



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

NUMBER 02 – 03

MAY 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 or contact the Pharmacy Department at (707) 863-4414 to request a copy.

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CARVE-OUT BILLING UPDATE FOR SOLANO COUNTY

HIV/AIDS and psychotherapeutic drugs continue to be a benefit for all PHC members. The following are the recent pharmacy billing changes that affect Solano County and Solano CMSP members. Please refer to the updated list of carve-out drugs attached to this update.

PSYCHOTHERAPEUTIC DRUGS FOR SOLANO COUNTY MEMBERS

Effective May 1, 2003 PHC will no longer be responsible for certain 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 the financial responsibility of the State Medi-Cal Program.

Although these drugs will be the responsibility of the State Medi-Cal Program on 5/1/03, the processor for these claims (EDS) will not be able to adjudicate these claims by Point-of-Service (POS) until sometime between May 15 and June 13. To ensure that PHC members receive their drugs on a timely basis and not to delay payment to pharmacy providers MedImpact will continue to adjudicate these claims until EDS becomes operational. **Once EDS becomes operational, MedImpact will reverse all paid claims for these drugs dating back to 5/1/03 and notify pharmacy providers to rebill these claims to EDS.** MedImpact will also provide pharmacy providers with a list of reversed claims that will need to be billed to EDS for reimbursement. PHC appreciates your cooperation with this billing procedure and apologizes for any inconvenience associated with obtaining reimbursement for these claims.

After EDS becomes operational all claims for these drugs will be reimbursed through the State Medi-Cal program by billing EDS. 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-cut lists.

HIV/AIDS & PSYCHOTHERAPEUTIC DRUGS FOR SOLANO COUNTY CMSP MEMBERS

Effective April 1, 2003 EDS no longer adjudicates claims for the County Medical Services Program (CMSP) which includes the HIV/AIDS and psychotherapeutic carve-out drugs for Solano County non share-of-cost CMSP members. All CMSP claims are now adjudicated through MedImpact CMSP. DHS has a separate contract from the PHC contract with MedImpact to administer these CMSP claims. All CMSP claims are to be billed under the new MedImpact CMSP carrier number 50145. CMSP claims billed to PHC MedImpact will be rejected with the Point-of-Service message "Bill MedImpact CMSP Carrier #50145". CMSP claims billed to EDS will be rejected with the Point-of-Service message "Pharmacy Services Provided by MedImpact; Call MedImpact at 800-788-2949". Pharmacies should continue to bill PHC through MedImpact for all other drugs not on the HIV/AIDS or psychotherapeutic drug carve-out lists.

COORDINATION OF BENEFITS (COB) BILLING

All COB co-pays or deductible amounts are to be billed to MedImpact by completing a Universal Claim Form (UCF), attached by a transmittal form and documentation of the paid amount from the primary insurance. Transmittal forms may be requested from the MedImpact Claims Processing Department at (858) 790-7080. MedImpact will accept hardcopy UCF co-pay 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 co-pay amounts. Please refer to the Pharmacy Procedure Manual, Section 5 "Coordination of Benefits (COB)" for a detailed explanation on COB billing procedures.

If you have inquiries about non payment of COB claims, rejected COB claims or COB billing requirements you may call MedImpact at 800-788-2949 and ask to speak to a representative in the Claims Processing Department.

ePOCRATES

PHC is excited to announce that our formulary can now be accessed through ePocrates drug reference software. ePocrates is a software program that runs on Palm OS handheld devices. Once you have downloaded the database to your handheld device, you can check formulary status, prior authorization requirements, formulary alternatives, generic substitutes and quantity limits. Additionally the software features a drug reference that includes information such as indication, dosing, contraindications, drug interactions, adverse reactions and cost information. ePocrates Rx can be downloaded free of charge on their website at www.epocrates.com. Please note that ePocrates also offers a premium version (ePocrates Rx Pro) for an annual fee, however it is not necessary to download this version in order to access the PHC formulary.

FORMULARY ADDITIONS/CHANGES

As a result of the April 3, 2003 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be June 1, 2003.

STEP THERAPY EDITS

The following drugs are allowed for on-line authorization through implementation of a Step Therapy Edit. The edit allows the drug to be filled without a TAR if the member has had the 1st line drug filled within the last 120 days, if the member is on a specified concurrent therapy or if the member meets other specified criteria.

Drug	Start Date of "ST"	1 st Line Drugs to Be Used or concurrent Therapy	Other Criteria
Omeprazole	2-1-03	Ranitidine, cimetidine, famotidine, Protonix, Prilosec, generic omeprazole	
Bextra	4-1-03	Warfarin-concurrent therapy	Age 75years & older
Celebrex	4-1-03	Warfarin-concurrent therapy	Age 75years & older
Vioxx	4-1-03	Warfarin-concurrent therapy	Age 75years & older
Accolate	4-1-03	Nasal Corticosteroid	
Singulair	4-1-03	Nasal Corticosteroid, Oral Inhaled Corticosteroid	

**PHC CARVE-OUT
HIV/AIDS DRUGS FOR
NAPA, SOLANO, YOLO COUNTY
& SOLANO CMSP
5-03**

GENERIC NAME	TRADE NAME
Abacavir sulfate	Ziagen
Abacavir, lamivudine, Zidovudine	Trizivir
Amprenavir	Agenerase
Delavirdine mesylate	Rescriptor
Efavirenz	Sustiva
Enfuvirtide	Fuzeon
Indinavir sulfate	Crixivan
Lamivudine	Epivir
Lopinavir/Ritonavir	Kaletra
Nelfinavir	Viracept
Nevirapine	Viramune
Ritonavir	Norvir
Saquinavir	Fortovase
Saquinavir mesylate	Invirase
Stavudine	Zerit
Tenofovir disoproxil fumarate	Viread
Zidovudine/Lamivudine	Combivir

**PHC CARVE-OUT
PSYCHOTHERAPEUTIC DRUGS FOR
NAPA, SOLANO, YOLO COUNTY
& SOLANO CMSP
5-03**

GENERIC NAME	TRADE NAME
Amantadine HCL	Symmetrel
Benztropine 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
Tranlycpromine sulfate	Parnate
Trifluoperazine	Stelazine
Triflupromazine HCL	Vesprin
Trihexyphenidyl HCL	Artane
Ziprasidone HCL	Geodon
Ziprasidone mesylate	Geodon

PHC FORMULARY: ADDITIONS / CHANGES
Effective June 1, 2003

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS/ COMMENTS
Estinyl (ethinyl estradiol) 0.02mg, 0.05mg, 0.5mg / Schering	Estrogen Agent	NON-FORMULARY (Deleted from formulary)	Discontinued by manufacturer
Estratab (esterified estrogens) 0.3mg, 0.625mg, 1.25mg, 2.5mg / Solvay	Estrogen Agent	NON-FORMULARY (Deleted from formulary)	Discontinued by manufacturer
Estropipate (Ogen, Ortho-Est) 0.625mg, 1.25mg, 2.5mg, 5mg tablets /GENERIC	Estrogen Agent	NON-FORMULARY (Deleted from formulary)	Alternative formulary agent is estradiol (generic Estrace)
Menest (esterified estrogens) 0.3mg, 0.625mg, 1.25mg, 2.5mg / SKB	Estrogen Agent	NON-FORMULARY (Deleted from formulary)	Alternative formulary agent is estradiol (generic Estrace)
Premarin (conjugated estrogens) 0.3mg, 0.625mg, 0.9mg, 1.25mg, 2.5mg tablets / Wyeth	Estrogen Agent	NON-FORMULARY (Deleted from formulary)	Alternative formulary agent is estradiol (generic Estrace). PHC will allow continuing therapy for members if they had an Rx filled within the last 120 days.
Remeron Sol Tab (mirtazapine) 15mg, 30mg, 45mg orally disintegrating tablet / Organon	Antidepressant	NON-FORMULARY (Deleted from formulary)	Alternative formulary agent is Remeron (mirtazapine) swallow tablet. PHC will allow continuing therapy for members if they had an Rx filled within the last 120 days.