



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

**NUMBER 04 – 03**

**OCTOBER 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.

The Pharmacy & Therapeutics (P&T) Committee for PHC was held on 10/02/03. As many formulary changes were approved, this Pharmacy Update will focus on the major changes. Please note the effective date for these changes under the full list of Formulary Additions / Changes.

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### **OTC PRILOSEC ADDED TO FORMULARY-EFFECTIVE 11/01/03**

**Effective 11/03/03, OTC (over-the-counter) Prilosec (omeprazole) 20 mg delayed-release tablets will be added to the PHC formulary.** Previously generic prescription Prilosec 20mg capsules were available on formulary for those members who had a recent trial of another PPI or H2 Antagonist. OTC Prilosec tablets will now be on formulary without restriction. Effective November 3, 2003, generic prescription Prilosec capsule will be removed from the formulary and members should be switched to the OTC Prilosec tablet. Although OTC Prilosec tablets and Prilosec capsules are not designated generic equivalents by the FDA due to their different dosage forms (tablets vs. capsules), the two products share the same pharmacokinetic profiles. Thus the pharmacy provider is required to contact the prescriber to change an existing prescription from Prilosec capsule to the OTC Prilosec tablet. **To avoid a high volume of individual prescriber change requests, pharmacy providers may want to consider contacting your local prescribers and request an advanced authorization to substitute all current omeprazole 20mg capsules with OTC Prilosec 20mg tablets.**

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.

### **CONTINUING USE DISCONTINUED- EFFECTIVE 12/01/03**

#### **Ace Inhibitors:**

Effective January 1, 2003, the Pharmacy & Therapeutic (P&T) Committee approved the recommendation to remove *Monopril, Accupril,*

*Mavik, Univasc, Lotensin and Lotensin HCT* from the formulary due to the formulary availability of

other cost-effective ACE Inhibitors. Previously, PHC has allowed continuing therapy without a TAR if the member has been on current therapy prior to formulary removal. **Effective December 1, 2003 all members who require a continuation of Monopril, Accupril, Univasc, Lotensin and Lotensin HCT will require an approved TAR from PHC.** PHC is recommending that members on one of these ACE Inhibitors be switched to a trial of a formulary alternative: captopril (generic Capoten), enalapril (generic Vasotec) or lisinopril (generic Zestril). Non-formulary ACE Inhibitors will be available by TAR if member is intolerant to a formulary ACE Inhibitor.

### **STEP THERAPY EDIT (STE)**

#### **Advair, Alomide, Zaditor and Effexor:**

A Step Therapy Edit (STE) allows a drug to be filled without a TAR if the member has had a 1<sup>st</sup> line drug filled within the last 120 days and/or if the member meets other specified criteria. The formulary status of the following drugs will be changed from formulary to Step Therapy Edit (STE) required. Drugs that do not meet the STE will require an approved TAR.

<b>Drug</b>	<b>Start of STE</b>	<b>1<sup>st</sup> Line Drug To Be Use</b>	<b>Continuing Use Allowed</b>
Advair	12-01-03	Oral Inhaled Corticosteroid	YES
Alomide	12-01-03	Generic Naphcon A	NO
Zaditor	12-01-03	Generic Naphcon A	NO
Effexor	1-05-04	Generic Prozac	YES

### **DEPAKOTE REMOVAL FROM FORMULARY - EFFECTIVE 2/01/04**

Recently the Pharmacy & Therapeutics (P&T) Committee approved the recommendation to **remove Depakote (divalproex sodium) from the PHC formulary effective 2/01/04 and continue to**

**cover the preferred formulary alternative-valproic acid (generic Depakene) 250mg capsules.** As you may be aware, divalproex sodium (Depakote) and valproic acid are essentially equivalent because divalproex dissociates into valproic acid in the GI tract. While divalproex sodium is thought to be associated with a lower incidence of GI side effects, literature refutes this claim indicating that the majority of patients can be safely switched to valproic acid without compromising clinical status. At the same time, significant cost savings may be realized since valproic acid costs 60% less than Depakote. PHC is recommending that physicians prescribe valproic acid 250mg capsules for all new starts and switch existing members on Depakote to valproic acid 250mg capsules. If after an adequate trial of at least 10 days, the patient experiences significant GI upset, a significant drop in serum levels, or a loss of clinical effectiveness, PHC will consider a TAR for Depakote.

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/NEW**  
**QUANTITY LIMITS**

As a result of the October 2, 2003 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions, changes and quantity limits were accepted. Please note the effective dates listed for these changes.

**PHC FORMULARY: ADDITIONS / CHANGES**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS/ COMMENTS</b>
<b>EFFECTIVE 11-1-03</b>			
OTC Prilosec (omeprazole) 20mg tablet / PG	Proton Pump Inhibitor	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 2 tablets per day
Omeprazole 20mg capsule / GENERIC Prilosec	Proton Pump Inhibitor	<b>NON-FORMULARY</b>	Remove from formulary. Previously on formulary with s Step Edit requiring a failure with another PPI or H2 antagonist.
<b>EFFECTIVE 12-1-03</b>			
Diastat (diazepam) 2.5mg, 5mg, 10mg, 15mg, 20mg Rectal Gel Twin Pack Kit / Elan	Anticonvulsant	<b>FORMULARY</b>	
Famotidine 20mg, 40mg tablets / GENERIC Pepcid	H2 Antagonist	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 60 tablets per month
Hydrocodone/APAP 10mg/325mg tablet /GENERIC Norco	Narcotic Analgesic	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 120 per month
ZORprin (aspirin) 800mg controlled release tablet / GENERIC	Salicylate Analgesic	<b>NON-FORMULARY</b>	Removed from formulary
Qvar (beclomethasone diprop.) 40mcg, 80mcg Inhalers / Ivax	Inhaled Corticosteroid	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 1 unit per month
Foradil (formoterol) Aerolizer-Inhalation pdr in capsules #60 / Novartis	Bronchodilator	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 1 unit per month
Fluoxetine 10mg, 20mg tablets /GENERIC Prozac	SSRI Antidepressant	<b>FORMULARY Quantity Restriction</b>	Limit: Max of 80mg per day
Serzone (nefazodone) 50mg, 100mg, 150mg, 200mg, 250mg tablets / BMS	Antidepressant	<b>NON-FORMULARY</b>	Removed from formulary. Allow continuation of use if mbr had a previous Rx filled within the last 120 days.

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<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS/ COMMENTS</b>
<b>EFFECTIVE 12-1-03</b>			
<b>CHANGE FROM FORMULARY TO STEP EDIT</b>			
Advair Diskus (salmeterol/fluticasone) / GSK	Respiratory Inhalant	<b>STEP EDIT</b>	Requires previous use of an oral inhaled corticosteroid or Advair in last 120 days. Limit to 1 unit per month
Alomide (Iodoxamide) Opth Drops / Alcon	Ophthalmic Decongestant	<b>STEP EDIT</b>	Requires previous use of generic Naphcon A or Vasocon A in last 120 days.
Zaditor (ketotifen fumarate) Opth Drops / Novartis	Ophthalmic Decongestant	<b>STEP EDIT</b>	Requires previous use of generic Naphcon A or Vasocon A in last 120 days.
<b>EFFECTIVE 12-1-03</b>			
<b>CONTINUING USE DISCONTINUED</b>			
Monopril (fosinopril)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.
Accupril (quinapril)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.
Mavik (trandolapril)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.
Univasc (moexipril)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.
Lotensin (benazepril)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.
Lotensin HCT (benazepril/HCT)	ACE Inhibitor	<b>NON-FORMULARY</b>	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.

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<b>DRUG</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS/ COMMENTS</b>
<b>EFFECTIVE 12-1-03 NEW QUANTITY LIMITS</b>		
APAP/Codeine 30mg/325mg / GENERIC Tylenol #2,#3	<b>FORMULARY</b>	Limit: Increased from 120 to 240 per month
Aspirin/Codeine 15mg/325mg, 30mg/325mg / GENERIC Tylenol #2,#3	<b>FORMULARY</b>	Limit: Increased from 120 to 240 per month
Hydrocodone/APAP 5mg/500mg tablet /GENERIC Vicodin	<b>FORMULARY</b>	Limit: Increased from 120 to 240 per month
Atrovent (Ipratropium) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Azmacort (triamcinolone) Inhaler	<b>FORMULARY</b>	Limit: 3 units / month
Azopt (brinzolamide) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Betagan (levobunolol) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Betopic (betaxolol) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Combivent (albuterol/ipratropium) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Cosopt (timolol/dorzolamide) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Dalmane (flurazepam) capsules	<b>FORMULARY</b>	Limit: 1 capsule per day dosing
Flovent (fluticasone) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Flovent (fluticasone)Diskus	<b>FORMULARY</b>	Limit: 1 unit of 60 / month
Insulin (all brands)	<b>FORMULARY</b>	Limit: 4 vials / month
Intal (cromolyn) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Iopidine (apraclonidine) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Loratadine (Alavert, generic Claritin)	<b>FORMULARY</b>	Limit: 1 tablet per day dosing
Maxair (pirbuterol) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Miacalcin (calcitonin-salmon) Nasal Spray	<b>FORMULARY</b>	Limit: 2 units / month
Nix (permethrin) Liquid	<b>FORMULARY</b>	Limit: 60mls per 90 days
Optipranolol (metipranolol) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Propine (dipivefrin) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Pulmicort (budesonide) Respules	<b>FORMULARY</b>	Limit: 60 / month ; Age <9 yrs old
Pulmicort (budesonide) Inhaler	<b>FORMULARY</b>	Limit: 1 unit / month
Restoril (temazepam) Capsules	<b>FORMULARY</b>	Limit: 1 capsule per day dosing
Serevent (salmeterol) Diskus	<b>FORMULARY</b>	Limit: 1 unit of 60 / month
Tilade (nedocromil) Inhaler	<b>FORMULARY</b>	Limit: 2 units / month
Timoptic (timolol maleate) Drops	<b>FORMULARY</b>	Limit: 10ml / month
Wellbutrin (bupropion) Tablets	<b>FORMULARY</b>	Limit: Max of 3 tablets per day
Wellbutrin (bupropion) SR Tablets	<b>FORMULARY</b>	Limit: Max of 2 tablets per day
Zyrtec (certirizine) Syrup	<b>FORMULARY</b>	Limit: 300mls / month ; Age <6 yrs old

**PHC FORMULARY: ADDITIONS / CHANGES**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS/ COMMENTS</b>
<b>EFFECTIVE 1/5/04</b>			
Effexor (venlafaxine) 25mg, 37.5mg, 50mg, 75mg, 100mg tablets / Wyeth-Ayerst	Antidepressant	<b>STEP EDIT (SE)</b>	<b>SE:</b> Must have had a trial of fluoxetine within the last 120 days. <b>Limit:</b> Max of 3 tablets per day <b>Continuing Use:</b> Allow continuation of use if Rx filled within the last 120 days
Effexor (venlafaxine) 37.5mg, 75mg, 150mg ER capsules / Wyeth- Ayerst	Antidepressant	<b>STEP EDIT (SE)</b>	<b>SE:</b> Must have had a trial of fluoxetine within the last 120 days. <b>Limit:</b> Max of 2 capsules per day <b>Continuing Use:</b> Allow continuation of use if Rx filled within the last 120 days
<b>EFFECTIVE 2/1/04</b>			
Depakote (divalproex sodium) 125mg,250mg, 500mg Delayed Release tablets; 250mg, 500mg 24 Hr Sustained Release tablets / Abbott	Anticonvulsant	<b>NON-FORMULARY</b>	Remove from formulary; require mbrs to be converted to valproic acid (generic Depakene)