



***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 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 1st 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.

Drug	Start of STE	1st Line Drug To Be Use	Continuing Use Allowed
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:

Discontinued Product	PHC Formulary Alternative
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

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

PHC FORMULARY: ADDITIONS / CHANGES

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS/ COMMENTS
EFFECTIVE 12-1-03			
CHANGE FROM FORMULARY TO STEP EDIT			
Advair Diskus (salmeterol/fluticasone) / GSK	Respiratory Inhalant	STEP EDIT	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	STEP EDIT	Requires previous use of generic Naphcon A or Vasocon A in last 120 days.
Zaditor (ketotifen fumarate) Opth Drops / Novartis	Ophthalmic Decongestant	STEP EDIT	Requires previous use of generic Naphcon A or Vasocon A in last 120 days.
EFFECTIVE 12-1-03			
CONTINUING USE DISCONTINUED			
Monopril (fosinopril)	ACE Inhibitor	NON-FORMULARY	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	NON-FORMULARY	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	NON-FORMULARY	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	NON-FORMULARY	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	NON-FORMULARY	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	NON-FORMULARY	Discontinue continuing use. Previously allowed for continuing use if Rx filled within the last 120 days. TAR now required for all Rxs.

PHC FORMULARY: ADDITIONS / CHANGES

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

PHC FORMULARY: ADDITIONS / CHANGES

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