

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

November 12, 2003
S-13-03

Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-4135 or 1-800-432-3587.

OUR WEB ADDRESS:
<http://www.bcbsks.com>

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Pharmacy Utilization Management Programs for 2004

As prescription drug costs continue to rise, employers, health plans and providers are working together to find ways to manage usage. Utilization management is used to encourage appropriate drug utilization in order to enhance member outcomes and to reduce drug benefit costs for everyone. Blue Cross and Blue Shield of Kansas (BCBSKS) will be implementing three utilization management programs for 2004:

- **Prior Authorization for COX-2 Agents**
- **Quantity Limits for Drugs Used in Acute Migraine Headache Therapy**
- **Quantity Limits for Drugs Treating Erectile Dysfunction**

BCBSKS relies on a clinical team of physicians and pharmacists to identify, develop and approve clinical criteria for those medications most appropriate for utilization management.

Prior Authorization for COX-2 Agents

While non-selective NSAIDs are a safe and equally effective therapy for the vast majority of people, clinical trials suggest that COX-2 drugs (Celebrex, Vioxx, Bextra) may be appropriate for patients with a higher risk of developing a GI adverse event. Because COX-2 drugs are several times more expensive than non-selective generic NSAIDs, COX-2s are only cost effective if used by patients who truly need them. Prior authorization can help identify patients who may have a contraindication for the non-selective NSAIDs and thus require COX-2 therapy.

If your patient's medical history and current medical conditions warrant a COX-2 medication, benefits for COX-2 drugs will be available. However, if the patient's history and current condition do not indicate that a COX-2 medication is necessary for treatment, the patient will not have coverage for the COX-2 medication.

Sent To: DO, MD, PA, and ARNP (prescribers)

Patients must meet **one** of the following criteria to have coverage for a COX-2 drug:

- Age 65 years or older
- History or current diagnosis of peptic ulcer, GI bleed, GI obstruction, or GI perforation
- Current diagnosis or medical history that puts the patient at risk of developing a GI adverse event
- Currently taking an anticoagulant drug; or
- Currently taking glucocorticoids on a regular basis

When the patient goes to the pharmacy to fill their prescription for a COX-2 medication, the claims history of the patient is reviewed for the medications listed above. If the medications are not found and if the patient wants the medication paid under his or her prescription benefit, it will be necessary for the prescriber to complete and submit a prior authorization form. The form provides the opportunity for the prescriber to provide patient-specific information for review to determine if the COX-2 medication will be covered for a patient. A sample copy of the form is enclosed. The prior authorization form can be downloaded from our Web site, www.bcbsks.com, and authorizations may be requested, beginning December 1, 2003.

Quantity Limits for Drugs Used in Acute Migraine Headache Therapy

The drugs with a quantity limit are listed in the table below. These drugs will also be noted on the formulary notification you receive in December 2003.

Current Migraine Drugs and Dispensing Limits*

Drug Name: Brand (generic)	Dispensing Limit
Amerge (naratriptan) 1mg & 2.5mg tablets	18 tablets per 30 day supply
Axert (almotriptan) 6.25mg & 12.5mg tablets	12 tablets per 30 day supply
Frova (frovatriptan) 2.5mg tablets	18 tablets per 30 day supply
Imitrex (sumatriptan) 25mg & 50mg tablets	18 tablets per 30 day supply
Imitrex (sumatriptan) 100mg tablets	9 tablets per 30 day supply
Imitrex (sumatriptan) 5 mg nasal spray	4 packages (24 units) per 30 day supply
Imitrex (sumatriptan) 20 mg nasal spray	2 packages (12 units) per 30 day supply
Imitrex (sumatriptan) 6 mg injection	6 packages (12 syringes) per 30 day supply
Maxalt (rizatriptan) 5 mg & 10mg tablets	18 tablets per 30 day supply
Maxalt-MLT (rizatriptan) 5 mg & 10mg tablets	18 tablets per 30 day supply
Relpax (eletriptan) 20mg & 40mg tablets	12 tablets per 30 day supply
Zomig (zolmitriptan) 2.5mg & 5mg tablets	12 tablets per 30 day supply
Zomig –ZMT (zolmitriptan) 2.5mg & 5mg tablets	12 tablets per 30 day supply
Migranal (dihydroergotamine) nasal spray	3 units (12ml) per 30 day supply
Stadol (butorphanol)	3 packages (7.5ml) per 30 day supply

Quantity Limits for Drugs Treating Erectile Dysfunction

The drugs with a quantity limit are listed in the table below. These drugs will also be noted on the formulary notification you receive in December 2003.

Current Erectile Dysfunction Drugs and Dispensing Limits*

Drug Name: Brand (generic)	Dispensing Limit
Viagra (sildenafil)	6 tablets per 30 day supply
Levitra (vardenafil)	6 tablets per 30 day supply

*Future drugs that are approved by the Food and Drug Administration in these drug classes may have dispensing limits.

COX-2 MEDICATION PRIOR AUTHORIZATION PHYSICIAN FAX FORM



ONLY the prescriber may complete this form.

Incomplete forms will be returned for additional information.

The following documentation is required for a prior authorization consideration. For formulary information, please visit the Blue Cross and Blue Shield of Kansas Web site: www.bcbsks.com

Patient name _____

BCBSKS ID number _____ Patient date of birth _____

Prescriber name _____ Clinic name & city _____

Clinic phone number _____ Clinic fax number _____

DRUG REQUESTED (Circle one)

BEXTRA

CELEBREX

VIOXX

Patient diagnosis to be treated with the drug requested _____

Other diagnoses and/or prior history pertinent to this request _____

If the patient is at risk for a GI adverse event, please provide reason _____

Current over-the-counter and prescription medications _____

PLEASE FAX OR MAIL THIS FORM TO:

Prime Therapeutics, Inc.
Clinical Review Department
1020 Discovery Road, No. 100
Eagan, Minnesota 55121

TOLL FREE

Fax: 877.480.8130 **Phone:** 866.469.5660

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