

DATE MARCH 2010
ISSUE 2

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

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- P&T Committee Review
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Yes, You Can! Smoking Cessation Program Overview and FAQs

The **Yes, You Can! Program** is a smoking cessation program for Passport Health Plan (PHP) members over the age of 18 who are not pregnant. This program offers a support care manager, coverage for smoking cessation medications, and educational materials about smoking cessation.

The following medications are covered with a copay for PHP members:

- Chantix
- Generic Wellbutrin (*trade name*)
- Nicoderm CQ patches (**Note:** Although Nicoderm CQ patches are not covered by Medicare, they are available for Passport Advantage (PAD) dual-eligible members using their PHP (Medicaid) benefits.)
- Combination therapy (Nicoderm CQ Patches/generic Wellbutrin)

Providers:

To refer a member to this program, please complete a *Yes, You Can!* Referral Form while the member is in the office and fax to (502) 585-8458. You may obtain a referral form by calling (502) 585-8366.

Please remember to give the member a prescription for one of the smoking cessation medications listed above. Once the Plan receives the fax and makes contact with the member, the pharmacy will be able to process the prescription. This may take up to two weeks. A Smoking Cessation Coordinator will notify the member when the authorization is placed.

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.

Pharmacies:

Please hold prescriptions for the smoking cessation medications listed above until you receive an authorization from our Smoking Cessation Coordinators. This may take up to two weeks.

Frequently Asked Questions From Pharmacies:

Q: How do I refer a member to the program?

A: Members should be directed to call their primary care provider (PCP) to complete a Referral Form. Or, members may call PHP directly at (502) 585-8366 or (800) 578-0603 ext. 78366 to receive this form by mail.

Q: I am getting a rejection “124 – Smoking Cessation is excluded under Plan” for a PHP member trying to fill a prescription for Chantix. What should I do?

A: Only members enrolled in the Yes, You Can! Program are eligible for smoking cessation medications. Please read “How do I refer a member to the program?” above. The member may also visit the PHP web site at www.passporthhealthplan.com for more information on the program.

Q: A PHP member enrolled in the Yes, You Can! Program is requesting a refill of Nicoderm CQ. The claim is rejecting with error “141 – Drug is excluded on Plan formulary”. What should I do?

A: In order for PHP to cover the smoking cessation medications listed above, the member must participate in a weekly phone call with his/her support care manager. The support care manager notifies a smoking cessation coordinator, who enters an authorization and notifies the pharmacy to refill the prescription.

Q: A PAD member is trying to fill a prescription for Nicoderm CQ but I am receiving a rejection (211 – CMS Excluded Part D Drug). What should I do?

A: Because Nicoderm CQ is available over-the-counter, it is covered through PHP. PAD members must participate in a weekly phone call with their support care managers. Please submit the claim to PHP for coverage. If you still receive a rejection, call the PerformRx HelpDesk at (800) 578-0898.

Note: Chantix and bupropion are covered through PAD.

Note: The PerformRx HelpDesk does not override rejections for smoking cessation medications. Overrides are handled by a Passport Health Plan Smoking Cessation Coordinator.

Coverage Determination (i.e. Prior Authorization) Process for Passport Advantage

Who can request a Coverage Determination?

Only prescribing physicians, members, or their appointed representatives (including pharmacists) may request a coverage determination.

If you are appointed by a member to request a coverage determination, you must submit a completed Authorization of Representative form to PerformRx, in addition to the Coverage Determination Request.

The Coverage Determination Request and Authorization of Representative forms are available on our web site, www.passportadvantage.org/pharmacy.

Coverage Determination Timeframes

Coverage determination decisions are provided within 72 hours of submission for standard requests, and within 24 hours of submission for expedited requests.

How to check on the status of a Coverage Determination Request

To check on the status of a request, please call PerformRx at (866) 533-5490. The PerformRx HelpDesk is open 24 hours a day, 7 days of the week.

Coverage Determination Decisions

Coverage determination decisions (approvals or denials) are not faxed to pharmacies unless the appointed representative is a pharmacist.

If Passport Advantage denies the coverage determination, members and their appointed representatives may request a redetermination appeal.

Correction to November 2009 Pharmacy News Issue 5

In the November 2009 edition of Pharmacy News, Issue 5, the drug Benzoyl Peroxide/Clindamycin was incorrectly listed as a preferred alternative drug for brand name Benzaclin Care Kit (Benzoyl Peroxide/Clindamycin/sodium hyaluronate). The correct preferred alternative drug covered by Passport Health Plan is Benzoyl Peroxide/Erythromycin. We apologize for this error. The corrected Pharmacy News is available on our web site, www.passporthealthplan.com.

Pharmacy Tips and Reminders

- **PHP Requires ICD-9 Code on Atypical Antipsychotic Prescriptions**

Providers: Providers are required to include an approved ICD-9 code on all prescriptions written for antipsychotics. This information will prevent delays and decrease calls from pharmacies. For a list of approved ICD-9 codes, please visit our web site, www.passporthealthplan.com/provider.

Pharmacies: Prescriptions for antipsychotic medications require an approved ICD-9 code in order to be processed at the point of sale (POS). If an ICD-9 code is not indicated on the prescription, the pharmacist must attempt to obtain the diagnosis code from the prescribing physician. *Note: If the prescriber cannot be contacted, pharmacists should enter the alternative ICD-9 code "999.99" until the prescriber can be contacted for the correct code.*

- **Maximum PHP and PAD Member Prescription Drug Copay Amounts**

Prescriptions processed under Passport Health Plan should have a maximum copay of \$1.00.

For 2010, prescriptions processed under Passport Advantage should have a maximum copay of \$6.30.

If a claim returns a member copay in excess of these amounts, please contact the PerformRx HelpDesk at (800) 578-0898 for PHP inquiries or (866) 533-5490 for PAD inquiries.

Formulary Updates

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

PHP formulary updates may be found at www.passporthealthplan.com/pharmacy.

Ondanetron 24 mg Tablets Now Non-Preferred for PHP

Ondansetron 24 mg tablets have been removed from the PHP Preferred Drug List effective May 31, 2010. Members may receive three 8 mg tablets for a 24 mg dose.

Estratest Now Non-Preferred for PHP

Estratest has been removed from the PHP Preferred Drug List due to DESI drug status.

- **Passport Advantage (PAD):**

PAD formulary update may be found at www.passportadvantage.org/pharmacy.

Recent FDA Advisories Affecting Network Pharmacies and Providers

The FDA recently issued the following advisories:

March 22, 2010 - Rotarix Vaccine: Update to Clinicians and Public Health Professionals

The FDA is recommending that healthcare professionals temporarily suspend the use of Rotarix, a vaccine used to prevent rotavirus disease. The FDA's recommendation is a precaution taken while the agency learns more about the situation. For children who have received one dose of Rotarix, the Centers for Disease Control (CDC) advises that clinicians can complete the series with RotaTeq for the next two doses.

March 4, 2010 - FDA Approves Name Change for Heartburn Drug Kapidex

The FDA has approved a name change for the heartburn drug Kapidex (dexlansoprazole) to avoid confusion with two other medications – Casodex and Kadian. Effective in late April 2010, Takeda Pharmaceuticals North America Inc. will market Kapidex under the new name Dexilant.

February 24, 2010 - LifeScan Recalls Specific Lots of Consumer and Professional OneTouch® SureStep® Test Strips

LifeScan, Inc. is conducting a voluntary recall in the United States of eight lots of OneTouch® SureStep® Test Strips, used by people with diabetes to measure their blood glucose levels at home. The test strips are being recalled because they may provide falsely low glucose results when the glucose level is higher than 400 mg/dL.

February 23, 2010 - Invirase (saquinavir): Ongoing Safety Review of Clinical Trial Data

The FDA notified healthcare professionals and patients that it is reviewing clinical trial data about a potentially serious effect on the heart from the use of Invirase (saquinavir) in combination with Norvir (ritonavir) antiviral medications given together to treat HIV infection.

February 22, 2010 - Avandia (rosiglitazone): Ongoing Review of Cardiovascular Safety

The FDA notified healthcare professional and patients that it is reviewing the primary data from a large, long-term clinical study, RECORD, on possible cardiovascular risks with the diabetes drug, Avandia (rosiglitazone).

February 18, 2010 - Long-Acting Beta-Agonists (LABAs): New Safe Use Requirements

The FDA notified healthcare professionals and consumers that, due to safety concerns, the FDA is requiring a risk management strategy (REMS) and class-labeling changes for all LABAs. These changes are based on

the FDA's analyses of studies showing an increased risk of severe exacerbation of asthma symptoms, leading to hospitalizations in pediatric and adult patients as well as death in some patients using LABAs for the treatment of asthma.

February 17, 2010 - Maalox Total Relief and Maalox Liquid Products: Medication Use Errors

The FDA notified consumers and healthcare professionals about reports of serious medication errors involving consumers who used Maalox Total Relief when they had intended to use a Maalox liquid antacid product.

February 16, 2010 - Erythropoiesis-Stimulating Agents (ESAs): Procrit, Epogen and Aranesp: Drug Safety Communication

The FDA and Amgen notified healthcare professionals and patients that all ESAs must be used under a REMS risk management program. FDA is requiring a REMS because studies show that ESAs can increase the risk of tumor growth and shorten survival in patients with cancer who use these products. Studies also show that ESAs can increase the risk of heart attack, heart failure, stroke or blood clots in patients who use these drugs for other conditions.

February 5, 2010 - Tysabri (Natalizumab): Update of Healthcare Professional Information

The FDA notified healthcare professionals and patients that the risk of developing progressive multifocal leukoencephalopathy (PML) increases with the number of Tysabri infusions received.

January 29, 2010 - Videx/Videx EC (didanosine): Labeling Revision - Risk of Non-Cirrhotic Portal Hypertension

The FDA notified healthcare professionals and patients about a rare, but serious, complication in the liver known as non-cirrhotic portal hypertension in patients using Videx or Videx EC (didanosine), a medication used to treat HIV infection.

January 29, 2010 - Zyprexa (olanzapine): Use in Adolescents

Lilly and the FDA notified healthcare professionals of changes to the prescribing information for Zyprexa related to its indication for use in adolescents (ages 13-17) for treatment of schizophrenia and bipolar I disorder [manic or mixed episodes]. The revised labeling for indications and usage states "when deciding among the alternative treatments available for adolescents, clinicians should consider the increased potential (in adolescents as compared with adults) for weight gain and hyperlipidemia. Clinicians should consider the potential long-term risks when prescribing to adolescents, and in many cases this may lead them to consider prescribing other drugs first in adolescents."

January 21, 2010 - Meridia (sibutramine hydrochloride): Follow-Up to an Early Communication about an Ongoing Safety Review

The FDA notified healthcare professionals that the review of additional data indicates an increased risk of heart attack and stroke in patients with a history of cardiovascular disease using sibutramine.

January 18, 2010 - Alli 60 mg capsules (120 count refill kit): Counterfeit Product

The FDA notified consumers and healthcare professionals about a counterfeit and potentially harmful version of Alli 60 mg capsules (120 count refill kit). The counterfeit version contained the controlled substance sibutramine and did not contain orlistat. GSK has determined that the counterfeit product has been sold over the internet.

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

The Passport Health Plan (PHP) Pharmacy & Therapeutics Committee Reviewed the Following Medications on February 18, 2010

Note: The bolded name indicates which drug, brand or generic, is available.

Brand Name (Generic Name)	Indication	Passport Health Plan Drug Status	Preferred Drug List Alternatives	Cost Per 30 Day Supply (Or Per Unit)
Sumavel DosePro (sumatriptan injection)	For acute treatment of migraine attacks, with or without aura and the acute treatment of cluster headache episodes.	Remain non-preferred	Sumatriptan (Imitrex® STATdose System): \$164.98-\$178.65 (1 kit = 2 doses) Sumatriptan (Imitrex® STATdose System): \$77.84-156.26 (1 refill kit = 2 doses) Sumatriptan (Imitrex®): \$64.94 (1 vial?)	\$87.90 (1 injection)
Adcirca® (Tadalafil)	For the treatment of pulmonary arterial hypertension (WHO Group 1) to improve exercise ability.	Add to Preferred Drug List with ICD-9 code requirement.	Revatio® (Sildenafil Citrate) with ICD-9 code requirement: \$1,367.26 (90 tablets)	1,085.06 (60 tablets)
Letairis® (Ambrisentan)	For the treatment of pulmonary arterial hypertension (WHO Group 1) in members with WHO class II or III symptoms to improve exercise capacity and delay clinical worsening.	Remain non-preferred with prior authorization but preferred over Tracleer.	Revatio® and Adcirca® with ICD-9 code requirement.	\$4,335.00 (30 tablets)
Adrenaclick™ (epinephrine)	Emergency treatment for anaphylactic reactions.	Add to Preferred Drug List with quantity limit of 2 injections.	Epipen®, Epipen-Jr® \$118.08 (2 injections)	\$129.54 (2 injections)
Epinephrine (prefilled syringe)	Emergency treatment for anaphylactic reactions.	Add to Preferred Drug List.	Epipen®, Epipen-Jr®	\$88 (2 injections)