

Provider Newsletter January 2018

Clinical Corner



2018 Formulary Changes

2018 brings some changes to the UHA formulary that may affect your patients. While UHA sent individual notification letters regarding these changes to all affected providers, we understand that these changes can be impactful. If you have any questions regarding the formulary changes, contact [Robin Traver](#).

Effective 1/1/18, **Advair** now requires a prior authorization and is a non-preferred agent. Alternatives include:

For **asthma**:

- Preferred: fluticasone/salmeterol inhaler (authorized generic for AirDuo Respiclick®)
- Alternative CS inhalers (no LABA): Flovent HFA® (fluticasone), Pulmicort Flexhaler® (budesonide) or QVAR® (beclomethasone)

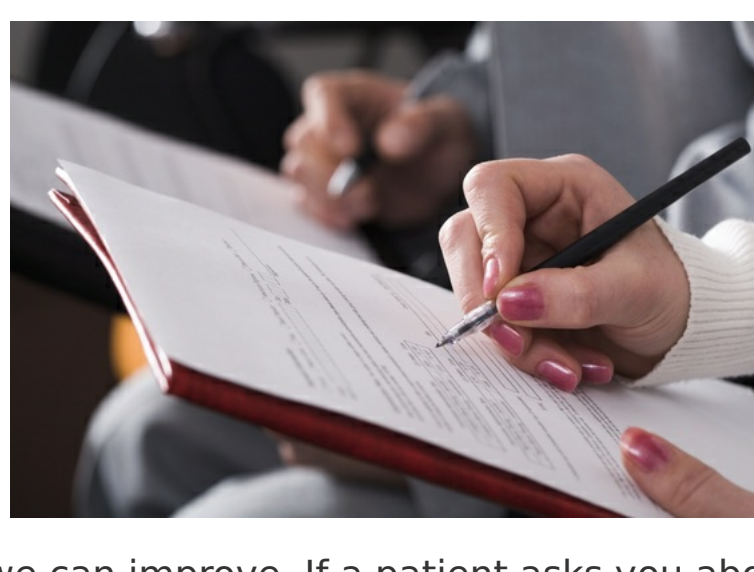
For **COPD**:

- **Short and long acting bronchodilator agents (LABAs and LAMAs) are recommended before inhaled corticosteroids (CS).**
- LABA alternative: Serevent Diskus® (salmeterol)
- LAMA alternative: Spiriva® (tiotropium bromide)
- LABA/LAMA combo alternative: Anoro Ellipta® (umeclidinium/vilanterol)
- LABA/CS alternatives: Symbicort® (budesonide/formoterol), Dulera® (mometasone/formoterol)

Effective 2/1/18, **clonazepam** new starts will require a prior authorization. Current users will be grandfathered and will not require a prior authorization if they have filled a claim within the last 120 days.

- Long-term use (greater than 28 days) should be limited to indications supported by the medical literature, including but not limited to: Malignant neoplasm or other end-of-life diagnosis
Seizure disorder
- **In general, long-term benzodiazepine use will not be covered for patients with substance use disorder.**
- Ongoing coverage will not be provided for patients who are using another sedative, hypnotic or opioid.
- For mental health diagnoses, supporting documentation should include appropriate rationale to support long-term benzodiazepine use and **should indicate that the benefit outweighs the risk.**
 - For **bipolar disorder**: Given the high rate of substance use disorders among bipolar patients, benzodiazepines (including clonazepam) are generally limited to acute adjunctive treatment for insomnia, agitation, or anxiety in patients where the benefit outweighs the risk.
 - For **generalized anxiety disorder (GAD)**: Benzodiazepines should be used with caution and only when the benefit outweighs the risk. They are most commonly used in GAD for acute management of anxiety during the period before antidepressants (i.e. SSRIs or SNRIs) take effect. Once the patient responds to the SSRI, the benzodiazepine can be tapered off gradually. Antidepressants are preferred over benzodiazepines when depression is also present, because antidepressants are effective treatments for both conditions.
 - For **panic disorder**: Benzodiazepine use should be limited to patients without an active or previous substance use disorder, and when the benefit outweighs the risk.
 - For **other diagnoses**: Use should be supported by medical literature and only when the benefit outweighs the risk.

Effective 1/15/18, prior authorization criteria for **Vivitrol** has changed. PA criteria will not apply to current users until 2/15/18. **Prior authorization criteria will now require trial and failure of or contraindication to oral naloxone prior to approval of Vivitrol.**



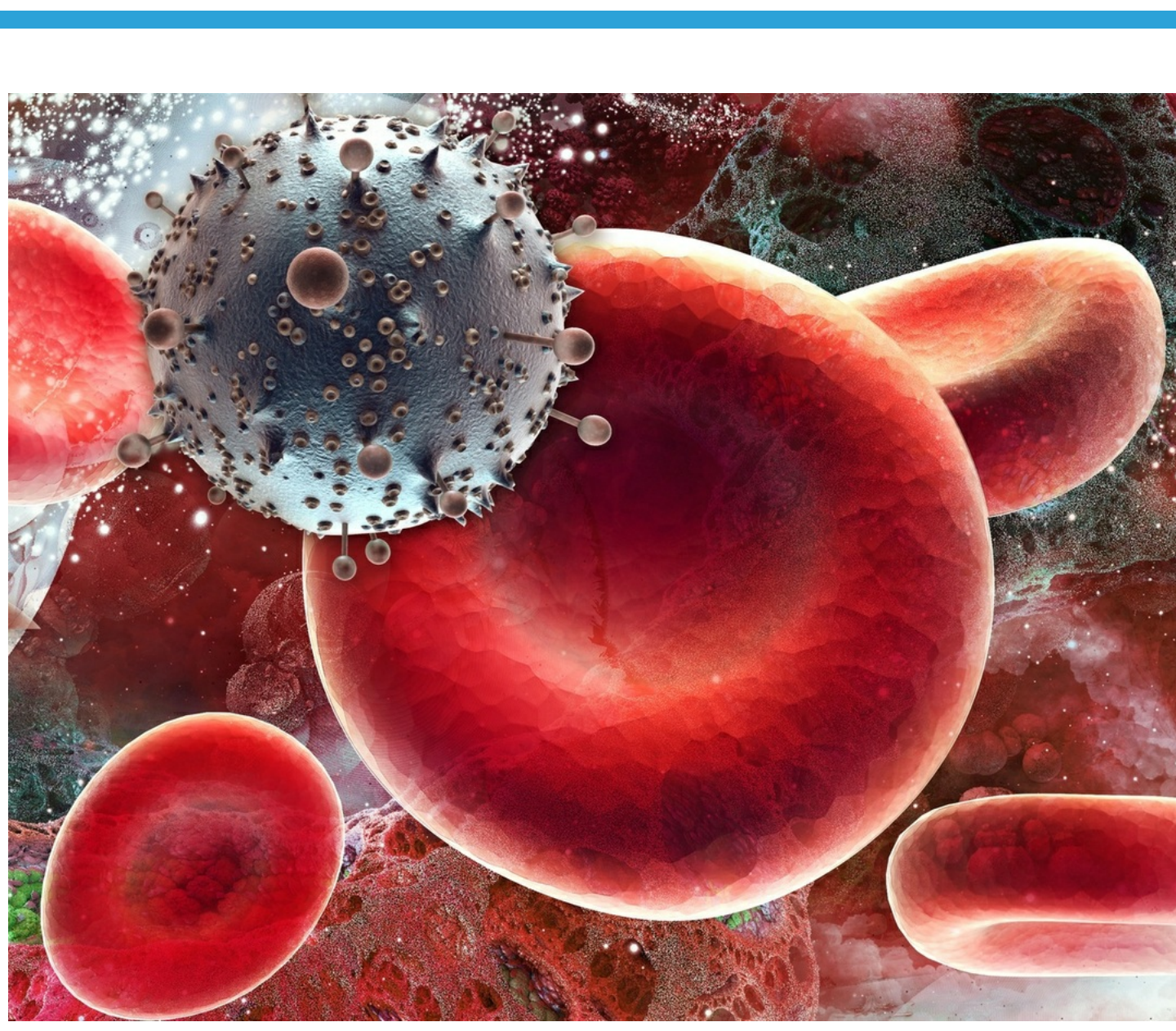
CAHPS Survey

Every year, a few hundred UHA members are randomly chosen to fill out a survey by the Oregon Health Authority to gauge member satisfaction with UHA. The Consumer Assessment of Healthcare Providers and Systems, or CAHPS survey helps UHA recognize the good work being done by our staff, and find areas where

we can improve. If a patient asks you about the CAHPS survey, please encourage them to fill it out. Positive feedback on the CAHPS survey helps UHA meet our metrics and further understand the needs of our members. If a patient asks, please reassure them that the surveys are completely anonymous, and let them know that Member Services can help anyone who needs assistance in filling out their CAHPS survey. Call Member Services at (541) 229-4UHA (4842) for more information.

2018 Resilience Summit

Umpqua Health is a proud sponsor of an upcoming summit surrounding resiliency. The 2018 Resilience Summit will take place April 25 at Seven Feathers Convention Center. The event strives to bring health, education, and social service partners together to learn about incorporating trauma-informed practices into their work. Continuing education units are available. For more information, view the save the date [here](#).



HIV Alliance

The HIV Alliance in Roseburg is working on rolling out a new project aimed at reducing health risks among people who inject drugs. The Oregon HIV/HCV and Opioid Prevention and Engagement (OR-HOPE) study will develop and evaluate implementation of community action plans that include peer care and evaluator services and telehealth support to rural providers. Douglas County is one of two Oregon counties to roll out this program.

Beyond OR-HOPE, HIV Alliance also offers needle exchange and testing for a few hours every Monday, Tuesday, Wednesday and Friday. If you're interested in learning more about OR-HOPE, or you'd like to learn more about HIV Alliance, contact [Dane Zahner](#).

New Year's

Resolutions

When the clock strikes midnight and a new year begins, many people resolve to Do One Thing for Better Health. Year after year, one of the most common New Year's resolutions is to quit smoking. If your patient expresses an interest in

tobacco cessation, UHA is here to help! Through a partnership with the American Cancer Society and Optum, Umpqua Health Alliance offers its members free access to the Quit For Life® Program. Quit For Life® develops individualized quit plans, and teaches the four essential Quit For Life® practices:

- Quit at your own pace
- Conquer your urges to smoke
- Use medications so they really work
- Don't just quit, become a non-smoker

For more information about Quit For Life® please call Member Services at (541) 229-4UHA (4842), or help your patients enroll online by clicking [here](#).

