



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

**NUMBER 01 - 03**

**MARCH 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. PHC continues to get phone inquiries from pharmacies on claims submission procedures. 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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## **2003 FORMULARY AND FORMULARY GRID**

The 2003 PHC Formulary and Formulary Reference Guide were distributed to all pharmacy providers in February. If you have not received your copy of the Formulary or the Formulary Reference Guide, you may download it from the PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or contact the PHC Pharmacy Department at (707) 863-4414 to request a copy.

## **MAXIMUM ALLOWABLE COST (MAC) LIST ADDITIONS**

PHC requires generic substitution when an equivalent generic drug is available and added to the Maximum Allowable Cost (MAC) list. MedImpact adds new generic drugs to the MAC list on a regular basis and once a new generic drug is added to the MAC list claims for the brand-name counterpart will deny with the message "Use Generic : Brand Not Covered". A TAR that documents medical justification must then be approved for the member to continue with the brand-name counterpart drug. MedImpact distributes the MAC list to pharmacy providers on a quarterly basis and the most recent MAC list was distributed February 2003. If you have not received a recent copy of the MAC list or have questions on MAC reimbursement you may contact MedImpact at (800) 788-2949.

## **COPAY BILLING FOR MEMBERS WITH OTHER PRIMARY INSURANCE**

MedImpact's eligibility file will indicate when a member has other primary insurance coverage and will reject on-line prescription claims with the edit message "**2ndry Cvrgr-Bill Primary Ins**". The pharmacy should then bill the member's prescription claim on-line to the primary insurance carrier. The copay or deductible amount is then billed to MedImpact

by completing a Universal Claim Form (UCF), attached by documentation of the paid amount from the primary insurance. MedImpact will accept hardcopy UCF copay billings for all prescriptions approved for payment by the primary insurance carrier. **Regardless if the drug is a PHC formulary item or not, a TAR is not required for secondary billing of copay amounts.**

**Providers may not refuse service to PHC members who have other insurance coverage in addition to PHC Medi-Cal, nor may they refuse service because of the requirement to hardcopy bill. PHC also prohibits pharmacy providers from billing members for the copay amount or for a prescription that is a primary insurance plan exclusion.** Please refer to the Pharmacy Procedure Manual, Section 5 "Coordination of Benefits (COB)" for a detailed explanation on COB billing procedures.

## **TAR COMPLETION**

Every effort is made by PHC to notify pharmacy providers of action on a TAR (approved, denied, deferred) within 24 hours or by the next business day of receiving a completed TAR. Incomplete TARs result in unnecessary delays to deliver quality patient care for our members. Please include the relevant diagnosis for the drug requested; medical justification, including other drugs tried; and complete drug information, including directions for use, quantity requested and NDC number. **Please also submit only one (1) drug item per TAR. Those TARs received by PHC with more than one (1) drug item will be returned requesting a new TAR to be completed for each drug requested.** Please refer to the Pharmacy Procedure Manual, Section 9 "Treatment Authorization Request" for a detailed explanation on TAR completion instructions.

## FORMULARY ADDITIONS/CHANGES

### ***EFFECTIVE 2/01/03:***

Please note that there have been major changes to coverage of Proton Pump Inhibitors (PPIs) and Non-Sedating Antihistamines (NSAs) that became effective February 1, 2003:

#### **PROTON PUMP INHIBITORS (PPIs):**

**Additions: Omeprazole 20mg (generic Prilosec) has been added to the formulary without a TAR only for those members who have failed previous therapy with an H-2 Antagonist or alternative PPI.** Thus if the member has had a previous prescription for ranitidine, cimetidine, famotidine, Prevacid, Protonix or Prilosec within the last 90 days, no TAR will be required for omeprazole. A TAR will be required for new starts of omeprazole if member has not had a previous trial of an H-2 Antagonist or alternative PPI.

**Deletions: Protonix (pantoprazole) has been deleted from the formulary** and will require a TAR for all new starts and for those members continuing on therapy who are unable to tolerate or have had a failure on omeprazole.

#### **NON-SEDATING ANTIHISTAMINES (NSAs):**

**Additions: Over-The-Counter (OTC) Claritin Syrup (loratadine) and OTC Alavert (generic loratadine 10mg) tablets.**

**Deletions: Allegra (fexofenadine) 30mg and 60mg capsules have been deleted from the formulary for new starts.** Although PHC encourages the use of a cost-effective formulary agent, PHC will allow continuing therapy for 6 months without a TAR if the member is on current therapy and has had a prescription filled within the last ninety (90) days.

### ***EFFECTIVE 3/10/03:***

**Additions: Over-The-Counter (OTC) generic loratadine 10mg tablet. This is in addition to the OTC Alavert (generic loratadine) tablet which was added on 2/02/03.**

### ***EFFECTIVE 4/01/03:***

The Pharmacy & Therapeutics (P&T) Committee meeting for PHC was held on 2/06/03. As a result, the attached formulary recommendations were

accepted. Please note that there have been major changes to coverage of the Selective Cox-2 Inhibitors and Leukotriene Receptor Antagonists to be effective April 1, 2003.

#### **SELECTIVE COX-2 INHIBITORS (CELEBREX & VIOXX):**

**The Code 1 status for Celebrex (celecoxib) and Vioxx (rofecoxib) has been deleted** and only those prescriptions prescribed for members on concurrent warfarin therapy or members age 75 and older will be covered without a Treatment Authorization Request (TAR). The PHC authorization criteria will be as follows:

- Member must have a documented history of peptic ulcer disease or GI bleed
- Member must be on concurrent use of chronic oral corticosteroid therapy
- Member must have had a previous trial of two (2) formulary NSAIDs, one of which must have been etodolac, diclofenac or salsalate

#### **LEUKOTRIENE RECEPTOR ANTAGONISTS (ACCOLATE & SINGULAIR):**

**Open formulary status for Accolate (zafirlukast) and Singulair (montelukast) has been deleted** and only those prescriptions prescribed for members who have had a trial of an oral inhaled corticosteroid (and/or a nasal corticosteroid for Singulair) will be covered without a Treatment Authorization Request (TAR). Members on current therapy of Accolate or Singulair will be allowed to continue therapy without a TAR. The PHC authorization criteria will be as follows:

##### **Accolate**

- Treatment of asthma in members who are unable to take or not controlled on an inhaled corticosteroid.

##### **Singulair**

- Treatment of asthma in members who are unable to take or not controlled on an inhaled corticosteroid.
- Treatment of seasonal allergic rhinitis for members who are unable to take or have failed therapy with a nasal corticosteroid.

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

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS</b>
OTC Claritin (loratadine) Syrup / Schering-Plough	Non-Sedating Antihistamine	<b>FORMULARY</b>	
OTC Alavert (generic loratadine) 10mg Tablets / Wyeth	Non-Sedating Antihistamine	<b>FORMULARY</b>	
Allegra (fexofenadine) 30mg, 60mg Tablets / Aventis	Non-Sedating Antihistamine	<b>NON-FORMULARY (Deleted from formulary)</b>	PHC will allow continuing therapy without a Treatment Authorization Request (TAR) for 6 months if the member has had a prescription filled within the last ninety (90) days
Omeprazole (Generic Prilosec) 20mg capsules / GENERIC	Proton Pump Inhibitor	<b>FORMULARY</b>	<ul style="list-style-type: none"> <li>• Limit to once daily dosing</li> <li>• Step-Edit: Member must have had a previous Rx for ranitidine, cimetidine, famotidine, Protonix, brand Prilosec or generic omeprazole within the last 90 days</li> </ul>
Protonix (pantoprazole) 20mg, 40mg Tablets / Wyeth	Proton Pump Inhibitor	<b>NON-FORMULARY (Deleted from formulary)</b>	
Abilify (aripiprazole) 10mg, 15mg, 20mg, 30mg Tablets / Otsuka	Antipsychotic	<b>FORMULARY Solano County Only</b>	For Solano CMSP, Napa and Yolo Counties, this is a carve-out drug and providers must bill State Medi-Cal EDS
Geodon (ziprasidone mesylate) 20mg/ml Injectable / Pfizer	Antipsychotic	<b>FORMULARY Solano County Only</b>	For Solano CMSP, Napa and Yolo Counties, this is a carve-out drug and providers must bill State Medi-Cal EDS

**Effective March 6, 2003**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS</b>
OTC generic loratadine 10mg Tablets / Generic	Non-Sedating Antihistamine	<b>FORMULARY</b>	

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

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Bextra (valdecoxib) 10mg tablets Only / Merck	NSAID Selective Cox-2 Inhibitor	<b>FORMULARY STEP THERAPY</b>	Added to formulary with <b>Step Therapy Edit</b> : Member must be on concurrent warfarin therapy or age 75 years & older. <b>Dosing Limit</b> : 10mg once daily.
Cytomel (liothyronine sodium) 5mcg, 25mcg, 50mcg, tablets / Monarch	Thyroid Hormone	<b>FORMULARY</b>	
Etodolac (generic Lodine) 300mg capsules; 400mg, 500mg tablet / GENERIC	NSAID	<b>FORMULARY</b>	
Tretinoin (generic Retin-A) 0.025%, 0.5% gel / GENERIC	Dermatological Agent	<b>FORMULARY</b>	
<b>CHANGES:</b>			
Accolate (zafirlukast) 10mg, 20mg tablet / Astra Zenec	Leukotriene Receptor Antagonist	<b>FORMULARY STEP THERAPY</b>	Change status to formulary with <b>Step Therapy Edit</b> : Member must have had a trial of an oral inhaled corticosteroid within the last 90 days. Grandfather in current use for members if they have had a prescription filled within the last 90 days.
Celebrex (celecoxib) 100mg, 200mg capsules / Pharmacia	NSAID Selective Cox-2 Inhibitor	<b>FORMULARY STEP THERAPY</b>	Change status from Code 1 to formulary with <b>Step Therapy Edit</b> : Mbr must be on concurrent warfarin therapy or age 75 years & older. <b>Dosing Limit</b> : 100mg BID or 200mg once daily.
Singulair (montelukast) 4mg, 5mg, 10mg tablets /Merck	Leukotriene Receptor Antagonist	<b>FORMULARY STEP THERAPY</b>	Change status to formulary with <b>Step Therapy Edit</b> : Mbr must have had a trial of either a nasal corticosteroid or an oral inhaled corticosteroid within the last 90 days. Grandfather in current use for members if they have had a prescription filled within the last 90 days.
Vioxx (rofecoxib) 12.5mg, 25mg tablets Only / Merck	NSAID Selective Cox-2 Inhibitor	<b>FORMULARY STEP THERAPY</b>	Change status from Code 1 to formulary with <b>Step Therapy Edit</b> : Mbr must be on concurrent warfarin therapy or age 75 years & older. <b>Dosing Limit</b> : 12.5mg or 25mg once daily.