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MEMO

To:	Pharmacy Network
From:	PerformRx
Date:	11/1/2011
Subject:	<b>Update: Passport Health Plan 90-Day Supply at Retail Pharmacy</b>

In bulletins previously distributed on 7/25/11 and 9/8/11, it was communicated that Passport Health Plan (PHP) was working on implementing a program that would require certain generic medications to be filled as a 90-day supply if members received the medication on a continual basis.

After some delays in implementing this initiative due to programming issues, we are pleased to announce that the program will be in effect as of 11/11/2011.

This program will benefit PHP members by allowing them to obtain a three month supply of medication at one pharmacy visit. **Please see the attached listing for medications included in the program.**

Please read the following for more information about this initiative:

- If a PHP member has received the specified drugs for **90 or more days** in the previous 180 days, the medication will not process at the point of sale for any supply less than 90-days. If a prescription for one of the GCNs requiring a 90 day supply is submitted for less than a 90 day supply, and member has at least 90 days of therapy in the last 180 days; The claim will **DENY** and return **Error Code 32: Quantity less than minimum for this NDC** and return a **Free Form Message - "Disp 90d Rx or use ovr code"**  
Pharmacies should work with providers to obtain a 90-day prescription for qualifying members.
- If a PHP member does **not** have at least a 90-day supply in the last 180 days, the medication will not fill for greater than a 30-day supply. The claim will **DENY** the 90 day supply and return **Error Code 33: Quantity greater than allowed by this plan.**
- If the prescriber does not feel it is appropriate to give the member a 90-day supply of this medication or if the member currently resides in a Long term Care Facility, please use authorization code 303030 to allow for a 12 month override of the requirement.
- If you cannot contact the prescriber in a reasonable time, please use authorization code 909090 to authorize a one-time fill. *(Note: This authorization is valid once per GCN per year and is not valid if authorization code 303030 has been used for the same GCN previously.)*

**It is important that our Pharmacy Network partners make every effort to obtain the proper authorization so members get the appropriate supply of medication.**

PerformRx will monitor the use of the authorization codes to ensure the program is properly implemented and to assess the effectiveness of the initiative. We appreciate your cooperation and support.

Please contact the PerformRx HelpDesk at **1-800-578-0898** if you have any questions or concerns about this initiative.

## Passport Health Plan 90-Day Generic Medication List

DRUG NAME	DRUG NAME	DRUG NAME
ALENDRONATE SODIUM 35 MG TAB	GLIMEPIRIDE 4 MG TABLET	LORATADINE 10 MG TABLET
ALENDRONATE SODIUM 70 MG TAB	GLIPIZIDE ER 2.5 MG TABLET	LOSARTAN POTASSIUM 25 MG TAB
AMLODIPINE BESYLATE 2.5 MG TAB	GLIPIZIDE 5 MG TABLET	LOSARTAN POTASSIUM 50 MG TAB
AMLODIPINE BESYLATE 5 MG TAB	GLIPIZIDE 10 MG TABLET	LOSARTAN POTASSIUM 100 MG TAB
AMLODIPINE 10 MG TABLET	GLIPIZIDE XL 5 MG TABLET	LOSARTAN-HCTZ 50-12.5 MG TAB
ASCRIPTIN 325 MG TABLET	GLIPIZIDE XL 10 MG TABLET	LOSARTAN-HCTZ 100-12.5 MG TAB
ASPIRIN 325 MG TABLET	GLYBURIDE 1.25 MG TABLET	LOSARTAN-HCTZ 100-25 MG TAB
ASPIRIN EC 325 MG TABLET	GLYBURIDE 2.5 MG TABLET	LOVASTATIN 10 MG TABLET
ASPIRIN EC 81 MG TABLET	GLYBURIDE 5 MG TABLET	LOVASTATIN 20 MG TABLET
ATENOLOL 25 MG TABLET	GLYBURIDE MICRO 3 MG TABLET	LOVASTATIN 40 MG TABLET
ATENOLOL 50 MG TABLET	GLYBURIDE MICRO 6 MG TABLET	MELOXICAM 7.5 MG TABLET
ATENOLOL 100 MG TABLET	HYDROCHLOROTHIAZIDE 25 MG TAB	MELOXICAM 15 MG TABLET
CALCIUM 500+D TABLET	HYDROCHLOROTHIAZIDE 50 MG TAB	METFORMIN HCL 500 MG TABLET
CETIRIZINE 10 MG TAB	LEVOTHYROXINE 25 MCG TABLET	METFORMIN HCL 850 MG TABLET
CLONIDINE HCL 0.1 MG TABLET	LEVOTHYROXINE 50 MCG TABLET	METFORMIN HCL 1,000 MG TABLET
CLONIDINE HCL 0.2 MG TABLET	LEVOTHYROXINE 75 MCG TABLET	METFORMIN HCL ER 500 MG TABLET
CLONIDINE HCL 0.3 MG TABLET	LEVOTHYROXINE 88 MCG TABLET	METFORMIN HCL ER 750 MG TABLET
DIPHEDRYL ALLERGY CAPSULE	LEVOTHYROXINE 100 MCG TABLET	OMEPRAZOLE 20 MG CAPSULE DR
DIPHENHYDRAMINE 50 MG CAP	LEVOTHYROXINE 112 MCG TABLET	OMEPRAZOLE DR 40 MG CAPSULE
ENALAPRIL MALEATE 2.5 MG TAB	LEVOTHYROXINE 125 MCG TABLET	PANTOPRAZOLE 20 MG TABLET
ENALAPRIL MALEATE 5 MG TABLET	LEVOTHYROXINE 137 MCG TABLET	PANTOPRAZOLE 40 MG TABLET
ENALAPRIL MALEATE 10 MG TAB	LEVOTHYROXINE 150 MCG TABLET	POLYVITAMIN WITH IRON TAB CHEW
ENALAPRIL MALEATE 20 MG TAB	LEVOTHYROXINE 175 MCG TABLET	PRAVASTATIN SODIUM 10 MG TAB
FAMOTIDINE 10 MG TABLET	LEVOTHYROXINE 200 MCG TABLET	PRAVASTATIN SODIUM 20 MG TAB
FAMOTIDINE 20 MG TABLET	LEVOTHYROXINE 300 MCG TABLET	PRAVASTATIN SODIUM 40 MG TAB
FERROUS SULFATE 325 MG TABLET	LISINOPRIL 2.5 MG TABLET	PRAVASTATIN SODIUM 80 MG TAB
FLUORIDE 0.5 MG TAB CHEW	LISINOPRIL 5 MG TABLET	RANITIDINE 150 MG TABLET
FLUORIDE 1 MG TAB CHEW	LISINOPRIL 10 MG TABLET	SIMVASTATIN 5 MG TABLET
FOLIC ACID 1 MG TABLET	LISINOPRIL 20 MG TABLET	SIMVASTATIN 10 MG TABLET
FUROSEMIDE 20 MG TABLET	LISINOPRIL 30 MG TABLET	SIMVASTATIN 20 MG TABLET
FUROSEMIDE 40 MG TABLET	LISINOPRIL 40 MG TABLET	SIMVASTATIN 40MG TABLET
FUROSEMIDE 80 MG TABLET	LISINOPRIL-HCTZ 10-12.5 MG TAB	SIMVASTATION 80MG TABLET
GLIMEPIRIDE 1 MG TABLET	LISINOPRIL-HCTZ 20-12.5 MG TAB	
GLIMEPIRIDE 2 MG TABLET	LISINOPRIL-HCTZ 20-25 MG TAB	