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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

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Updated Passport Health Plan OTC Drug List Now Available

Please visit www.passporthealthplan.com/pharmacy to view the recently-updated Passport Health Plan Over-the-Counter (OTC) Drug List for pharmacies and providers.

Reminder: LTE and IRS (aka DESI) Drugs Excluded From Passport Health Plan and Passport Advantage Coverage

Per State and Federal regulations, Less Than Effective (LTE) and Identical, Related and Similar (IRS) drugs are excluded from coverage by Medicaid and Medicare.

What are LTE and IRS Drugs?

LTE and IRS drugs, also referred to as Drug Efficacy Study Implementation (DESI) drugs, are drugs approved between 1938 and 1962 which the FDA has determined lack substantial evidence of effectiveness for all labeled indications. Prior to 1962, manufacturers were only required to prove a drug was safe before marketing in the United States. In 1962, the Federal Food, Drug and Cosmetic Act was amended to require drugs sold in the U.S. to demonstrate both safety and efficacy before being marketed.

Each quarter, the Centers for Medicare & Medicaid Services (CMS) publishes a list of LTE/IRS drugs reviewed by the Federal Drug Administration (FDA) for accuracy. **These drugs are provided on the following list and will not be covered by Passport Health Plan or Passport Advantage:** <http://www.cms.hhs.gov/MedicaidDrugRebateProgram/downloads/desi.pdf>

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.

Implication for Pharmacies:

- All claims for DESI drugs will be denied in 2010.
- NDCs posted on the CMS LTE/IRS listing will reject with the error “DESI drug excluded under this plan.”
- These claims may be adjudicated with a different NDC.
- If there are no alternative NDCs available, contact the prescriber for a new prescription.

Implication for Providers:

- You may receive calls from pharmacies with requests for a new prescription for a non-LTE/IRS drug.
- LTE/IRS drugs may be removed from the Passport Health Plan/Passport Advantage formularies until the FDA has determined their effectiveness.

Passport Advantage (PAD) Members Have New ID Cards

New gold ID cards were distributed to all PAD members. The new ID cards include an updated sunflower design and a change to the PAD member ID number. Previously, member ID numbers contained eight digits. Newly assigned cards contain nine digits, followed by a two digit suffix.

For members enrolled prior to January 1, 2010, the prefix Q4M was been removed and the member ID number was converted to the new format with a leading zero (0). No group number is needed.

“Pharmacy Guide to Passport Advantage” Now Available

The **Pharmacy Guide to Passport Advantage** was recently updated. This booklet is an important resource to help our pharmacy partners understand who we are and how we operate as a health plan. If you would like copies for your staff, please download the PDF from the Pharmacy Center of our web site, www.passportadvantage.org, or call the Pharmacy Department at (502) 585-8249.

Previously Authorized PAD Medications Require New Authorization for 2010

As of January 1, 2010, all previous pharmacy authorizations expired for Passport Advantage (PAD) members for medications requiring coverage determinations or if excluded from the PAD Formulary.

Implication to Pharmacies

You may encounter PAD members who present with a prescription where an authorization has expired. If the prescription is for a medication that has been removed from the 2010 PAD formulary, the member may receive a transition supply to allow them to work with their provider to obtain a new authorization or a prescription for a formulary alternative. If the member does not qualify for a transition supply, the provider will need to request authorization or prescribe a formulary alternative.

Implication to Providers

You may receive calls from pharmacies or PAD members due to members being unable to obtain prior prescriptions due to expired authorizations. Please work with the member to issue a new authorization or to prescribe a formulary alternative, as appropriate.

How to Report Suspected Prescription Drug Fraud or Abuse

If you suspect a prescription drug offense, please call the Louisville Metro Police Department Drug Diversion Unit at (502) 574-6272, send an email to RxDet@louisvilleky.gov, or fax (502) 574-8919.

Pharmacy Tips and Reminders:

- **Procedure for Processing Multi-Ingredient Compounds** (*Pharmacies Only*)
 1. Pharmacies must submit with a **Compound Indicator of '02'** and transmit all NDCs in the compound with accurate quantity amounts.
 2. The sum of the calculated ingredient cost from each individual ingredient will be populated in the Plan Ingredient Cost. *If the sum of the calculated ingredient cost exceeds the maximum allowable dollar limit for compounds, the claim will be denied and will require approval.*
 3. Common compound ingredients and other agents (such as over-the-counter (OTC) medicines) will process only if submitted with an approved most-expensive ingredient NDC. The pharmacy should process the compound with a Submission Clarification Code of '08' for these excipient ingredients. *Please be advised that any excluded ingredients will be omitted from the pricing calculation.*

The Multi-Ingredient Compound Payer sheet can be downloaded from PerformRx's web site at: <http://www.performrx.com/provider/index.aspx>

- **Prescription Origin Code Requirement for Passport Advantage Pharmacy Claims** (*Pharmacies Only*)

Effective 1/1/2010, CMS requires pharmacies to submit a valid prescription origin code for a Medicare claims. Any Passport Advantage prescription claim that does not include a valid Prescription Origin Code will reject with error 240 "**Prescription Type Invalid**".

Valid prescription origin codes and their definitions are as follows:

- 1 - **Written prescription**
- 2 - **Telephone prescription**
- 3 - **Electronic prescription**
- 4 - **Facsimile prescription**

If you have any questions, please contact the PerformRx Pharmacy HelpDesk at (866) 533-5490.

Formulary Updates:

- **Passport Health Plan (PHP):**

Please visit the Pharmacy Center of our web site, www.passporthealthplan.com, to view the most current version of the PHP Preferred Drug Listing.

- **Effective March 8th, 2010, the following changes will be made to the Proton Pump Inhibitors (PPIs):**
 - Prevacid 24HR OTC cap and Kapidex **have been added** to the PHP Preferred Drug List as second-line agents after omeprazole OTC and Rx.
 - Pantoprazole and Prevacid SoluTab (for PHP members 13 years of age and older) **have been removed** from the PHP Preferred Drug List as the current second line agents.
 - Prevacid SoluTab will continue to pay at point-of-sale for PHP members under 13 years of age.
 - To avoid disruptions in therapy, PHP members currently taking Prevacid SoluTab (14 years of age and older) and Prevacid Capsules should be converted to equivalent dosing of Prevacid 24HR OTC capsules.
 - Nexium, Aciphex, Zegerid, Protonix Suspension, Prilosec Suspension, and Prilosec OTC (brand name) **will remain non-preferred.**
- **Prior authorization removed for Ondansetron tablets and solution**
The 4mg, 8mg, and 4mg/5mL strengths of generic Zofran (Ondansetron) will process at the point-of-sale without prior authorization when prescribed within the quantity limits of 15 tablets per 30 days or 50 ml/30 days for PHP members.
- **Preferred iron liquid drops**
Effective February 15, 2010, the preferred OTC iron supplement drops will be ferrous sulfate 15mg/0.6ml drops.
- **Passport Advantage (PAD) Formulary Changes:**
 - Please visit the Pharmacy Center of our web site, www.passportadvantage.org, for PAD formulary updates.

Recent FDA Advisories Affecting Network Pharmacies and Providers

The FDA recently issued advisories on the following prescription drugs:

January 15, 2010 – Certain OTC Products Recalled. In consultation with the FDA, McNeil Consumer Healthcare Division voluntarily recalled certain lots of OTC products in the Americas, the United Arab Emirates (UAE), and Fiji. The company initiated this recall following an investigation of consumer reports of an unusual moldy, musty, or mildew-like odor that, in a small number of cases, was associated with temporary and non-serious gastrointestinal events.

January 15, 2010 - Tylenol Arthritis Pain Caplet, 100 Count Bottles, All Lots Recalled. In consultation with the FDA, McNeil Consumer Healthcare expanded its voluntary recall to include all available product lots of TYLENOL® Arthritis Pain Caplet 100 count bottles, with the distinctive red EZ-OPEN CAP.

12/04/2009 - Voltaren Gel (diclofenac sodium topical gel) 1% - Hepatic Effects Labeling Changes. Novartis and the FDA notified healthcare professionals of revisions to the hepatic effects section of the

prescribing information to add new warnings and precautions about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium.

December 3, 2009 - Lexiva (fosamprenavir calcium) Affects HIV Infected Adults. GlaxoSmithKline and the FDA notified healthcare professionals of a potential association between Lexiva and myocardial infarction and dyslipidemia in HIV infected adults.

December 2, 2009 - Valproate Sodium and Related Products (valproic acid and divalproex sodium) Pose Risk of Birth Defects. The FDA notified health care professionals and patients about the increased risk of neural tube defects and other major birth defects, such as craniofacial defects and cardiovascular malformations, in babies exposed to valproate sodium and related products (valproic acid and divalproex sodium) during pregnancy.

December 2, 2009 - Norpramin (desipramine hydrochloride) Changes Warnings and Overdosages. Sanofi-Aventis and the FDA notified healthcare professionals of changes to the Warnings and Overdosage sections of the Prescribing Information for Norpramin. The new safety information states that extreme caution should be used when this drug is given to patients who have a family history of sudden death, cardiac dysrhythmias, and cardiac conduction disturbances; and that seizures precede cardiac dysrhythmias and death in some patients.

November 20, 2009 - Meridia (sibutramine hydrochloride): Early Communication About an Ongoing Safety Review. The FDA notified healthcare professionals and patients that it is reviewing preliminary data from a recent study suggesting that patients using sibutramine have a higher number of cardiovascular events (heart attack, stroke, resuscitated cardiac arrest, or death) than patients using a placebo.

Please visit <http://www.fda.gov/opacom/7alerts.html> for more information.

The Passport Health Plan Pharmacy and Therapeutics Committee Reviewed the Following Medications on December 3, 2009

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost Per 30 Day Supply (Or Per Unit)
BenzEfoam™ (Benzoyl Peroxide Emollient Foam)	For use in the topical treatment of mild to moderate acne vulgaris.	Remain non-preferred.	Benzoyl Peroxide 5% Gel (Benzac® AC): \$8.61 (60 g) Benzoyl Peroxide 5% Wash: \$12.93 (113 g)	\$141.27 (60 g)
Bepreve™ (Bepotastine Besilate Ophthalmic Solution)	A histamine H ₁ receptor antagonist indicated for the treatment of itching associated with allergic conjunctivitis.	Remain non-preferred.	Ketotifen (Zaditor®, Alaway®): \$10.36 (5 mL) Patano® (olopatadine): \$75.15 (5 mL) Requires Step Therapy Pataday® (olopatadine): \$75.13 (2.5 mL) Requires Step Therapy	\$91.80 (10 mL)

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost Per 30 Day Supply (Or Per Unit)
Metozolv ODT (Metoclopramide Orally Disintegrating Tablets)	Short-term (4-12 weeks) therapy for adults with symptomatic, documented gastro-esophageal reflux disease who fail to respond to conventional therapy. Also for relief of symptoms associated with acute and recurrent diabetic gastroparesis (gastric stasis) in adults.	Remain non-preferred.	Metoclopramide (Reglan®) Tablets: \$13.20-\$19.80 (120-180 Tablets) Metoclopramide (Reglan®) Oral Solution: \$24.00-38.00 (600-1200mL)	\$139.79-\$209.68 (120-180 Tablets)
Onsolis™ (Fentanyl Buccal Soluble Film)	An opioid analgesic indicated only for management of breakthrough pain in members with cancer, 18 years of age and older, who are already receiving and tolerant to opioid therapy for their underlying persistent cancer pain.	Remain non-preferred.	Morphine Sulfate (MS-IR®): \$15.00-\$16.98 (120 Tablets) Oxycodone HCL (Oxy IR®): \$37.80-\$72.00 (120 Tablets)	\$540.09-\$6,226.92 (30-120 Films)
Twynsta® (Telmisartan/Amlodipine Tablets)	Treatment of hypertension alone or with other antihypertensive agents. Also indicated as initial therapy in members likely to need multiple antihypertensive agents to achieve their blood pressure goals.	Remain non-preferred.	Amlodipine (Norvasc®): \$4.32-\$4.73 (30 Tablets) Various generic ACEI Diovan® (valsartan): \$56.52-\$91.92 (30 Tablets) Diovan or Benicar requires ST T/F 2 ACEI	\$111.20 (30 Tablets)
Valturna® (Aliskiren/ Valsartan Tablets)	Treatment of hypertension in members not adequately controlled with mono-therapy or as initial therapy in members likely to need multiple drugs to achieve their blood pressure goals.	Remain non-preferred. Rationale Code: 3	Tekturma® (aliskiren): \$71.91-\$90.72 (30 Tablets) Diovan® (valsartan): \$57.30-\$91.92 (30 Tablets) Both of these products require ST T/F 2 ACEI	\$71.91-\$90.72 (30 Tablets)