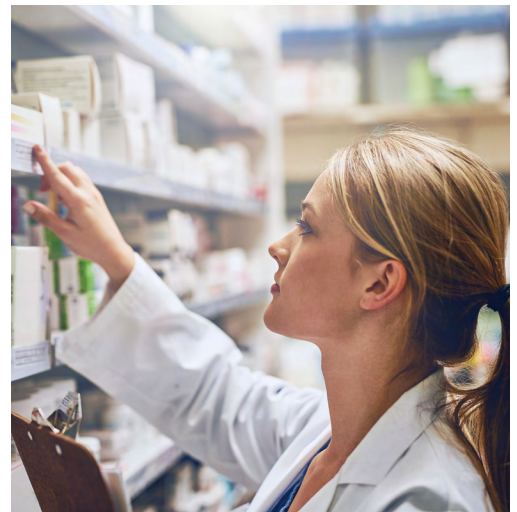


# On the Horizon Rx

a Humana Healthy Horizons  
newsletter for pharmacy providers

Volume I



## Preferred drug list updates

Humana's Pharmacy and Therapeutics (P&T) Committee establishes and maintains the **South Carolina Medicaid Preferred Drug List (PDL)**. The committee met in September 2021 and approved changes to the PDL that go into effect for Humana Healthy Horizons™ members on Jan. 1, 2022. Members are notified of negative changes at least 30 days before the effective date.

Drug name	Action	Member alternative 1	Member alternative 2
Accu-Chek Meters and Test Strips	Non-PDL	True Metrix Glucose Meter	True Metrix Glucose Test Strip (NDC 56151-1460-01 and 56151-1460-04 are preferred)
Acid Gone Antacid 95 mg-358 mg/15 mL oral suspension	Non-PDL	Consult your physician	
Adapalene Cream	Non-PDL	Erythromycin with ethanol topical solution	Clindamycin phosphate topical swab
Allergy Medicine 25 mg tablet	Non-PDL	Consult your physician	
Alprazolam ER	Non-PDL	Buspirone tablet	Alprazolam tablet
Anoro Ellipta	Non-PDL	Bevespi Aerosphere HFA aerosol inhaler	
Atripla	Non-PDL	Efavirenz-emtricitabine-tenofovir disoproxil fumarate tablet	

**Humana**  
Healthy Horizons™  
in South Carolina

Healthy Connections 

Humana Healthy Horizons in South Carolina is a Medicaid product of Humana Benefit Plan of South Carolina Inc.

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Drug name	Action	Member alternative 1	Member alternative 2
Banzel	Non-PDL	Rufinamide tablet	Lamotrigine tablet
Carbidopa-Levodopa 50 mg-ENTA	Non-PDL	Carbidopa-levodopa tablet	Entacapone tablet
Cephalexin 750 mg capsule	Non-PDL	Cephalexin 250 mg capsule	Cephalexin 500 mg capsule
Chlorpromazine	Non-PDL	Perphenazine tablet	Fluphenazine 2.5 mg/5 mL oral elixir
Clotrimazole 3-Day 2% vaginal cream	Non-PDL	Consult your physician	
C-Nate DHA 28 mg iron-1 mg-200 mg capsule	Non-PDL	Folivane-OB capsule	Complete Natal DHA oral pack
Cromolyn neb soln	Non-PDL	Consult your physician	
Diphenoxylat-atrop 2.5-0.025/5	Non-PDL	Diphenoxylate-atropine tablet	Loperamide capsule
Droxia	Non-PDL	Hydroxyurea capsule	
Emgality	Non-PDL	Aimovig Autoinjector subcutaneous auto-injector	
Esbriet	Non-PDL	Ofev capsule	
Esomeprazole Mag Dr	Non-PDL	Omeprazole capsule, delayed release	Pantoprazole tablet, delayed release
Ferrocite 324 mg (106 mg iron) tablet	Non-PDL	Consult your physician	
Fluphenazine	Non-PDL	Fluphenazine 2.5 mg/5 mL oral elixir	Fluphenazine 5 mg/mL oral concentrate
Foaming Antacid 95 mg-358 mg/15 mL oral suspension	Non-PDL	Consult your physician	
Fycompa	Non-PDL	Lamotrigine tablet	Topiramate tablet
Fycompa oral suspension	Non-PDL	Lamotrigine chewable dispersible tablet	Topiramate tablet
Gentamicin ointment/cream	Non-PDL	Mupirocin topical ointment	
Hematogen Forte 460 mg-60 mg-0.01 mg-1 mg capsule	Non-PDL	Consult your physician	
Ibrance	Non-PDL	Verzenio tablet	
Iron 27 mg tablet	Non-PDL	Consult your physician	
Kuvan	Non-PDL	Sapropterin soluble tablet	Sapropterin oral powder packet
MenQuadfi (PF) 10 mcg/0.5 mL intramuscular solution	Non-PDL	Consult your physician	
Menveo MenA Component (PF) 10 mcg/0.5 mL (final) IM solution	Non-PDL	Doxycycline hyclate capsule	
Menveo MenCYW-135 Component (PF) 5 mcg x 3/0.5 mL (final) IM solution	Non-PDL	Consult your physician	
Mesalamine Dr	Non-PDL	Sulfasalazine tablet	
Methoxsalen 10 mg softgel	Non-PDL	Consult your physician	Balsalazide capsule

Drug name	Action	Member alternative 1	Member alternative 2
Minocycline HCL 75 mg tablet	Non-PDL	Doxycycline hyclate capsule	Doxycycline hyclate 20 mg tablet
Mucinex DM 60 mg-1,200 mg tablet, 12-hr extended release	Non-PDL	Consult your physician	
Nefazodone	Non-PDL	Fluoxetine capsule	Sertraline tablet
Nitro-Time	Non-PDL	Nitroglycerin transdermal 24 hour patch	Nitro-Bid transdermal ointment
Non-aspirin, 325 mg tablet	Non-PDL	Consult your physician	Donepezil 5 mg tablet
Non-aspirin, extra strength, 500 mg tablet	Non-PDL	Consult your physician	
Noxafil	Non-PDL	Posaconazole tablet, delayed release	
Pacerone	Non-PDL	Amiodarone tablet	
Peganone	Non-PDL	Consult your physician	
PNV-Select 27 mg-1 mg tablet	Non-PDL	Folivane-OB capsule	Complete Natal DHA oral pack
Revatio	Non-PDL	Sildenafil (pulmonary hypertension) tablet	Tadalafil (pulmonary hypertension) tablet
Rivastigmine patch	Non-PDL	Rivastigmine capsule	Donepezil 5 mg tablet
Saline nose 0.65% spray aerosol	Non-PDL	Consult your physician	
Samsca	Non-PDL	Tolvaptan tablet	
Sea-Omega 200 mg-300 mg-100 mg-1,000 mg capsule	Non-PDL	Consult your physician	
Smooth Antacid 300 mg (750 mg) chewable tablet	Non-PDL	Consult your physician	
Sutent	Non-PDL	Sunitinib capsule	
Thiola	Non-PDL	Tiopronin tablet	
Tobi Podhaler	Non-PDL	Tobramycin solution for nebulization	Tobramycin with nebulizer solution for nebulization
Treprostinil	Non-PDL	Consult your physician	
Tropium chloride	Non-PDL	Oxybutynin chloride ER tablet, extended release 24 hr	Oxybutynin chloride tablet
True Meters and Test Strips	Non-PDL	True Metrix Glucose Meter	True Metrix Glucose Test Strip (NDC 56151-1460-01 and 56151-1460-04 are preferred)
Tykerb	Non-PDL	Lapatinib tablet	
Ultra Prenatal Plus DHA 27 mg-800 mcg-250 mg-200 mg capsule	Non-PDL	Consult your physician	

Drug name	Action	Member alternative 1	Member alternative 2
Vibramycin	Non-PDL	Doxycycline monohydrate oral suspension	
Vimpat	Non-PDL	Lamotrigine tablet	Topiramate tablet
Virt-C DHA 35 mg-1 mg-200 mg capsule	Non-PDL	Folivane-OB capsule	Complete Natal DHA oral pack
Virt-Nate DHA 28 mg iron-1 mg-200 mg capsule	Non-PDL	Folivane-OB capsule	Complete Natal DHA oral pack
Yuvaferm	Non-PDL	Estradiol vaginal cream	Estradiol vaginal tablet
N/A = not applicable (for new products)			



## Medication preauthorization and notification list updates

Humana's Pharmacy and Therapeutics (P&T) Committee establishes and maintains the **preauthorization list (PAL)**. The committee met in August 2021 and approved changes to the PAL that will go into effect for Humana members on Feb. 1, 2022. Members are notified of negative changes at least 30 days before the effective date.

Brand	Generic	Code	Comment
Abecma	Idecabtagene vicleucel	C9399, J3490, J9999	Reviewed by Transplant Team
Breyanzi	Lisocabtagene maraleucel	C9076	Reviewed by Transplant Team
Darzalex Faspro	Daratumumab and hyaluronidase-fihj	J9144	New PAL addition
Durysta	Bimatoprost implant	J7351	New PAL addition
Evenity	Romosozumab-aqqg	J3111	New PAL addition
Feraheme	Ferumoxitol	Q0138	New PAL addition
Infugem	Gemcitabine	J9198	PAL removal
Injectafer	Ferric carboxymaltose	J1439	New PAL addition
Jelmyto	Mitomycin	J9281	New PAL addition
Lumizyme	Alglucosidase alfa	J0221	New PAL addition
Monoferic	Ferric derisomaltose	J1437	New PAL addition
Nyvepria	Pegfilgrastim-apfg	Q5122	New PAL addition
Sarclisa	Isatuximab-irfc	J9227	New PAL addition
Tepezza	Teprotumumab-trbw	J3241	New PAL addition
Trodelyv	Sacituzumab govitecan-hziy	J9317	New PAL addition
Truxima	Rituximab-abbs	Q5115	New PAL addition
Vyepti	Eptinezumab-jjmr	J3032	New PAL addition
Xembify	Immune globulin	J1558	New PAL addition
Zepzelca	Lurbinectedin	J9223	New PAL addition
Zulresso	Brexanolone	J1632	New PAL addition



## Coming soon: Clinical edits

Over the coming months, members will see their medications reject at the pharmacy if their medications are affected by the following edits, effective Jan. 1, 2022:

- **Gabapentin (Neurontin):** This medication will be limited to 3,600 mg per day. For doses larger than 3,600 mg per day, prior authorization is required. If members also take this medication with opioids, the pharmacist at the counter needs to enter an override for the claim to pay.
- **Opioids:** Members that haven't taken an opioid medication in the last 60 days (i.e., opioid naive) are limited to 90 morphine milligram equivalent (MME) of the prescribed opioid medication. Higher opioid doses and use with benzodiazepines for the first time need prior authorization for the claim to pay.  
**Please note:** Members who are not opioid naive and require MME doses greater than 250 mg need prior authorization.
- **Polypharmacy in ADHD:** ADHD medications will reject at the pharmacy counter if the member has an active prescription for both a short-acting and a long-acting ADHD medication; the pharmacist at the counter will need to enter an override for the claim to pay.
- **Oral antipsychotics and long-acting injectable antipsychotics duplicate therapy edit:** If a member begins a long-acting injectable antipsychotic prescription, all claims for oral antipsychotics after that date will deny and require prior authorization. The goal of long-acting injectables is to replace the oral medications to improve adherence.

## Retrospective drug utilization review

Humana's Retrospective Drug Utilization Review program evaluates previous claims data based on clinical guidelines to determine when follow-up with a prescriber via a letter or fax may be necessary so to alert them to important safety issues that are patient specific. Examples include:

- **Asthma inhaled therapy:** Prescribers of members who are younger than 12 with an asthma diagnosis, who also receive an inhaled corticosteroid without a short-acting bronchodilator, may be notified.
- **Antidepressant/antipsychotic non-adherence:** Prescribers of members not regularly taking their antidepressant or antipsychotic medications are notified.

## 2022 preferred blood glucose meters and strips

Starting Jan. 1, 2022, Humana's preferred blood glucose meters and strips for South Carolina Medicaid will be the True Metrix Meter and corresponding testing strips manufactured by Trividia.

Members who currently use nonpreferred meters and strips will need a new prescription for True Metrix blood glucose meter and test strips. The test strips used with their old meter cannot be used with the new meter.

Members can visit [Trividiahealth.com](https://www.trividiahealth.com) to view training videos or call the Trividia Customer Care Team at **800-803-6025** to learn more about using their new blood glucose meter.



## COVID-19 vaccine update

According to the Centers for Disease Control and Prevention (CDC), COVID-19 vaccination is recommended for all people 5 and older, including people who are pregnant, breastfeeding, trying to get pregnant now or might become pregnant in the future. People 18 and older can get any available vaccines. The Pfizer vaccine is currently the only COVID-19 vaccine available for children 5 to 17.

The U.S. Food and Drug Administration (FDA) granted full use authorization for the following COVID-19 vaccine(s):

- The Pfizer-BioNTech (Comirnaty) COVID-19 vaccine, for people 16 and older (two doses, administered 21 days apart, are needed)
- The FDA granted emergency use authorization for the following COVID-19 vaccines:
  - The Pfizer-BioNTech COVID-19 vaccine, for people between the ages of 5 and 15 (two doses, administered 21 days apart, are needed)
  - The Moderna COVID-19 vaccine, for people 18 and older (two doses, administered 21 days apart, are needed)
  - The Johnson & Johnson (Janssen) vaccine, for people 18 and older (one dose is needed)

As a reminder, South Carolina members can obtain their COVID vaccine at any network pharmacy or provider. At this time, Humana does not prefer one vaccine product over another. All three products are covered when delivered under the federal program.

Please encourage members 5 years and older to **get vaccinated**. While cases of myocarditis and pericarditis in adolescents and young adults have been reported more often after getting the second dose than after the first dose of one of the two mRNA COVID-19 vaccines, these reports are rare, and the know (not know), potential benefits of vaccination outweigh the known and potential risks. You can locate more information and learn how to report adverse events at **Myocarditis and Pericarditis After mRNA COVID-19 Vaccination | CDC**.



For additional information on the vaccine and/or Humana's Administrative and Practice support, please visit **Coronavirus Resources for Healthcare Professionals – Humana**.

## Pharmacy references

### Common PDL quick reference

The pharmacy team develops and maintains a reference document called the Common PDL. This quick reference was developed for both prescribers and our internal care teams to outline the most commonly prescribed medications along with less expensive alternatives for our Medicaid population. The Common PDL is updated as needed to align with Humana's preferred drug list changes.

### Prior authorization criteria

Humana's P&T committee monitors trends in utilization and new drug therapies as they come to market. Prior authorization and coverage is determined after evaluation using industry proven clinical resources, including FDA approval information, peer-reviewed medical literature, evidence-based effectiveness studies and clinical practice guidelines (CPG), to create evidence-based formularies or preferred drug lists (PDLs) and utilization management requirements such as prior authorization, quantity limits and step therapies.

### Preauthorization and notification lists for healthcare providers

The **preauthorization and notification list (PAL)** describes services and medications that are commonly reviewed and may require additional clinical information. Medications include those delivered in the physician's office, clinic, outpatient or home setting.

### General pharmacy news

Find pharmacy-related safety alerts, drug recall and new generic drug announcements and other medication information on the **Pharmacy News** webpage. The link is provided below.