

DATE FEBRUARY 2008
VOLUME 8
ISSUE 1

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

- DEA Sequential Prescribing Regulation
- Pharmacy NPIs Due February 1
- Required Labeling for OTCs
- Zyrtec Now Available As OTC
- Formulary Treatment of Allergic Rhinitis and Asthma
- Recent FDA Updates
- Review of 2007 P&T Committee Medication Changes

DEA Rules on Issuance of Multiple Prescriptions for Schedule II Controlled Substances

The Drug Enforcement Administration (DEA) recently issued a Final Rule [Docket No. DEA-287F] amending prescription regulations. **As of December 19, 2007, practitioners may provide individual patients with multiple prescriptions, to be filled sequentially, for the same Schedule II controlled substance.** These multiple prescriptions are permitted to have the combined effect of allowing a patient to receive up to a 90-day supply of that controlled substance.

The DEA prohibits the refilling of a prescription for a controlled substance listed in Schedule II. Also, please note PHP and PAD will continue to enforce the 30-day supply policy on prescriptions.

In order for a prescribing practitioner to write multiple prescriptions under this rule, the following conditions must be met:

- Each separate prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;
- The individual practitioner must provide written instructions on each prescription indicating the earliest date on which a pharmacy may fill each prescription;
- The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;
- The issuance of multiple prescriptions as described in the rule is permissible under the applicable state laws; and

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.

- The individual practitioner complies fully with all other applicable requirements under the Act and the DEA regulations, as well as any additional requirements under state law.

More information regarding this rule is available on the DEA web site, <http://www.usdoj.gov/dea/index.htm>.

Pharmacies Required to Submit NPI by February 1, 2008

All participating pharmacies are required to have a National Provider Identifier (NPI) by **February 1, 2008**. If your pharmacy has not already done so, please apply for and submit your NPI as soon as possible.

How To Submit Your NPI

Pharmacies may use the following web site to provide the National Council for Prescription Drug Programs (NCPDP) with their NPI information: www.ncdp.org/frame_news_npi-info.htm

If you have any questions or concerns, please call PerformRx Network Administration at (800) 555-5690.

Prevent Disruption of Claims Process By Submitting Your NPI

To avoid complications with claims processing, we encourage pharmacies to submit claims with their NPI and Medical Assistance I.D. (MAID) numbers as soon as possible. All participating pharmacies were required to have an NPI by January 1, 2008.

Required Labeling for Over the Counter (OTC) Prescriptions

When you receive **prescription orders*** for over the counter (OTC) medications, please note the following important information:

- Passport Health Plan covers some OTC medications. A listing of preferred OTC medications is available in the Pharmacy Center of our web site, www.passporthealthplan.com/pdf/pharmacy/otcflyer.pdf.
- Prescriptions for OTC medications must be adjudicated for payment at the dispensing pharmacy counter.
- Label(s) **must** be affixed to the container, box, or the outside of the medication package.
- Member counseling **must** be completed by a pharmacist ... **not** a pharmacy technician.
- Quantities dispensed **must** be appropriate for a course of therapy.

*A “**prescription order**” is a prescription sent from the prescriber via paper or telephone with specific instructions for medical treatment of the member.

Zyrtec Now Available Over The Counter

Cetirizine (generic Zyrtec®) tablets, syrup, chewable tablets, and Zyrtec-D® are now available over-the-counter. These products have been added to the PHP formulary and will process at POS without prior authorization or step therapy. Prescription strength Zyrtec will no longer be covered by PHP and will deny at POS.

Formulary Treatment of Allergic Rhinitis and Asthma

A recent Plan audit of prior authorization (PA) denials uncovered a trend in the prescription of Singulair for the treatment of allergic rhinitis. According to the American Academy of Allergy, Asthma and Immunology, **antihistamines, decongestants and/or nasal steroids either in combination or alone are the most effective treatment of allergic rhinitis.**

The following medications are preferred for treating allergic rhinitis:

Generic Name	Brand Name	Dosage Form
Antihistamines (Oral)		
Loratadine	Claritin®, Alavert®	Tablet and Syrup
Cetirizine	OTC-Zyrtec®, OTC-Zyrtec-D®	Tablet, Syrup, Chewables
Carbinoxamine	Histex®, Palgic®	Tablet, Capsule and Liquid
Chlorpheniramine	Chlor-Trimeton®	Tablet and Syrup
Clemastine	Tavist®	Tablet
Cyproheptadine	Periactin®	Tablet
Diphenhydramine	Benadryl®	Capsule, Tablet and Solution
Hydroxyzine	Atarax®	Tablet and Solution
Promethazine	Phenergan®	Tablet and Solution
Tripolidine	Zymine®	Syrup
Antihistamine/Decongestant Combinations (Oral)		
Loratadine/Pseudoephedrine	Claritin-D 24®	Tablet
Pseudoephedrine/Tripolidine	Actifed®	Tablet
Decongestants (Oral)		
Pseudoephedrine	Sudafed®	Tablet and Solution
Intranasal Antihistamines		
Azelastine	Astelin®	Spray
Intranasal Mast Cell Stabilizers		
Cromolyn Nasal	Nasal crom®	Spray
Intranasal Steroids		
Budesonide	Rhinocort®, Rhinocort Aqua®	Spray
Fluticasone	Flonase®	Spray
Mometasone	Nasonex®	Spray
Triamcinolone	Nasacort®, Nasacort AQ®	Spray

The Plan's Clinical Practice Guidelines (CPG) regarding the diagnosis and management of asthma were recently updated based on the National Heart, Lung and Blood Institute's October 2007 guideline release.

In this CPG, Leukotriene modifiers (such as Singulair) are recommended as an alternate (not preferred) therapy for the treatment of members with mild persistent asthma. Leukotriene modifiers may also be used as adjunctive therapy with inhaled corticosteroids, but are not preferred compared to the addition of long-acting beta2 agonists.

The following medications are preferred for treating asthma:

Generic Name	Brand Name	Dosage Form
Inhaled Corticosteroids		
Beclomethasone	QVAR®	Inhaler
Budesonide	Pulmicort®	Inhaler and Respule
Flunisolide	Aerobid®	Inhaler
Fluticasone	Flovent HFA®	Inhaler
Mometasone	Asmanex Twisthaler®	Inhaler
Triamcinolone	Azmacort®	Inhaler
Combination Inhaled Corticosteroids and Beta Agonists		
Fluticasone/Salmeterol	Advair, Advair HFA®	Inhaler
Inhaled Beta Agonists		
Albuterol Aerosol	Proventil®, Proventil HFA®	Inhaler
Albuterol Solution	Proventil®	Solution
Isoetharine	Isotharine®	Solution
Metaproterenol	Alupent®	Inhaler and Solution
Salmeterol	Serevent®	Inhaler

A complete list of the Plan's formulary medications and asthma CPG may be found at www.passporthealthplan.com. The CPG and formulary are meant to assist clinical decision making required to meet individual patient needs.

Recent FDA Advisories Affecting Network Pharmacies and Providers

The Federal Drug Administration (FDA) recently issued advisories on the following prescription drugs:

Bayer Diabetes Care Contour Test Strips (TS)

On December 21, 2007, Bayer Diabetes Care notified health care professionals and consumers of a voluntary market recall of test strips (sensors) used exclusively with the Contour® TS Blood Glucose Meter. The product was recalled because test strips from specific lots could result in blood glucose readings with a positive bias that could demonstrate 5 - 17% higher test results. Additional information may be found at www.bayerdiabetes.com.

Merck Recalls Certain Lots of Haemophilus influenzae type b (Hib) Vaccine

On December 13, 2007, Merck & Co. initiated a voluntary recall in the United States for certain lots of PedvaxHIB® [Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)] and certain lots of COMVAX® [Haemophilus b Conjugate (Meningococcal Protein Conjugate) and Hepatitis B (Recombinant) Vaccine]. The affected doses were distributed in the U.S. starting in April 2007.

Questions and answers about Hib Recall may be found at www.cdc.gov/vaccines/recs/recalls/hib-recall-faqs-12-12-07.htm.

Desmopressin Acetate

On December 4, 2007, the FDA notified health care professionals and patients of the Agency's request that the manufacturers update the prescribing information for desmopressin to include important new information about severe hyponatremia and seizures. Desmopressin intranasal formulations are no longer indicated for the treatment of primary nocturnal enuresis.

The Pharmacy & Therapeutics Committee reviewed the following medications on January 3, 2008:

Brand Name / Drug Class	Class / Use	Passport Health Plan Drug Status	Cost Per 30-Day Supply
Symbicort (Budesonide & Formoterol)	Treatment of asthma in patients 12 years or older. Combination of budesonide and formoterol.	Add to formulary as a preferred medication.	80/4.5 mcg: \$140.34 160/4.5 mcg: \$160.41
Topical Androgens	Testosterone replacement therapy for men to treat conditions associated with a deficiency or absence of endogenous testosterone.	Add Androgel to formulary as a preferred medication. Change Androderm's preferred status to non-preferred with step therapy	1% Pump (2x75g) -\$192 1% Gel (2.5g/pk) - \$174 1% Gel (5g/pk) - \$192

The PHP Pharmacy & Therapeutics Committee reviewed the following medications on November 1, 2007:

Brand Name / Drug Class	Class / Use	Passport Health Plan Drug Status	Cost Per 30- Day Supply
Exjade®	Treatment of chronic iron deficiency from blood transfusions.	Implement new prior authorization criteria.	\$803.89
Metanx®	Indicated for nutritional requirement of individuals with endothelial dysfunction or hyperhomocysteinemia.	Remains as non-preferred.	\$31.66
Pulmicort Respules®	Maintenance treatment of patients with persistent asthma.	Adding 1mg/2ml strength of Pulmicort Respules for members < 5 years..	\$348.17
Sedative Hypnotics	Insomnia.	Remove Sonata from preferred drug list and implement new sedative hypnotic PA class protocol.	Rozerem \$85.97 Zolpidem \$7.03 Sonata \$49.09
Bactoban Cream®	Treatment of secondary infected traumatic skin lesions.	Remove from formulary.	Cream \$2.71/gm Ointment \$0.86/gm
Ovide®	Treatment of lice resistant to permethrin.	Utilization of Ovide in Step Therapy only after permethrin has failed (filled in last 45 days but no earlier than 21 days).	Ovide \$112/Rx Permethrin \$12/Rx
Cephalosporins Cefzil Tablet®s/ Suspension Omnicef Capsules®/Suspension	Second generation cephalosporin antibiotics.	Add Cefprozil suspension. Remove Cefzil tablets from formulary. Remove Brand Name Omnicef capsules and suspension.	Cefzil \$3.46/unit Ceftin \$0.75/ Unit
Brand Quinolone Ear Drops (Floxin® Otic®, Ciprodex®, Cipro HC®)	Indicated for the treatment of acute ear infections.	Remove brand quinolone ear drops from formulary for acute otitis externa and use generic combination product (i.e., polymyxin/neomycin) and generic Ofloxacin eye drops, based upon AAO-HNSF guidelines.	Floxin Otic \$79.06 Ciprodex \$84.18 Cipro HC \$92.40 Ofloxacin \$22.50

Diabetic Test Strips	Indicated for the testing of blood sugar levels in diabetics.	For members on oral anti-diabetic therapy, place a quantity limit of 50 test strips per 25 days. For members on insulin, place a quantity limit of 100 strips per 30 days. Exemption: No limit for members under 18 years of age.	
NSAIDs Diclofenac Sodium; Diflunisal; Nabumetone; Ketoprofen; Naproxen Sodium SA; Etodolac	Indication for the treatment of inflammation or pain.	Remove the following from the formulary: Diclofenac Sod ER 100 mg Tab; Diflunisal 500 mg Tablet; Nabumetone 500 mg, 750 mg Tablet; Ketoprofen 200 mg Capsule SA; Naproxen Sodium 500 mg Tablet SA; Etodolac 200, 300, 400 mg Capsule; Etodolac 400, 500 mg Tablet; Etodolac 400, 500 mg Tablet SA Existing users will be transitioned to another agent within six months or be required to provide a PA to remain on a non-formulary agent.	Average Rx \$22.75 for those being removed vs. \$4.34 and for others on formulary.

The Pharmacy & Therapeutics Committee reviewed the following medications on August 21, 2007:

Brand Name / Drug Class	Class / Use	Passport Health Plan Drug Status	Cost Per 30- Day Supply
Actonel® (Risedronate)	Bone resorption inhibitor/treatment for prevention of osteoporosis.	Add as a preferred agent.	Actonel - \$74.64 Boniva - \$77.35 Fosamax - \$71.29
Lamisil® (Terbinafine HCL)	Antifungal/treatment of onychomycosis.	Add terbinafine as a preferred medication.	Terbinafine HCL - \$21.84 (6weeks) Fluconazole - \$15.26 (2 weeks) Grifulvin V - \$63.42 (2 weeks) Sporanox - \$102.62 (2 weeks)
Amitiza® (Lubiprostone)	Indicated for the treatment of chronic idiopathic constipation in adults.	Add as preferred agent. Requires appropriate ICD-9 code of 564.0.	Amitiza - \$172.80 Lotronex - \$281.70
Fosrenol® (Lanthanum Carbonate)	Indicated to reduce serum phosphate in patients with end-stage renal disease (ESRD).	Add as a preferred agent with prior authorization.	Fosrenol - \$118.10 Phoslo - \$110.70 Renagel - \$216.00
Januvia® (sitagliptin) and Janumet® (sitagliptan/metformin)	Type II diabetes.	Add as a preferred agent with step therapy.	Januvia - \$136.20 Janumet - \$154.20 Avandia - \$87.30 Avandamet - \$100.20 Actos - \$135.00 Actosplus Met - \$73.50
Megace® ES (megestrol acetate ES)	Anorexia, cachexia, or unexplained significant weight loss.	Add as a preferred agent with prior authorization.	Megasce ES - \$453.25 Megestrol Acetate - \$201.80
Myfortic® (mycophenolate sodium)	Organ rejection.	Add as a preferred agent.	Myfortic - \$610.80 CellCept - \$710.40
Revatio® (sildenafil citrate)	Pulmonary arterial hypertension (PAH).	Add as a preferred agent with the approved ICD-9 code of 416.0.	Revatio - \$1,030.50 Letairis - \$4,284.60 Tracleer - \$4,284.60

Altoprev® (lovastatin)	HMG-CoA-hypercholesterolemia and the prevention of heart disease.	Removed as a preferred agent.	Altoprev - \$112.20 Lescol - \$65.70 Lipitor - \$97.50 Lovastatin - \$24.90 Simvastatin - \$11.700
Fortamet® (metformin ER)	Type II diabetes mellitus.	Removed as a preferred agent.	Fortamet - \$42.30 Metformin ER - \$4.20

The Pharmacy & Therapeutics Committee reviewed the following medications on June 21, 2007:

Brand Name / Drug Class	Class / Use	Passport Health Plan Drug Status	Cost Per 30- Day Supply
Levemir®	Diabetes	Only add vials as preferred agent. Not pens.	Levemir cost per vial \$67.70 Lantus cost per vial \$69.60 Novlin N \$35.89 Humulin N \$19.80
Coreg CR®	HTH/CHF	Add as preferred agent.	Drug is flat priced with all strengths having the same cost. Regular Coreg \$3.80 per dose – or monthly cost of \$114.00 Coreg CR \$3.03 per dose or monthly cost of \$90.90
Emend®	Chemo induced nausea	Add as approved adjunctive agent.	40mg dose \$43.36 80mg dose \$92.54 125mg dose \$117.11 Generic Zofran (Ondansetron) 37.12 per dose
Over the counter Miralax®	Bowel prep / laxative	Add as approved agent.	Miralax OTC \$14.04 per bottle Glycolax Rx \$15.05 per bottle
Altabax®	New topical treatment for impetigo	Non-preferred agent. Requires prior authorization.	Price unknown at this time.
AzaSite®	Treatment of bacterial conjunctivitis	Non-preferred agent. Requires prior authorization.	Price unknown at this time.
Janumet®	Diabetes	Non-preferred agent. Requires prior authorization. Requires step therapy. Member must be stable on Juvana with inability to meet goal and the trial of metformin.	\$ 3.30 per dose, or \$181.80 per month
Lybrel®	Prevention of contraception	Non-preferred agent. Requires prior authorization. Requires prior use of preferred agents.	\$ 55.00 per month of 28 days
Neupro®	Treatment of Parkinsonism	Non-preferred agent. Requires prior authorization. Requires prior use and evaluation of preferred agents.	Price unknown at this time.
Performist®	Treatment of COPD – nebulizer solution	Non-preferred agent. Requires prior authorization.	Price unknown at this time.
Varamyst®	Treatment of seasonal allergy	Non-preferred agent. Requires prior authorization. Requires prior use of step therapy and preferred agent.	Price unknown at this time.

The Pharmacy & Therapeutics Committee reviewed the following medications on January 25, 2007:

Brand Name / Drug Class	Class / Use	Passport Health Plan Drug Status	Cost Per 30- Day Supply
Albuterol HFA® inhalers	Asthma - rescue	Two HFA are deemed preferred. Ventolin HFA and Proventil HFA..	Generic HFA inhalers \$8.23/30 days Ventolin HFA® (ozone safe) inhalers \$37.63/30 days
Cough and cold preparations	Cough and cold	Generic Hycotuss Generic forms of Cardec (Rondec®) syrup. Generic forms of Bromfed syrup and capsules. Generic forms of Rynatan® suspension and tablets. Mucinex® and generic Mucinex DM® formulary.	Please see the original Pharmacy News for medications and their NDC's that are considered preferred for our membership.
Simvastatin®	Lipid reduction	Generic Simvastatin Preferred.	Simvastatin (generic) \$48.23/30 days Crestor® (Brand) \$103.20/30 days Lipitor® (Brand) \$129.60/30 days Vytorin® (Brand) \$96.90/ 30 days
Rozerem®	Sleep induction	Generic always preferred when available. Rozerem® preferred as non-habituating. Sonata® non-preferred.	Temazepam® (generic Restoril) \$33.00/30 days Ambien (Generic) \$75.60/30 days Rozerem® \$108.03/30 days Lunesta® \$181.50/30 days Ambien CR® \$115.80/30 days Sonata® \$258.90/30 days

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