

DATE JUNE 2008
VOLUME 8
ISSUE 3

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

- Reasons a Generic May Be Denied at the Pharmacy
- Correction to the Passport Advantage 2008 Guide for Pharmacies
- NEW SECTION: Reminders and Tips
- FDA Safety Alerts

Reasons a Generic May Be Denied at the Pharmacy

As generics have enjoyed a general increase in availability, Passport Health Plan continues to advocate the use of generic drugs for our membership, according to availability. However, despite their increased use and availability, generics do not always process at the pharmacy.

Pharmacy denials of generic drugs occur for various reasons:

1. A generic manufacturer may have exclusive rights to a product when the branded manufacturer's patent expires. Exclusivity may last up to six months, during which the generic manufacturer may maintain a price of only 10 percent below the original brand. When the period of exclusivity terminates, and more generic manufacturers enter the market, the increased competition will decrease the price per unit until the market is stabilized. The Plan will typically add the generic drug to the preferred drug list after market stabilization.
2. Availability of a specific generic drug may also be affected by the size of the pharmacy. For example, larger chain stores often receive preferential shipments over the smaller or independent stores due to established purchase agreements.
3. Market delay on generics may also occur due to the manufacturer's timing for acquiring and listing a NDC (National Drug Code) for the drug. The NDC is essential for claim processing at the pharmacy. Without the NDC, the generic cannot be located in a pharmacy's processing system.

Please note, because the Centers for Medicare & Medicaid Service (CMS) mandates use of a generic if available, prior authorization is required when a member does not desire generic substitution of a branded drug.

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.

Correction to the Passport Advantage 2008 Guide for Pharmacies

In May 2008, the Plan was pleased to present pharmacies with copies of our newly developed 2008 Guide for Pharmacies: 6 Keys to a Successful Partnership with Passport Advantage. This booklet highlights our unique structure, includes tips about how to get faster prior authorizations and reimbursement, and much more!

This publication includes incorrect information on pages 6 and 9. On page 6, the benefits chart includes information from 2007 rather than from 2008. On page 9, a 10-day temporary supply should have been indicated rather than a 30-day temporary supply.

This information has been updated online. To print an updated copy of this document, please visit the Pharmacy Center of www.passportadvantage.org. We apologize for any inconvenience this may have caused.

Changes to PHP Prior Authorization (PA) Requirements

If you have any questions about the following PA requirements, please call PerformRx at (800) 578-0898.

- **Pulmicort Respules**

Effective May 22, 2008, the following changes were made to the PA process for Pulmicort Respules:

- No prior authorization for all strengths of Pulmicort Respules (0.25 mg/2ml, 0.5 mg/2ml & 1mg/2ml) for PHP members who are less than 5 years of age.
- No prior authorization for the 0.5 mg strength dosed once daily or twice daily.
- Prior Authorization required for members 5 years of age and older.
- Prior Authorization required for > once daily dosing for 0.25 mg & 1 mg strengths.
- The maximum day supply that may be dispensed is 30 days.

- **Neurology**

Effective March 1, 2008, the following changes were made to the prior authorization (PA) process for neurological medications filled by a retail pharmacy:

- PA requirements were removed for neurology medications and some behavioral health medications written by neurologists and advanced registered nurse practitioners (ARNPs) identified as working in a neurologist's office.
- ICD-9 codes must be written on the prescription and transmitted with the prescription claim. The code must reflect the diagnosis for which the prescription is being written.

Pharmacy Tips and Reminders

- **Ask Members To Show Plan ID Cards**

To assist in the adjudication of claims, we strongly encourage you to use the correct BIN number, which is located on the member's ID cards. Ask members to show all appropriate Plan ID card(s).

- **How to Submit Medications as Part B for Passport Advantage**

For Passport Advantage members, please remember that you may submit part B drugs (such as nebulizer

medications) by using a dual-processing technique.

- Please follow these steps:

1. Adjudicate the claim for a nebulizer solution to Passport Advantage.
2. Process the claim under Passport Advantage, which will pay 80% of the allowed amount.
3. Take the remaining amount not paid by Passport Advantage and process this under Passport Health Plan (Medicaid).

Important Notes:

- This process does not apply to behavioral health medications.
- When these Part B drugs are prescribed for members in long term care or nursing facilities, they must be processed as Part D.

If you have any questions about this process, please call PerformRx at (866) 533-5490.

Call PerformRx PAD: (866) 533-5490 or PHP: (800) 578-0898 for....

- **Quick Prior Authorization Overrides**

If a member with an existing prior authorization presents a prescription for the same medication at a higher dose, please call PerformRx at (866) 533-5490. We can quickly use an override code via telephone so that pharmacies do not have to wait for an additional prior authorization request to be processed.

- **Authorizations During Drug Shortages**

If you experience a drug shortage of a preferred generic medication and are unable to use the appropriate DAW code to adjudicate the claim for the brand medication, please call PerformRx at (866) 533-5490 for authorization.

PHP Preferred Medication Update

- **Zyrtec OTC Syrup**

Generic Zyrtec OTC Syrup is now available as a Passport Health Plan preferred medication. Pharmacies experiencing difficulty obtaining the generic were allowed to continue to process the brand Zyrtec OTC Syrup at point-of-sale until July 1, 2008. After this date, a prior authorization will be required for the brand Zyrtec OTC Syrup.

- **Prevacid**

PREVACID (lansoprazole) SoluTab (15mg & 30mg) will process at point-of-sale for children 13 years of age or younger without a prior authorization. A prior authorization will be required for children over 14 years of age. Prevacid capsules and oral suspension are non-preferred and require a prior authorization.

- **Ventolin HFA exclusive Albuterol HFA product for Passport Health Plan**

Effective August 20th, 2008, Passport Health Plan preferred Albuterol HFA is exclusively Ventolin HFA. Proventil HFA and ProAir HFA are non-preferred and will require prior authorization.

- **New Prior Authorization Requirements for fexofenadine (Allegra):**

Effective August 20th, 2008, Passport Health Plan requires a trial of both cetirizine AND loratadine prior to receiving fexofenadine. First generation antihistamines are no longer included as part of the step therapy.

Recent FDA Advisories Affecting Network Pharmacies and Providers

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

4/28/08	Digitek Recalled
4/10/08	CellCept and Myfortic May Be Linked to Progressive Multifocal Leukoencephalopathy (PML)
4/9/08	Neupro Recalled
4/9/08	Updated Safety Warnings for Exubera Inhalation Powder
4/1/08	Updated Safety Warnings for Relenza
3/27/08	Ziagen and Videx Could Pose Higher Risk of Heart Attack
3/27/08	Singulair Possibly Associated With Behavioral Health Problems
3/11/08	Proper Use of Blood Glucose Meters and Test Strips

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

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

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

Brand Name/Drug Class	Class/Use	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30- day supply
<p>The following are preferred by Prenatal Vitamins PHP:</p> <ul style="list-style-type: none"> 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 <p>For a complete listing of preferred prenatal vitamins visit www.pasporthealthplan.com/pharmacy</p>	<p>Nutritional supplement for pregnancy and postnatal period.</p>	<p>Add as preferred agents.</p>		<p>Varies</p>
<p>Treximet (Sumatriptan and Naproxen Sodium)</p>	<p>Acute treatment of migraine attacks with or without aura in adults</p>	<p>Treximet will remain a non-preferred agent.</p>	<p>Imitrex, Relpax</p>	<p>\$19.52 / tblet \$175.65 / pkg. (9)</p>
<p>Moxatag™ (Amoxicillin Extended Release)</p>	<p>Treatment of adults and pediatric members 12 years and older with pharyngitis and/or tonsillitis secondary to streptococcus pyrogenes.</p>	<p>Moxatag will be a non-preferred drug once released in third quarter 2008.</p>	<p>Various penicillin antibiotics.</p>	<p>Pricing Unavailable</p>
<p>Pristiq™ (Desvenlafaxine)</p>	<p>Treatment of adult member with major depressive disorder</p>	<p>Pristiq will remain a non-preferred agent.</p>	<p>Venlafaxine, Effexor XR®</p>	<p>\$106.80 (30 tablets)</p>
<p>Simcor® (Niacin ER/ Simvastatin)</p>	<p>Treatment of hyperlipidemia.</p>	<p>Simcor will remain non-preferred agent.</p>	<p>Vytorin/Simvastatin and other forms of various lipotropics</p>	<p>500-20mg \$60.30 750-20 mg \$85.50 1000-20 mg \$106.80 (30 Tablets)</p>
<p>Flo-Pred™ Suspension (Prednisolone Acetate)</p>	<p>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.</p>	<p>Flo-Pred Suspension will be a non-preferred agent once released to market.</p>	<p>Prednisolone Sodium Phosphate (Orapred®) 15mg/5mL Prednisolone Sodium Phosphate (Pediapred®) 5mg/5mL Prednisolone Anhydrous (Prelone®) 15mg/5mL</p>	<p>Pricing not currently available</p>

Brand Name/Drug Class	Class/Use	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost per 30- day supply
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)
Intencele	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.	Intencele will remain a non-preferred agent.	1st line HIV medications	100 mg \$692.40 (120 tablets)

Additions to Over-the-Counter drug list

The following medications have been added to Passport Health Plan's Over-the-Counter (OTC) Drug List. A complete listing of OTC medications can be found on the pharmacy page at www.passporthealthplan.com.

- Ketotifen fumarate OTC/Alaway /Zaditor OTC
- Cetirizine (generic Zyrtec) OTC products
- Terbinafine (generic Lamisil AT)
- Excedrin Migraine
- Loperamide (generic Immodium A-D)
- Brompheniramine/phenylephrine (generic Dimetapp)

Thomas Kaye, RPh., MBA
305 W. Broadway, Suite 300
Louisville, KY 40202
(502) 585-7986

E-mail: Thomas.Kaye@amerihealthmercy.org

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 6-1-2008. 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.