

PHARMACY NEWS

PASSPORT
HEALTH PLAN 

SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

DATE MARCH 2014
ISSUE 1

HELPFUL NUMBERS FOR PROVIDERS

Passport Health Plan
PerformRx: 800-578-0898
Bin: 600428
Processor control: 02920000

HELPFUL NUMBERS FOR MEMBERS

Passport Health Plan
800-578-0603

WEBSITE

www.passporthealthplan.com

NEW IN THIS ISSUE

- Formulary Updates
- Pharmacy Tips & Reminders
- Recent FDA Advisories
- P&T Committee Review

Formulary Updates

The Pharmacy & Therapeutics Advisory Committee recommended that all new drug products reviewed remain non-preferred.

New Generic Drugs

No generic drugs have been added at this time.

For additional formulary updates see the table beginning on page 3.

Pharmacy Tips and Reminders

Zero-Dollar Copay for Preferred Diabetic Supplies

As of January 1st 2014, members have a zero-dollar copay for preferred diabetic testing supplies. If a copay higher than zero dollars returns for preferred diabetic supplies, please enter 292000 into the prior authorization field. If the code is unsuccessful in changing the copay, please contact the Pharmacy Help desk (800) 578-0898.

Diabetic supplies include:

Testing supplies	Administering Supplies
Glucose test strips	Insulin syringes (any brand)
Lancets	Insulin pen needles (any brand)
Lancet devices	
Glucometers	

National Drug Code	Formulary Diabetic Testing Supplies*
50924044601	ACCU-CHEK MULTICLIX LANCET DEVICE
50924045001	ACCU-CHEK MULTICLIX LANCETS (102)
50924058510	ACCU-CHEK SOFT TOUCH LANCETS (100)
50924093720	ACCU-CHEK SOFT TOUCH LANCETS (200)
50924095701	ACCU-CHEK SOFTCLIX LANCET DEVICE
50924097110	ACCU-CHEK SOFTCLIX LANCETS (100)
50924098101	ACCU-CHEK MULTICLIX LANCETS (204)
65702010110	ACCU-CHEK AVIVA PLUS METER
65702010310	ACCU-CHEK AVIVA 50's
65702010410	ACCU-CHEK AVIVA 100's
65702010710	ACCU-CHEK AVIVA CONTROL SOL
65702012410	ACCU-CHEK SOFTCLIX LANCETS (200)

All medications may be subject to edits to limit quantities dispensed, day's supply, and drug-drug interactions at the point of service. Pharmacy and Therapeutic Committee decisions are based upon relevant medical literature that is evidence based and peer reviewed. Price(s) listed are calculated based on Wholesale Acquisition Cost (WAC) published by First Data Bank. The cost of therapy is calculated based on a 30 days' supply unless otherwise indicated. This information is to be used as a reference and/or a learning tool for providers.

National Drug Code	Formulary Diabetic Testing Supplies*
65702028810	ACCU-CHEK FASTCLIX LANCETS (102)
65702040010	ACCU-CHEK SOFTCLIX LANCET DEVICE
65702040710	ACCU-CHEK AVIVA PLUS 50's
65702040810	ACCU-CHEK AVIVA PLUS 100's
65702048110	ACCU-CHEK FASTCLIX LANCET DEVICE
65702048310	ACCU-CHEK NANO SMART VIEW METER
65702048810	ACCU-CHEK SMARTVIEW CONTROL SOL
65702049210	ACCU-CHEK NANO SMART VIEW STRIPS 50's
65702049310	ACCU-CHEK NANO SMART VIEW STRIPS 100's

In addition to diabetic testing and administering supplies, please override copays returning for the following PREFERRED products:

- Flu vaccines
- Zostavax
- Pneumovax
- Spacer devices
- Peak flow meters
- Chantix
- Tamoxifen 10mg tablets
- Evista

To view Passport Health Plan drug formulary, visit our website:
<http://www.passporthealthplan.com/apps/formulary/index.aspx>

If you have any question regarding the copay or formulary status of a drug, please call Perform RX at the number listed below.

Health Plan	Bin	PCN	State	Pharmacy Help Desk #
Passport	600428	02920000	KY	(800) 578-0898

Recent Federal Drug Administration (FDA) Advisories Affecting Network Pharmacies and Providers

The FDA recently issued the following advisories:

1/8/2014 **FDA warns of possible harm from exceeding recommended dose of over-the-counter sodium phosphate products to treat constipation**

The FDA has become aware of reports of severe dehydration and changes in levels of serum electrolytes from taking more than the recommended dose of over-the-counter (OTC) sodium phosphate products, causing serious harm to kidneys and heart or even death. Consumers and health care professionals should always read the Drug Facts label for OTC sodium phosphate drugs and use these products as recommended on the label, and not exceed the labeled dose.

12/17/13 FDA Drug Safety Communication: FDA warns of rare risk of long-lasting erections in males taking methylphenidate ADHD medications and has approved label changes

The FDA has updated drug labels and patient Medication Guides to include information about the rare but serious risk of priapism when using methylphenidate products. Priapism can occur in males of any age and happens when the blood in the penis becomes trapped, leading to an abnormally long-lasting and sometimes painful erection.

12/3/2013 FDA warns of serious skin reactions with the anti-seizure drug Onfi (clobazam) and has approved label changes

The FDA has changed the drug label and the patient Medication Guide to describe the risk of serious skin reactions called Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN) that can cause permanent harm and death. Patients taking Onfi who develop a rash, blistering or peeling of skin, sores in the mouth or hives should seek immediate medical attention. These changes come after one case that resulted in death and one that resulted in blindness.

11/25/13 FDA requires removal of some prescribing and dispensing restrictions for rosiglitazone-containing diabetes medicines

The FDA has determined that recent data for drugs containing rosiglitazone, such as Avandia, Avandamet, Avandaryl, and generics, do not show an increased risk of heart attack compared to standard type 2 diabetes medicines. This result is from a large, long-term clinical trial and is supported by a comprehensive, outside, expert re-evaluation of data conducted by the Duke Clinical Research Institute.

Please visit www.fda.gov/opacom/7alerts.html for more information.

The Passport Health Plan Pharmacy and Therapeutics Committee reviewed the following medications in November 2013.

Therapeutic Class / Name	Use	Passport Health Plan Status
Alzheimer's Agents	Treatment of Alzheimer's Disease	Add Namenda XR and Namenda to preferred drug listing.
Fibromyalgia Agents	Treatment of Fibromyalgia	Add Savella to preferred drug listing.
Oral Anti-Rheumatic Agents	Treatment of active rheumatoid arthritis in adults to reduce signs and symptoms, inhibit structural damage, and improve physical function.	Maintain current status. No changes at this time.
Injectable / Specialty Anti-Rheumatic Agents	Treatment of active rheumatoid arthritis in adults to reduce signs and symptoms, inhibit structural damage, and improve physical function.	Maintain current status. No changes at this time.
Ophthalmic Antihistamines	Prevention of itching associated with allergic conjunctivitis; temporary relief of itchy eyes due to ragweed, pollen, grass, animal hair and dander.	Maintain current status.
Bile Acid Sequestrants	Adjunct to diet for the reduction in LDL-C in primary hypercholesterolemia.	Maintain current status. No changes at this time.
IBS Agents	Treatment of irritable bowel syndrome with constipation; Treatment of chronic idiopathic constipation.	Add Linzess to preferred drug listing.

BRAND NAME	GENERIC NAME/ DOSAGE FORM	INDICATION	FORMULARY ALTERNATIVES	PASSPORT HEALTH PLAN STATUS
Adempas	Riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg tablet	Treatment of adults with persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH), (WHO Group 4) after surgical treatment, or inoperable CTEPH, to improve exercise capacity and WHO functional class. Treatment of adults with pulmonary arterial hypertension, (WHO Group 1), to improve exercise capacity, WHO functional class and to delay clinical worsening.	Letairis	Remain non-preferred
Perjeta	Pertuzumab 30 mg/mL vial	Use in combination with trastuzumab and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. Use in combination with trastuzumab and docetaxel for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer.	N/A	Remain non-preferred
Brintellix	Vortioxetine 5 mg, 10 mg, 15 mg, 20 mg tablet	Treatment of major depressive disorder.	Citalopram, escitalopram, fluoxetine, paroxetine, sertraline	Remain non-preferred
Utopic	Urea 41% cream bottle	Treatment of hyperkeratotic conditions such as dry, rough skin, xerosis, ichthyosis, skin cracks and fissures, dermatitis, eczema, psoriasis, keratosis and calluses.	Urea 40% topical cream	Remain non-preferred
SelRx	Selenium sulfide 2.3% bottle	Treatment of seborrheic dermatitis of the scalp, dandruff and tinea versicolor. NOT FDA APPROVED	N/A (similar products available OTC [e.g., Head & Shoulders])	Remain non-preferred
Zohydro ER	Hydrocodone bitartrate 10mg, 15mg, 20mg, 30mg, 40mg, 50mg capsules	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	Hydrocodone/ APAP 5-325mg Fentanyl, Morphine ER	Remain non-preferred