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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

- DAW Codes Accepted by the Plan
- Smoking Cessation Program 2007 Results
- Pharmacologic Management of Migraine Headaches in Adults
- FDA Safety Alerts

DAW Codes Accepted by the Plan

The Plan's pharmacy benefits manager, PerformRx, only accepts two Dispense as Written (DAW) codes, as defined below:

- 5 = Substitution allowed – brand drug dispensed as generic; and,
- 8 = Substitution allowed – generic drug not available in marketplace.

Claims submitted with these DAW codes will be reimbursed at the generic rate. DAW codes are monitored for appropriate use. DAW codes are useful when a certain drug is not available, and can signify a drug substitution (i.e. substitution of a brand name drug if the generic drug is not available).

Smoking Cessation Program Announces 2007 Results

In June 2007, Passport Health Plan (PHP) was proud to announce its new smoking cessation program – **Yes, You Can!** Since its implementation, the program has enrolled 274 members with 40.5 percent of members successfully ceasing to smoke.

This program offers members benefits such as a support care manager, pharmacy coverage for smoking cessation medications, and educational information about smoking cessation. To be eligible for the program, PHP members must be over the age of 18 and not pregnant.

Providers may refer eligible members to the program via our website, www.passporthealthplan.com. Simply click on the Yes, You Can! logo and complete the smoking cessation referral form. Or, providers may call (502) 585-8366 to request a fax copy of the referral form.

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.

Pharmacologic Management of Migraine Headaches in Adults

Migraine headaches, one of the top 20 diseases worldwide causing disability, can be effectively managed with both non-pharmacologic and pharmacologic treatment options.

Pharmacologic treatments are classified as:

1. Acute (Abortive) Treatment:

Medications routinely used for acute treatment include:

- **Triptans:** Recommended for patients with moderate or severe pain not relieved by NSAIDs or other analgesics. Available formulations include injection, nasal spray, suppository, and oral.
 - **Caution:** Avoid use in patients with ischemic heart disease; Prinzmetal variant angina; symptoms consistent with ischemic heart disease or coronary artery vasospasm; and patients with uncontrolled hypertension. Concurrent use of triptans or use within 24 hours of ergotamine-containing preparations; concurrent with monoamine oxidase inhibitor (MAOI) therapy (or within 2 weeks of discontinuing an MAOI [except for eletriptan]); or within 24 hours of another 5-HT₁ agonist is **not recommended**. Combined use with SSRIs and SNRIs may increase risk for serotonin syndrome.
- **Ergot derivatives:** Appropriate for moderate to severe migraines not responsive to other analgesics.
 - **Caution:** Use with erythromycin or clarithromycin may increase blood levels of ergot derivatives. Contraindicated during pregnancy or in patients with peripheral vascular disease, hepatic or renal disease, coronary artery disease, hypertension, or sepsis.
- **Opioid analgesics:** Should be limited to patients with moderate to severe symptoms who are unable to tolerate or have contraindications to other migraine drugs or who are pregnant. Narcotic analgesics are not FDA approved for migraines.

NOTE: Acute treatment should be limited to no more than twice weekly to avoid medication overuse headache.

2. Preventative (Prophylactic) Treatment

The following classes of medications are among the most common used for migraine preventions:

- **Anticonvulsants:**
 - **Topiramate (Topamax)** is indicated for migraine prophylaxis in adults. Adverse effects include cognitive-related dysfunction, depression or mood problems, somnolence or fatigue, kidney stones, paresthesia, metabolic acidosis, decreased sweating, and weight loss.
 - **Divalproex sodium (Depakote)** is also approved for migraine prevention in adults. Depakote may be a good treatment option for persons with mania. Common adverse effects include weight gain, sedation, nausea/vomiting, tremor, and alopecia.
 - **Other anticonvulsants** (e.g., carbamazepine, gabapentin, lamotrigine, or oxcarbazepine) have limited data on the efficacy for migraine prevention.
- **Beta Blockers:** The most studied of all migraine preventative agents. Beta-blockers may not be the best choice for persons with asthma, severe cardiovascular disease, insulin-dependent diabetes, depression, and Raynaud's disease.

- o **Propranolol (Inderal) and timolol (Blocarden)** are both FDA approved for migraine prophylaxis.
- **Antidepressants:**
 - o **Tricyclic antidepressants (TCAs)**, specifically amitriptyline, have established efficacy for migraine prevention. TCAs should be used with caution in persons with cardiac conduction disorders, seizures, hyperthyroid patients, and the elderly. TCAs are not FDA-approved for migraine prophylaxis, and common adverse effects include drowsiness, weight gain, dry mouth, and constipation.
 - o **Selective serotonin inhibitors (SSRIs), venlafaxine (Effexor) and bupropion (Wellbutrin)** have limited efficacy for migraine prevention.

NOTE: The choice of medication should be based on efficacy, adverse effects, and co-morbid medical conditions.

PHP Preferred Medications for the Treatment of Migraines

MEDICATION NAME	DOSE FORMS	SPECIAL REQUIREMENTS
Acute Treatment		
APAP/Dichloralphenazone/Isometheptene (Midrin)	Capsule	
Ergotamine/Caffeine (Cafergot)	Tablets	
Eletriptan (Relpax)	Tablets	Qty limits: up to 12 tab/30 days
Sumatriptan (Imitrex)	Tablets	Qty limits: up to 12 tab/30 days
	Nasal Spray	Qty limits: 6 units/30 days
	Injection	Qty limits: 4 injections/30 days
Zolmitriptan (Zomig, Zomig ZMT)	Tablets	Qty limits: up to 12 tabs/30 days
	Nasal Spray	Qty limits: 6 units/30 days
<i>Non-preferred triptans: Amerge (Naratriptan), Axert (Almotriptan), Frova (Frovatriptan), and Maxalt/Maxalt-MLT (Rizatriptan) will require documented trial and failure or intolerance to Imitrex, Relpax, and Zomig/Zomig-ZMT, which require prior authorization.</i>		
Preventative Treatment		
Anticonvulsants		
Divalproex Sodium (Depakote)	Tablet	
<i>Topiramate (Topamax) is non-preferred and requires (1) documented use of migraine abortive medication in past 6 months (Cafergot, Ergomar, Imitrex, Migranal, Relpax, Zomig), and (2) trial and failure or intolerance/contraindication to at least 3 of the following preferred agents for migraine prophylaxis: propranolol or timolol, depakote, amitriptyline or nortriptyline, and verapamil.</i>		
Beta Blockers		
Propranolol (Inderal, Inderal LA)	Tablet, Capsule, Solution	
Timolol (Blocarden)	Tablet	
Antidepressants		
Amitriptyline (Elavil)	Tablet	

Note: For the complete list of PHP preferred analgesics, see our formulary on www.passporthealthplan.com.

Recent FDA Advisories Affecting Network Pharmacies and Providers

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

3/4/08 Aspire36 and Aspire Lite Voluntarily Recalled

Palo Alto Labs and FDA notified consumers and healthcare professionals of a voluntary nationwide recall of two dietary supplements, Aspire36 and Aspire Lite. The products were recalled because they were found to contain Aildenafil in trace amounts and Dimethyl sildenafil thione, an analog of Sildenafil, a drug used to treat erectile dysfunction.

2/27/08 Reports of Tysabri and Liver Injury

Biogen Idec, Elan and FDA notified healthcare professionals of reports of clinically significant liver injury, including markedly elevated serum hepatic enzymes and elevated total bilirubin, occurred as early as six days after the first dose of Tysabri. Tysabri should be discontinued in patients with jaundice or other evidence of significant liver injury.

2/19/08 Nationwide Recall of Abrika/Actavis CII Patches

Actavis Inc. announced a nationwide recall of certain lots of Fentanyl transdermal system CII Patches sold in the United States and labelled with an Abrika or Actavis label. The product may have a fold-over defect which can cause the patch to leak and expose patients or caregivers directly to the fentanyl gel. Exposure to fentanyl gel may lead to serious adverse events, including respiratory depression and possibly fatal overdose.

2/7/08 Ongoing Safety Review of Botox

FDA issued an early communication about an ongoing safety review regarding Botox and Botox Cosmetic. FDA has received reports of systemic adverse reactions including respiratory compromise and death following the use of botulinum toxins types A and B for both FDA-approved and unapproved uses.

1/31/08 Suicidality and Antiepileptic Drugs

FDA informed healthcare professionals that the Agency has analyzed reports of suicidality (suicidal behavior or ideation) from placebo-controlled clinical studies of eleven drugs used to treat epilepsy as well as psychiatric disorders, and other conditions. In the FDA's analysis, patients receiving antiepileptic drugs had approximately twice the risk of suicidal behavior or ideation (0.43%) compared to patients receiving placebo (0.22%).

More information can be found at www.fda.gov/medwatch/safety/2008/safety08.htm#drugs.

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

Brand Name/Drug Class	Class/Use	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30- day supply
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
Tektura HCT® (aliskiren and hydrochlorothiazide)	Treatment of hypertension.	Non-preferred. Requires prior authorization.	Various antihypertensive hydrochlorothiazide 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

Brand Name/Drug Class	Class/Use	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30- day supply
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 & 50mg 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

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