



***PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)  
PHARMACY UPDATE***

**NUMBER 03 – 03**

**JULY 2003**

**Introduction**

Please keep these updates on file in your Pharmacy Procedure Manual as they will contain valuable information regarding formulary changes and additions, plan parameter changes, billing procedures, the Treatment Authorization Request (TAR) process and other necessary information. Please refer to your Pharmacy Procedure Manual as most of the topics contained in this update are explained in detail in the Manual. If you have not received your copy of the Pharmacy Procedure Manual, you may download it from the PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or contact the Pharmacy Department at (707) 863-4414 to request a copy.

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## **CARVE-OUT BILLING UPDATE FOR SOLANO COUNTY**

### ***PSYCHOTHERAPEUTIC DRUGS FOR SOLANO COUNTY MEMBERS***

Effective July 15, 2003, MedImpact no longer adjudicates claims for the attached list of Psychotherapeutic Drugs for SOLANO COUNTY MEMBERS. These drugs have been carved out of PHC's scope of service (as are HIV/AIDS drugs) and are now the financial responsibility of the State Medi-Cal Program. Claims for these drugs should now be adjudicated by point-of-service (POS) through EDS. Please note that although Abilify (aripiprazole) is a carve-out drug, it does require an approved Treatment Authorization Request (TAR) from State Medi-Cal. Claims billed to MedImpact for these drugs will be rejected with the Point-of-Service message "Carve-Out Drug, Bill EDS". Pharmacies should continue to bill PHC through MedImpact for all other drugs not on the HIV/AIDS or psychotherapeutic drug carve-out lists.

For questions regarding the adjudication process for these drugs to EDS, you may contact the Medi-Cal POS Help Desk at (800) 427-1295 or the EDS Provider Support Center at (800) 541-5555. For all other questions regarding this notice you may contact the PHC Pharmacy Department at (707) 863-4414.

## **VIRTUAL PRIVATE CLINICAL NETWORK (VPCN)**

The Virtual Private Clinical Network provides available pharmacy and clinical data on PHC members for PHC providers on a secured website over the Internet. PHC physicians, clinics and hospital emergency rooms (only in Solano County) have had access to this network since January of 2003 and the network is now available for in-network pharmacy providers.

The data comes from encounters and claims, laboratory data from Unilab and pharmacy data

from MedImpact. Pharmacy providers can now view a PHC member's prescription profile for all prescriptions adjudicated through MedImpact. The profile will show drug name, quantity dispensed, date, pharmacy provider and prescriber for drugs adjudicated in the past three years. Drugs not included on the profile will be carve-out drugs, drugs paid for by cash and drug samples dispensed by a prescriber.

How does this all fit with HIPAA? HIPAA was a concern to PHC and to the participating providers. PHC hired a leading HIPAA legal firm to research the HIPAA and California privacy implications of sharing this data and in a well-reasoned report the legal firm concluded that this sharing of data is permitted since the goal of the sharing is to support patient care.

If you are an interested pharmacy provider and would like to have access to the VPCN you may call PHC at (800) 863-4100 and ask to speak with a Provider Relations representative who will issue you a unique user name and password. If you are part of a chain pharmacy corporation, please contact your corporate office representative and request that they contact PHC on your behalf. PHC hopes that access to this information by our pharmacy providers will help to better coordinate care for PHC members.

## **NEW SPECIALTY INJECTABLE DRUG VENDOR**

Effective August 1, 2003 PHC has entered into a relationship with a specialty mail order pharmacy called Walgreens Specialty Pharmacy (WSP). WSP is a prime vendor with PHC's Pharmacy Benefit Manager, MedImpact, and is contracted to provide PHC members and providers with specialty injectable medications.

WSP offers PHC members a personalized medication management program that can assist in increasing compliance to prescribed drug regimens, decrease the incidence of medication side effects, and lower overall direct and indirect costs through

reduced worsening of the disease state. WSP provides a 24-hour Care Center to provide members with counseling, monitoring for compliance and drug interactions, educational materials, and assistance with any medication side effects.

Initially, PHC has contracted with WSP to provide Synagis for physician office administration and the following drugs for members who self-administer injectable medications at home: Avonex, Betaseron, Copaxone, Rebif, PegIntron, Pegasys, Rebetol, Copegus and Factor VIII products. PHC appreciates your past support in supplying our members with these products and believes this program may have the potential to increase our member's compliance and provide a better quality of life in controlling their disease state.

### **PRODUCTS DISCONTINUED BY MANUFACTURER**

The following aerosol formulation products have been recently discontinued by the manufacturer:

| <b>Discontinued Product</b>      | <b>PHC Formulary Alternative</b>  |
|----------------------------------|-----------------------------------|
| Nasacort (triamcinolone) Inhaler | Nasacort AQ Pump Unit             |
| Serevent (salmeterol) Inhaler    | Serevent Diskus Inhalation Powder |
| Rhinocort (budesonide) Inhaler   | Rhinocort Aqua Pump Inhaler       |

### **FORMULARY ADDITIONS/CHANGES**

As a result of the June 26, 2003 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **August 1, 2003**.

**CARVE-OUT  
PSYCHOTHERAPEUTIC DRUGS FOR  
NAPA, SOLANO, YOLO COUNTY  
& SOLANO CMSP**

**5-03  
Updated**

| <b>GENERIC NAME</b>     | <b>TRADE NAME</b>  |
|-------------------------|--------------------|
| Amantadine HCL          | Symmetrel          |
| Aripiprazole            | Abilify            |
| Benzotropine mesylate   | Cogentin           |
| Biperiden HCL           | Akineton           |
| Biperiden Lactate       | Akineton injection |
| Chlorpromazine HCL      | Thorazine          |
| Chlorprothixene         | Taractan           |
| Clozapine               | Clozaril           |
| Fluphenazine Decanoate  | Prolixin           |
| Fluphenazine Enanthate  | Prolixin           |
| Fluphenazine HCL        | Prolixin           |
| Haloperidol             | Haldol             |
| Haloperidol Decanoate   | Haldol             |
| Haloperidol Lactate     | Haldol             |
| Isocarboxazid           | Marplan            |
| Lithium Carbonate       | Various            |
| Lithium Citrate         | Various            |
| Loxapine HCL            | Loxitane           |
| Loxapine succinate      | Loxitane           |
| Mesoridazine besylate   | Serentil           |
| Molindone HCL           | Moban              |
| Olanzapine              | Zyprexa            |
| Perphenazine            | Trilafon           |
| Phenelzine sulfate      | Nardil             |
| Pimozide                | Orap               |
| Procyclidine HCL        | Kemadrin           |
| Promazine HCL           | Sparine            |
| Quetiapine fumarate     | Seroquel           |
| Risperidone             | Risperdal          |
| Thiothixene             | Navane             |
| Thiothixene HCL         | Navane             |
| Thioridazine HCL        | Mellaril           |
| Tranlycypromine sulfate | Parnate            |
| Trifluoperazine         | Stelazine          |
| Triflupromazine HCL     | Vesprin            |
| Trihexyphenidyl HCL     | Artane             |
| Ziprasidone HCL         | Geodon             |
| Ziprasidone mesylate    | Geodon             |

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective August 1, 2003**

| <b>DRUG</b>   | <b>CLASS</b>  | <b>FORMULARY STATUS</b>               | <b>RESTRICTIONS/ COMMENTS</b>                          |
|---|---------------|---------------------------------------|--|
| Flonase (fluticasone propionate) Inhaler / GSK              | Nasal Steroid | <b>FORMULARY Quantity Restriction</b> | Continue formulary status<br>Limit to 1 unit per month |
| Flunisolide (Generic Nasarel) Spray / GENERIC               | Nasal Steroid | <b>FORMULARY Quantity Restriction</b> | Add to formulary<br>Limit to 1 unit per month          |
| Nasacort AQ (Triamcinolone) Inhaler / Aventis               | Nasal Steroid | <b>FORMULARY Quantity Restriction</b> | Continue formulary status<br>Limit to 1 unit per month |
| Nasonex (mometasone furoate monohydrate) Inhaler / Schering | Nasal Steroid | <b>FORMULARY Quantity Restriction</b> | Continue formulary status<br>Limit to 1 unit per month |
| Rhinocort Aqua (budesonide) Inhaler / Astra Zeneca          | Nasal Steroid | <b>FORMULARY Quantity Restriction</b> | Add to formulary<br>Limit to 1 unit per month          |