
• Savaysa – Remove PA
• Morgidox Kit – NF
• Kanuma – Medical Benefit

The following new generic medications are available:
• Oxistat Cream
• Nasonex
• Cordran Cream
• Natazia
• Minastrin 24

The following medications were reviewed and will be covered as a medical benefit:
• Cinqueir – Medical PA SP
• Defitelio – Medical PA
• Probuphine – Medical PA QL
• Anthim – Medical
• Tecentriq – Medical PA
• Akovaz – Medical

The following medications were reviewed and will remain non-preferred or non-formulary for all Independent Health drug formularies:
• Venclexa – T3 PA SP; FEHB T5 PA SP
• Cabometyx – T3 PA SP; FEHB T5 PA SP
• Zimbra – T3 PA SP; FEHB T5 PA SP
• Taltz – T3 PA SP; FEHB T5 PA SP
• Ocaliva – T3 PA SP; FEHB T5 PA SP
• Bevespi – NF
• Nuplazid – T3 PA SP; FEHB T5 PA SP
• Xtampza ER - T3
• Inflectra – NF
• Aplenzin – NF as of January 1, 2017
• Naproxen Susp – NF as of January 1, 2017
• Omega – 3 – NF as of January 1, 2017
• Mintrane – NF as of January 1, 2017

The following medications were reviewed and will remain non-formulary for Independent Health Medicaid drug formulary:
• Venclexa – NF
• Zimbra – NF
• Ocaliva – NF
• Nuplazid – NF
• Inflectra – NF
• Naproxen Susp – NF as of January 1, 2017
• Levophanol – NF as of January 1, 2017

Key:
PA: Prior Authorization
NF: Non-Formulary
QL: Quantity Limit
ST: Step Therapy
SP: Specialty Medication
AL: Age Limit

Verrall receives PAWNY’s 2016 Pharmacist of the Year Award

The Pharmacists’ Association of Western New York (PAWNY) recently named Kelly Verrall, R.Ph., manager of Independent Health’s Medication Therapy Management (MTM) program, as its 2016 Pharmacist of the Year. Kelly was honored for her high level of professional excellence and dedication to the profession of pharmacy.

A graduate of Duquesne University School of Pharmacy, Kelly has been a pharmacist for 20 years, starting her career in retail pharmacy and working in hospital pharmacy for a short time. She has been working in managed care at Independent Health since 1998 and has overseen the MTM program for the past 10 years. A large part of her work involves setting up and maintaining systems to ease the process of performing MTM and developing the best ways to use data to intervene with members, physicians and pharmacists and increase positive outcomes in patient care.

Independent Health’s Manager of Medication Therapy Management, Kelly Verrall, above left, is presented with PAWNY’s 2016 Pharmacist of the Year Award by Martin Burruano, Independent Health’s Vice President of Pharmacy Services.
Recent FDA Medwatch updates on safety and efficacy issues

The following represents recent Food and Drug Administration (FDA) alerts or changes made to the package labeling of drugs, where patient safety or efficacy are the primary concern:

**Fluconazole (Diflucan): Drug Safety Communication – FDA Evaluating Study Examining Use of Oral Fluconazole (Diflucan) in Pregnancy:** The FDA is evaluating the results of a Danish study concluding that there is a possible increased risk of miscarriage with the use of oral fluconazole for yeast infections. The FDA is also reviewing additional data and will communicate final conclusions and recommendations when the review is complete.

The current drug label states that data available does not suggest an increased risk of problems during pregnancy or abnormalities in developing babies when women are exposed to a single 150 mg dose of oral fluconazole to treat vaginal yeast infections. However, high doses of oral fluconazole (400-800 mg/day) taken by pregnant women for much longer than a single dose have resulted in reports of abnormalities at birth. In the Danish study, most of the oral fluconazole use appeared to be one or two doses of 150 mg.

Until the FDA’s review is complete and more is understood about this study and other available data, they advise caution when prescribing oral fluconazole during pregnancy.

The Centers for Disease Control and Prevention guidelines recommend only using topical antifungal products to treat pregnant women with vulvovaginal yeast infections.

**Brintellix (vortioxetine): Drug Safety Communication – Brand Name Change to Trintellix, to Avoid Confusion With Antiplatelet Drug Brilinta (ticagrelor):** Name confusion between Brintellix and Brilinta had resulted in prescribing and dispensing errors since Brintellix was approved in September 2013. Due to continued reports of name confusion between the two medications used for very different purposes, FDA worked with Brintellix manufacturer Takeda Pharmaceuticals to change the drug’s brand name to Trintellix.

**Aripiprazole (Abilify, Abilify Maintena, Aristada): Drug Safety Communication – FDA Warns About New Impulse-Control Problems:** The FDA is warning that compulsive or uncontrollable urges to gamble, binge eat, shop, and have sex have been reported with the use of the antipsychotic drug aripiprazole. These uncontrollable urges were reported to have stopped when the medicine was discontinued or the dose was reduced. These impulse-control problems are rare, but they may result in harm to the patient and others if not recognized.

The FDA is adding new warnings about all of these compulsive behaviors to the drug labels and the patient Medication Guides for all aripiprazole products.

**Olanzapine: Drug Safety Communication – FDA Warns About Rare But Serious Skin Reactions:** The FDA is warning that olanzapine can cause a rare but serious skin reaction that can progress to affect other parts of the body. The FDA is adding a new warning to the drug labels for all olanzapine-containing products that describes this severe condition known as Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS).

The FDA identified 23 cases of DRESS including one death reported with olanzapine worldwide since 1996. DRESS may start as a rash that can spread to all parts of the body. It can include fever and swollen lymph nodes and a swollen face and can result in injury to the liver, kidneys, lungs, heart or pancreas, and is a potentially fatal drug reaction with a mortality rate of up to 10 percent.

Health care professionals should immediately stop treatment with olanzapine if DRESS is suspected. Since there is currently no specific treatment for DRESS the most important way to manage it are early recognition of the syndrome, discontinuation of the offending agent as soon as possible, and supportive care. When prescribing the medicine, explain the signs and symptoms of severe skin reactions to your patients and tell them when to seek immediate medical care.

**Fluoroquinolone Antibacterial Drugs: Drug Safety Communication – FDA Advises Restricting Use for Certain Uncomplicated Infections:** An FDA safety review has shown that fluoroquinolones when used systemically are associated with disabling and potentially permanent serious side effects that involve the tendons, muscles, joints, nerves, and central nervous system.

The risks with fluoroquinolones generally outweigh the benefits for patients with acute sinusitis, acute bronchitis, and uncomplicated urinary tract infections who have other treatment options. For patients with these conditions, fluoroquinolones should be reserved for those who do not have alternative treatment options.

**FDA Drug Safety Communication: The FDA Warns That Prescribing of Nizoral (ketoconazole) Oral Tablets for Unapproved Uses Including Skin and Nail Infections Continues; Linked to Patient Death:** In 2013 the FDA approved label changes for Nizoral to reflect the risk of serious liver damage, adrenal gland problems, and harmful interactions with other medicines that outweigh its benefit in treating these conditions, which are not approved uses of the drug.

Despite this added warning, Nizoral continues to be used for off-label uses and in the 18 months ending in June 2015, skin and nail fungal infections were the only diagnoses cited for the use of oral ketoconazole in an office-based physician surveys database. Since the 2013 labeling change, one patient death has been reported to the FDA due to liver failure associated with oral ketoconazole prescribed to treat a fungal infection of the nails.

continued on page 5
Recent FDA Medwatch updates (continued from Page 4)

FDA Drug Safety Communication: Interim Clinical Trial Results Find Increased Risk of Leg and Foot Amputations, Mostly Affecting the Toes, With the Diabetes Medicine Canagliflozin (Invokana, Invokamet); FDA to Investigate: The FDA is alerting the public about interim safety results from an ongoing clinical trial that found an increase in leg and foot amputations, mostly affecting the toes, in patients treated with the diabetes medicine canagliflozin. They will update the public when they have more information.

In the meantime, instruct patients to notify their health care professionals right away if they notice any new pain or tenderness, sores or ulcers, or infections in their legs or feet.

FDA Drug Safety Communication: FDA Evaluating the Risk of Burns and Scars With Zecuity (sumatriptan) Migraine Patch: The FDA is investigating the risk of serious burns and potential permanent scarring with the use of Zecuity patch. They are investigating the cause and extent of these serious side effects and will update the public with new information when the review is complete.

Patients who experience moderate to severe pain at the Zecuity patch site should immediately remove it to avoid possible burns or scarring, regardless of how long the patch has been worn, and contact their health care professional.

FDA Drug Safety Communication: FDA Warns About Serious Bleeding Risk With Over-the-Counter Antacid Products Containing Aspirin: The FDA is warning consumers about the risk of serious bleeding when using over-the-counter (OTC), aspirin-containing antacid products to treat heartburn, sour stomach, acid indigestion, or upset stomach. Many other products for these conditions are available that do not contain aspirin.

Despite warnings on the labels, the FDA identified eight cases of serious bleeding events associated with these products after the warning was added. All of these patients were hospitalized. Patients had underlying conditions such as the risk factors above that put them at greater risk for developing serious bleeding events.

FDA Drug Safety Communication: FDA Warns About Serious Heart Problems With High Doses of the Antidiarrheal Medicine Loperamide (Imodium), Including From Abuse and Misuse: The FDA is warning that taking higher than recommended doses of the common OTC and prescription diarrhea medicine loperamide, including through abuse or misuse of the product, can cause serious heart problems that can lead to death. The risk of these serious heart problems, including abnormal heart rhythms, may also be increased when high doses of loperamide are taken with several kinds of medicines that interact with loperamide.

The majority of reported serious heart problems occurred in individuals who were intentionally misusing and abusing high doses of loperamide in attempts to self-treat opioid withdrawal symptoms or to achieve a feeling of euphoria. The FDA will continue to evaluate this safety issue and determine if additional actions are needed.

Canagliflozin (Invokana, Invokamet) and Dapagliflozin (Farxiga, Xigduo XR): Drug Safety Communication – Strengthened Kidney Warnings: The FDA has strengthened the existing warning about the risk of acute kidney injury for canagliflozin and dapagliflozin. Based on recent reports, the warnings in the drug labels have been revised to include acute kidney injury and added recommendations to minimize this risk.

Consider predisposing factors for acute kidney injury prior to starting canagliflozin or dapagliflozin including decreased blood volume; chronic kidney insufficiency; congestive heart failure; and concurrent medications such as diuretics, angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and nonsteroidal anti-inflammatory drugs (NSAIDs). Assess kidney function prior to starting canagliflozin or dapagliflozin and monitored periodically thereafter. If acute kidney injury occurs, promptly discontinue the drug and treat the kidney impairment.

Instruct patients to seek medical attention immediately if they experience signs and symptoms of acute kidney injury including decreased urine or swelling in the legs or feet. Patients should not stop taking their medicine without first talking to a health care professional to avoid uncontrolled blood sugar levels.

The FDA Drug Safety Communication: FDA Warns About Several Safety Issues with Opioid Pain Medicines; Requires Label Changes: The FDA is warning about several safety issues with the entire class of opioid pain medicines including potentially harmful interactions with numerous (certain antidepressant and migraine) medications, problems with the adrenal glands, and decreased sex hormone levels. Changes are being added to the labels of all opioid drugs to warn about these risks.

FDA Drug Safety Communication: The FDA Adds Warnings About Heart Failure Risk to Labels of Type 2 Diabetes Medicines Containing Saxagliptin and Alogliptin: An FDA safety review has found that type 2 diabetes medicines containing saxagliptin and alogliptin may increase the risk of heart failure, particularly in patients who already have heart or kidney disease. As a result, new warnings are being added to the drug labels about this safety issue. Health care professionals should consider switching these patients to alternate diabetes medications if needed.

FDA Drug Safety Communication: FDA Revises Warnings Regarding Use of the Diabetes Medicine Metformin in Certain Patients with Reduced Kidney Function: The FDA is expanding metformin’s use in certain patients with reduced kidney function. Based on the review of numerous medical studies, metformin can be used safely in patients with mild impairment and in some patients with moderate impairment in kidney function. Labeling will be changed to reflect this.

Scipt does not publish all FDA alerts. For a complete summary, please visit the FDA website at www.fda.gov/Safety/MedWatch. Health care professionals are encouraged to report adverse events, product problems, and errors to MedWatch by calling 1-800-FDA-1088, by submitting the MedWatch 3500 form by mail or fax, or by going online to the FDA Web page at www.fda.gov/medwatch/how.htm.
Update – Pharmacy Drug-Specific and Administrative Policies

All of Independent Health’s policies and clinical practice guidelines are available on our website.

To access these policies and guidelines:

1. Log in to the Independent Health providers website at independenthealth.com/providers using “partners” as both the user name and password.
2. Click on “Policies.”
3. Click on the “Pharmacy Department Administrative Policies & Drug Specific Policies” link.

If you have any questions, please call the Provider Relations Department at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

The following drug-specific policies are new:
• Bendeka
• Briviact
• Darzalex
• Empliciti
• Imlygic
• Kanuma
• Latuda – MediSource
• Onivyde
• Portrazza
• Uptravi
• Weight Loss Medications
• Yondelis
• Zarfio
• Zepatier – Commercial, MediSource
• Zurampic

The following drug-specific policies have been reviewed without any changes made:
• Direct Renin Inhib – ccb st
• Enablex
• Gender Dys Tx – MediSource
• Oral Contraceptive Exception
• Strattera – MediSource

The following existing administrative policy has been reviewed and revised:
• Experimental
• Maintenance Drug
• Non-Par Prescribers of ER or Discharge Rx’s
• Pharmacy Audit
• Pharmacy & Therapeutics Committee Integrity

The following existing administrative policy has been reviewed and revised:
• Oral HCV NS3/4A Protease Inhibitors (applies to Victrelis™)
• PPI – HD

The following drug-specific policies have been reviewed and revised:
• Abilify (aripiprazole)
• Anoro Ellipta
• Arcalyst
• Blinacyto
• Boniva Injection
• Bydureon
• Cometriq
• Comtan
• Daklinza – Commercial, MediSource
• Daklinza – Self-Funded
• Desferasirox (Exjade/Jadenue)
• Detrol/Detrol LA
• Duopa
• Eliidel
• Entvyio
• Erivedge
• Farydak
• Fulyzaq
• Gattex
• Harvoni – Commercial, MediSource
• Harvoni – Self-Funded
• Hectorol
• Hetcioz
• Horizant
• Ilaris
• Intra-Artinj Hyaluronate
• IVIG
• Kadoyla
• Kitabis Pak
• Korlym
• Lemtrada
• Lynparza
• Makena
• Maprotineline
• Modified Solid Food Product
• Nasal Steroid Product Step Therapy
• Natpara
• Neupogen
• Noxafil
• Olysio – Commercial, MediSource
• Olysio – Self-Funded
• Orenitram
• Pomalyt
• Praluent
• Protopic
• Provenge
• Repatha
• Rexulti
• Risperdal Consta
• Samsca
• Savysa
• Soolantra
• Sovaldi – Commercial, MediSource
• Sovaldi – Self-Funded
• Spiriva
• Stelara
• Stivarga
• Tasmar
• Technivie – Commercial, MediSource
• Technivie – Self-Funded
• Tykerb
• Tyvasco
• Uceris
• Vancomycin
• Ventavis
• Viekira Pak – Commercial, MediSource
• Viekira Pak – Self-Funded
• Vivitrol
• Xeljanz
• Xiaflex
• Xolair
• Zavesca
• Zelapar
• Zerbaxa