

DATE DECEMBER 2008
VOLUME 8
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**HELPFUL NUMBERS
FOR PROVIDERS**

Passport Health Plan
PerformRx: (800) 578-0898
Bin: 600428
Processor control: 02920000

Passport Advantage
PerformRx: (866) 533-5490
Bin: 012353
Processor control: 03650000
Injectables: (866) 533-5490,
options 2,2,5

**HELPFUL NUMBERS
FOR MEMBERS**

Passport Health Plan
1-800-578-0603, option #2

Passport Advantage
1-800-578-0603, option #1

WEBSITE

www.passporthealthplan.com

NEW IN THIS ISSUE

- NPI Reminder to Pharmacies and Providers
- Pharmacy Tips and Reminders
- Review of All P&T Changes from 2008

Reminder: Prescriber NPI Required on All Passport Health Plan Pharmacy Claims

On October 27, 2008, the Kentucky Department for Medicaid Services (DMS) mandated the inclusion of a valid prescriber National Provider Identifier (NPI) for all Kentucky Medicaid member prescriptions, in accordance with the federal NPI requirements dated May 23, 2008.

Effective December 1, 2008, all Passport Health Plan pharmacy claims must also include the prescriber's NPI. Pharmacy claims without the prescriber's NPI will automatically reject with the following error message: "Invalid Prescriber ID."

Provider Action Needed:

To ensure members receive their needed medications, Passport Health Plan providers must:

1. Supply their NPI on each prescription; and
2. Cooperate with pharmacy inquiries regarding their NPI.

Pharmacy Action Needed:

If a member presents a prescription without the prescriber's NPI, please:

1. Call the prescriber's office to request the NPI; or
2. Obtain the prescriber's NPI from the NPI registry web page:
<https://nppes.com.hhs.gov/NPPES/NPIRegistryHome.do>

NCPDP Field Requirements:

NCPDP Field	Current Value	New Value	PHP Effective Date
Prescriber ID NCPDP Field 411-DB	State License Number	Prescriber NPI	December 1, 2008
Prescriber ID Qualifier NCPDP field 466-EZ	08	01	December 1, 2008

All medications may be subject to edits to limit quantities dispensed, day's supply, and drug-drug interactions at the point of service. Appropriate diagnosis, drug therapy length and approved indications will be used in determining medical necessity.

Committee decisions are based upon relevant medical literature that is evidence based, peer reviewed, and English language based, using appropriate study designs.

Price(s) listed are AWP from First Data Bank as of 01-20-2006. These are displayed as a reference only and intended to be a learning tool for providers for the costs of therapy prescribed for a one-month period unless otherwise indicated. Prices are calculated from AWP using the lower dose strengths applicable to therapy for 30-day supply calculated.

Questions:

Providers should call their Provider Relations representative or the Provider Relations department at (502) 585-7943 with any questions or concerns.

Pharmacies should call the PerformRx Pharmacy HelpDesk at (800) 578-0898 with any questions or concerns.

Pharmacy Tips and Reminders

- **Flu Season Reminder**
In the midst of flu season this winter, please encourage all Passport Health Plan and Passport Advantage members to receive their influenza vaccinations.
- **Passport Advantage Formulary Changes**
Updates to the Passport Advantage formulary may be found online on the Pharmacy page of www.passportadvantage.org.

Passport Health Plan Medication Update

Fluconazole

Passport Health Plan has increased the quantity of limits of Fluconazole 150 mg tablets to 4 tablets every 28 days.

Review of the Passport Health Plan Pharmacy & Therapeutics (P&T) Committee Changes for January – October 2008

The Pharmacy & Therapeutics Committee reviewed the following medications on February 25, 2008:

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30 day supply (or per unit)
Allegra® ODT (fexofenadine)	Seasonal allergic rhinitis in members and chronic idiopathic urticaria in members 6 to 11 years old.	Non-preferred. Requires prior authorization.	Loratadine tabs, cetirizine tablets, cetirizine chewables, Zyrtec® syrup OTC	30mg tablet: \$47.70
Cetirizine (OTC) 5 mg and 10 mg tablets/chewables (brand name: Zyrtec® OTC tablets/chewables) Zyrtec® syrup OTC (cetirizine) Zyrtec® D OTC (cetirizine/pseudoephedrine)	Help relieve upper respiratory symptoms caused by indoor and outdoor allergy triggers.	Add as preferred agent. Note: Brand name Zyrtec® OTC tablets/chewables are non-preferred. Must use generic cetirizine.	Loratadine	5mg tablets: \$6.00 10mg tablets: \$6.00 5mg chewable: \$18.60 10mg chewable: \$18.60 5mg/5ml: \$12.15 - 24.30 5mg/120mg: \$58.20

Diclofenac sodium ophthalmic solution 0.1% (brand name: Voltaren Ophthalmic®)	For the treatment of postoperative inflammation in members who have undergone cataract extraction. Provides temporary relief of pain and photophobia in members undergoing corneal refractive surgery.	Non-preferred. Requires prior authorization.	Acular®, Acular PF®, flurbiprofen	0.1% 5ml bottle: \$63.54
Emend® injectable (fosaprepitant dimeglumine)	In combination with other antiemetic agents, prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy, including high-dose cisplatin. Also, prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy.	Non-preferred. Requires prior authorization.	Emend capsules.	115mg single dose/10ml vial: \$185.94
Omeprazole 20mg OTC (brand name: Prilosec® OTC)	To treat frequent heartburn.	Add generic Prilosec® OTC as preferred agent. Brand Prilosec® OTC is non-preferred.	Prescription Omeperazole	Omeprazole 20mg: \$15.90
Sanctura XR™ (trospium chloride)	Treatment of overactive bladder (OAB).	Non-preferred. Requires prior authorization.	Detrol, Detrol LA, Oxybutynin, Vesicare, Enablex	60mg: \$105.00
Tekturna HCT® (aliskiren and hydrochlorathiazide)	Treatment of hypertension.	Non-preferred. Requires prior authorization.	Various antihypertensive hydrochlorathiazide combination medications.	150/12.5: \$66.00 150/25mg: \$66.00 300/12.5mg: \$83.10 300/25mg: \$83.10
Gabapentin (brand name: Neurontin®)	Post herpetic neuralgia epilepsy.	Add generic Neurontin® as preferred agent. Brand-name Neurontin® is non-preferred.	Carbamazepine Divalproex sodium Phenytoin	100mg: \$9.90 300mg: \$25.20 400mg: \$35.10 600mg: \$45.00 800mg: \$54.00
Oxcarbazepine (brand name: Trileptal®)	For use as (1) monotherapy or adjunctive therapy in treatment of partial seizures in adults, (2) as monotherapy in treatment of partial seizures in children 4 years of age older with epilepsy, and (3) as adjunctive therapy in children 2 years of age and older with epilepsy.	Add generic Trileptal® as preferred agent. Brand-name Trileptal® tablets are non-preferred.	Carbamazepine Divalproex sodium Phenytoin	150mg: \$69.60 300mg: \$127.20 600mg: \$234.00

Trileptal® Suspension 300/5ml	For use as (1) monotherapy or adjunctive therapy in treatment of partial seizures in adults, (2) as monotherapy in treatment of partial seizures in children 4 years of age and older with epilepsy, and (3) as adjunctive therapy in children 2 years of age and older with epilepsy.	Add as preferred agent.	Carbamazepine Divalproex sodium Phenytoin	Trileptal Suspension 300/5ml: \$164.25
Dexmethylphenidate (brand name: Focalin®)	For the treatment of ADHD in members 6 years of age and older.	Add generic Focalin® as preferred agent. PA required for members over age 17. Brand-name Focalin® is non-preferred.	Methylphenidate Mixed Amphetamines Dextroamphetamine	2.5mg tablet: \$15.00 5mg tablet: \$31.20 10 mg tablet: \$44.40
Vyvanse™ (lisdexamfetamine)	For the treatment of ADHD in members 6 – 12 years of age.	Add as preferred agent. PA required for members less than 6 years or more than 17 years of age.	Methylphenidate Mixed Amphetamines Dextroamphetamine	20mg, 30mg, 50mg, 60mg & 70mg capsules: \$111.30
Renvela® (sevalamer carbonate)	Control of serum phosphorus in members with chronic kidney disease on dialysis.	Add as preferred agent.	Phoslo®, Renagel®	800 mg tablet: \$432.00

The Pharmacy & Therapeutics Committee reviewed the following medications on May 13, 2008:

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30 day supply (or per unit)
Proventil HFA	For the relief and prevention of bronchospasm in members with reversible obstructive airway disease and prevention of exercise-induced bronchospasm.	Remove from preferred drug list.	Ventolin HFA	\$37.37 (6.7gm)
Nasacort AQ	Treatment of seasonal and perennial allergic rhinitis in adults and children 6 years of age and older.	Remove from preferred drug list.	Rhinocort AQ fluticasone propionate (generic Flonase) Nasonex	\$83.17 (16.5 gm)
Spiriva	Maintenance treatment of bronchospasm associated with COPD.	Add as preferred agent with ICD9 codes (492.0 Emphysematous bleb; 492.8 Other emphysema; 496 Chronic airway obstruction, not elsewhere classified).		\$197.89

Pantoprazole (generic Protonix)	Short-term treatment and maintenance of healing of erosive esophagitis associated with GERD; Pathological hypersecretory conditions, including Zollinger-Ellison syndrome.	Add pantoprazole (generic Protonix) as preferred agent with step therapy. Brand name Protonix is non-preferred.	Omeprazole (generic) 20 mg \$15.90	\$122.70 (30 tablets)
The following are preferred by Prenatal Vitamins PHP: Prenavite Prenatal RX 1 Prenatal Formula Prenatal Plus Prenatal Ultra Natalcare Nestabs Fe Triante Prenatal MR 90 FE Advanced Natalcare Vinate GT Prenatal MTR Prenatal -H StuartNatal Duet DHA For a complete listing of preferred prenatal vitamins visit www.pasporthealthplan.com/pharmacy	Nutritional supplement for pregnancy and postnatal period.	Add as preferred agents.		Varies
Treximet (Sumatriptan and Naproxen Sodium)	Acute treatment of migraine attacks with or without aura in adults	Treximet will remain a non-preferred agent.	Imitrex, Relpax	\$19.52 / tablet \$175.65 / pkg. (9)
Moxatag™ (Amoxicillin Extended Release)	Treatment of adults and pediatric members 12 years and older with pharyngitis and/or tonsillitis secondary to streptococcus pyogenes.	Moxatag will be a non-preferred drug once released in third quarter 2008.	Various penicillin antibiotics.	Pricing Unavailable
Pristiq™ (Desvenlafaxine)	Treatment of adult member with major depressive disorder	Pristiq will remain a non-preferred agent.	Venlafaxine, Effexor XR®	\$106.80 (30 tablets)
Simcor® (Niacin ER/ Simvastatin)	Treatment of hyperlipidemia.	Simcor will remain non-preferred agent.	Vytorin/Simvastatin and other forms of various lipotropics	500-20mg \$60.30 750-20 mg \$85.50 1000-20 mg \$106.80 (30 Tablets)

Flo-Pred™ Suspension (Prednisolone Acetate)	An anti-inflammatory/ immunosuppressive agent for certain allergic, dermatologic, gastrointestinal, hematologic, ophthalmologic, nervous system, renal, respiratory, rheumatologic, specific infectious diseases/ conditions and organ transplantation. Also indicated for treatment of certain endocrine conditions and for palliation of certain neoplastic conditions.	Flo-Pred Suspension will be a non-preferred agent once released to market.	Prednisolone Sodium Phosphate (Orapred®) 15mg/5mL Prednisolone Sodium Phosphate (Pediapred®) 5mg/5mL Prednisolone Anhydrous (Prelone®) 15mg/5mL	Pricing not currently available
Luvox® CR (Fluvoxamine Extended-Release)	A selective serotonin reuptake inhibitor (SSRI) indicated for the treatment of social anxiety disorder.	Luvox CR will remain a non preferred agent.	Fluvoxamine Tablets: \$14.93-\$36.56 (30-90 Tablets)	100 mg \$103.60 150 mg \$207.20 (30 Capsules)
Intence	In combination with other antiretroviral agents for the treatment of type 1 HIV infection in antiretroviral treatment-experienced adult members who have evidence of viral replication and HIV-1 strains resistant to NNRTIs and other antiretroviral agents.	Intence will remain a non-preferred agent.	1st line HIV medications	100 mg \$692.40 (120 tablets)

The Pharmacy & Therapeutics Committee reviewed the following medications on August 28, 2008:

Brand Name Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30 day supply
Aricept ODT® (Donepezil Hydrochloride)	Treatment of mild to moderate dementia of the Alzheimer's type	Add to Preferred Drug List	Aricept® Cognex® Exelon® Capsules	\$151.50 (30 ODT)
Coly-Mycin S® Suspension Hydrocortisone (10mg/ mL) Neomycin Sulfate (3.3mg/mL) Colistin Sulfate (3mg/mL)	Treatment of otitis externa without significant complications	Remove from Preferred Drug List	Cortisporin Suspension \$14.90 (10mL); Cortisporin Solution \$16.05 (10mL)	\$40.19 (5mL)
Cortisporin-TC® Suspension (Hydrocortisone/ Neomycin Sulfate/ Colistin Sulfate/ Thonzonium Bromide	Treatment of otitis externa without significant complications	Remove from Preferred Drug List	Cortisporin Suspension \$14.90 (10mL); Cortisporin Solution \$16.05 (10mL)	\$67.30 (10mL)
Exelon® Patch and Oral Solution (Rivastigmine Tartrate),	Treatment of mild to moderate dementia of the Alzheimer's type	Add to Preferred Drug List	Aricept® Cognex® Exelon® Capsules	\$168.60 (30 Patches) \$121.95-\$487.80 (45-180mL)

Hydrocodone/ Acetaminophen 10/650mg and 10/500mg tablets	Treatment of mild to moderate pain	Add to the Preferred Drug List	Hydrocodone/ Acetaminophen 5/500mg Capsule, 5/500mg Tablet, 7.5/500mg Tablet, 7.5/750mg Tablet,	\$16.80 - \$25.20 (120 tablets)
Liquadd™ (Dextroamphetamine Sulfate 5mg/5mL Oral Solution)	An amphetamine indicated for narcolepsy and attention deficit hyperactivity disorder.	Non-preferred Requires Prior Authorization	Dextroamphetamine (DextroStat®): \$19.66- \$22.43 (90 Tablets)	\$283.01 (900mL)
Patanase® (Olopatadine)	A histamine-1 receptor antagonist indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older.	Non-preferred Requires Prior Authorization	Astelin Nasal Spray 137mcg/spray \$60.51 Cetirizine 10mg: \$6.00 (30 Tablets) Loratadine 10mg: \$5.95 (30 Tablets)	\$79.69 (30.5g)
Requip® XL™ (Ropinirole Extended-Release)	A non-ergoline dopamine agonist indicated for the treatment of signs and symptoms of idiopathic Parkinson's disease.	Non-preferred Requires Prior Authorization	Mirapex®: \$207.45 (90 tablets) Ropinirole (Requip®): \$21- \$420 (90 tablets)	\$69.15- \$622.35 (30- 90 Tablets)

The Pharmacy & Therapeutics Committee reviewed the following medications on October 30, 2008:

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30 day supply (or per unit)
Abreva® /Docosanol	Treatment of herpes simplex of the face or lips in patients ≥12 years of age.	Add to Preferred Drug List	Denavir® Cream	\$12.86 (2 gm)
Alvesco® /Ciclesonide	Maintenance treatment of asthma as prophylactic therapy in adult & adolescent patients 12 years of age & older.	Non-preferred Requires Prior Authorization	Flovent HFA, Asmanex, Azmacort, Aerobid, Aerobid-M, QVAR	80 mcg / actuation - \$138.12 160 mcg /actuation - \$138.12
Budeprion XL /Bupropion hydrochloride	Treatment of major depressive disorder	Add to Preferred Drug List/Remove Prior Authorization Requirements	Bupropion SR, multiple SSRIs	150 mg tab - \$4.06
Divalproex sodium delayed release tabs 125mg, 250mg, 500mg (Generic Depakote delayed-release tabs)	Monotherapy and adjunctive therapy in treating complex partial seizures, simple and complex absence seizures, treatment of manic episodes (bipolar), and migraine prophylaxis	Add to Preferred Drug List	Depakote ER, Depakote Sprinkles	125mg tab - \$0.14 250mg tab - \$0.17 500mg tab - \$0.24
Durezol™ /Difluprednate 0.05% Ophthalmic Emulsion	A topical corticosteroid for treatment of inflammation & pain associated w/ ocular surgery.	Non-preferred Requires Prior Authorization	Dexamethasone 0.1% ophthalmic drops: \$14.91 (5mL) FML Forte 0.25%: \$19.47 (5mL)	\$94.56 (5mL)
Eplerenone tabs 25mg, 50mg (Generic Inspra)	Heart failure- MI w/ complication and/or hypertension	Non-preferred Requires Prior Authorization	Spironolactone 25mg tab- \$0.51 50mg tab-\$0.52 100mg tab- \$0.95	25mg tab - \$2.46 50mg tab - \$2.46

Famciclovir tablets (Generic Famvir®)	Treatment of herpes simplex infections and herpes zoster	Add to Preferred Drug List	Valtrex®, Zovirax®	125 mg - qty 30-60 tabs \$115.09-\$230.17 250 mg – qty 1-60 tabs \$4.17-\$250.25 500 mg – qty 3-21 tabs \$25.14-\$175.95
Keppra XR™/ Levetiracetam Extended-Release	An antiepileptic drug indicated for adjunctive therapy in the treatment of partial onset seizures in patients ≥16 years of age with epilepsy.	Non-preferred Requires Prior Authorization	Keppra®\$193.80-\$581.40 (60-180 Tablets)	\$199.54-\$598.61 (60-180 Tablets)
Lamotrigine tablets	Treatment of: Bipolar Disorder, Seizures (adjunctive and monotherapy)	Recommend remaining non-preferred. Allow Brand to pay for next 6 months and re-evaluate.	Lamotrigine chewable dispersible tabs, carbamazepine, phenytoin, valproic acid	25mg - \$3.29 100mg- \$3.73 150mg- \$4.07 200mg - \$4.41
Locoid® 1% Lotion / Hydrocortisone Butyrate	A medium potency topical corticosteroid indicated for the topical treatment of mild to moderate atopic dermatitis in patients 3 months of age and older.	Non-preferred Requires Prior Authorization	Betamethasone Dipropionate 0.05% (Diprosone®) Lotion: \$5.20 (60mL) Mometasone Furoate 0.1% (Elocon®) Lotion: \$44.65 (60mL) Triamcinolone Acetonide 0.025%(Kenalog®) Lotion: \$28.20 (60ml) Triamcinolone Acetonide 0.1% (Kenalog®) Lotion: \$32.20 (60mL)	\$181.69 (59mL)
Nisoldipine Extended release (ER) tabs 20mg, 30mg, 40mg	Hypertension	Add to Preferred Drug List	Amlodipine, Diltiazem, Nifedipine, Verapamil	20mg tab - \$1.54 30mg tabs - \$1.67 40mg tabs - \$1.67
Relistor™/ Methylalntrexone bromide (SQ inj.) 12mg/0.6mL vial	Treatment of opioid-induced constipation	Non-preferred Requires Prior Authorization	Various generic laxatives	\$42.36
Relistor™/Ropinirole extended-release tabs	Treat symptoms of Parkinson's Disease and in the treatment of Restless Leg Syndrome	Non-preferred Requires Prior Authorization	RLS: Ropinirole, Mirapex, CMZ PD: Ropinirole	2mg tabs - \$2.30 4mg tabs - \$4.60 8mg tabs - \$6.89
Sancuso®/Granisetron transdermal Patch	Prevention of nausea & vomiting in patients receiving moderately &/ or highly emetogenic chemo. regimens of up to 5 consecutive days' duration.	Non-preferred Requires Prior Authorization	Emend - \$326, dexamethasone, Ondansetron w/ PA	3.1mg per 24h/patch - \$302.81
Stavzor™/ Valproic Acid caps	Treatment of: Bipolar Disorder, seizures, prophylaxis of migraine headaches	Non-preferred Requires Prior Authorization	Divalproex Sodium (Depakote®) \$4.66-\$23.43 (30-90 Tablets) Depakote® Sprinkle: \$24.23-\$218.10 (30-270 Capsules) Depakote® ER: \$45.41-\$239.36 (30-90 Tablets)	\$25.42-\$276.23 (30-90 Capsules)

Venlafaxine extended release tablets	Treatment of major depressive disorder, generalized anxiety disorder and panic disorder	Non-preferred Requires Prior Authorization	Venlafaxine IR 25mg – \$1.17 37.5mg – 1.88 50mg – \$1.96 75mg – \$1.96 100mg – \$1.95	37.5mg- \$2.75 75mg- \$3.08 150mg- \$3.36 225mg \$6.44
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