

PARTNERSHIP



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

NUMBER 03 - 04

AUGUST 2004

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 updated 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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Pharmacy Survey / Focus Group Meeting

PHC would like to thank those pharmacy representatives who attended the recent Pharmacy Focus Meeting at the Fairfield Hilton. It was a very well attended meeting and PHC was able to learn a lot from our pharmacy providers. The main areas of discussion focused around the Pharmacy Provider Survey results and were as follows:

- Difficulty of pharmacy providers obtaining medical justification for TAR completion
- Coordination of Benefits (COB) billing procedure
- Eligibility verification
- The PHC Over-the-Counter (OTC) benefit
- Distinction between the benefit structure for Medi-Cal, PHC, CMSP non SOC (share of cost) and CMSP SOC

For those of you who did not attend the meeting, the results of the Pharmacy Provider Satisfaction Survey are attached. PHC plans to review the suggestions from the meeting and develop a work plan to address the issues. PHC appreciates your valuable input and willingness to work together as partners to care for our medi-cal population.

Paroxetine (Generic immediate release Paxil) Now on Formulary

Effective 9/1/04 paroxetine (generic immediate release Paxil) will be added to the PHC formulary. ½ tablet substitution will be required as follows: For 10mg dose, must use ½ 20mg tablet; for 20mg dose, must use ½ 40mg tablet; for 60mg dose, must use 1 ½ 40mg tablet. PHC has asked prescribers to continue to prescribe the more cost-effective fluoxetine (generic Prozac) as their first choice of an antidepressant when appropriate.

Bedwetting Alarms

Background – Primary Nocturnal Enuresis is a common disorder of young children. Nocturnal enuresis is the involuntary discharge of urine at night in the absence of congenital or acquired defects of the central nervous system or urinary tract in a child age 5 or older. Approximately, 15-

20% of 5 year olds and 7% of 7 years old children have enuresis. The etiology of the disorder is not well understood but the condition often resolves over time. Without treatment about 15% of children with enuresis become dry each year. The condition is treated by a variety of behavioral techniques, alarms and medications. The two most common medications used are DDAVP (desmopressin) either as a pill or nasal spray and imipramine. Both medications can have significant side effects.

Bedwetting alarms help children learn to achieve nighttime dryness by teaching the child to stop the flow of urine when sleeping. Alarms are the only treatment for nocturnal enuresis that has been shown to be effective long term. **Effective June 2004 bedwetting alarms are covered with a prescription by an approved TAR for children over the age of 7 with a diagnosis of Primary Nocturnal Enuresis of at least six months duration. The alarms are available to retail pharmacies.**

The following are the brand names and NDCs of available alarms from local drug wholesalers that are in the MedImpact system:

<u>Brand Name</u>	<u>NDC</u>
Wet-Stop	25294-8010-01
Nite Train'R Standard Male	47313-0010-10
Nite Train'R Standard Female	47313-0010-20

DDAVP (desmopressin): New Age Restriction & P.A. Criteria

Effective 9/1/04, claims for DDAVP will only process for members age 15 years and older. An approved TAR will be required for members age 7 to 14 and will be approved for the following prior authorization criteria: Treatment in members with diabetes insipidus or members age 7 to 14 with primary nocturnal enuresis who have failed treatment with or have a contraindication to using a bedwetting alarm. Members on current DDAVP therapy will also be allowed to continue therapy with an approved TAR that states continuation of therapy.

Emergency Authorizations

Emergency authorizations for TAR's outside of PHC's normal business hours may be requested by pharmacy providers from MedImpact who may authorize up to a 5 day supply of medication, pending further authorization by PHC. When both PHC and MedImpact are unavailable, PHC will authorize a retroactive TAR allowing the pharmacy to dispense up to a 72-hour supply of a non-formulary drug in an emergency situation. As reference, this policy is stated on the introduction page of the PHC Formulary.

Maintenance Drugs: Maximum 100 Days Supply Allowed

As a reminder, PHC allows maintenance medications to be dispensed in quantities up to a maximum of a one hundred (100) days supply without an approved TAR. A TAR would only be required if the claim amount exceeds \$500.

Formulary Additions / Changes

As a result of the July 1, 2004 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **September 1, 2004**.

PHC FORMULARY: ADDITIONS / CHANGES
Effective September 1, 2004

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS																					
ADDITIONS:																								
Atenolol + chlorthalidone (generic Tenoretic) 50-25mg, 100-25mg tablet / GENERIC	Antihypertensive Combination	FORMULARY																						
Ciprodex (ciprofloxacin + dexamethasone) Otic/ Alcon	Otic-Steroid & Antibiotic combination	FORMULARY																						
Vantin (cefepodoxime proxetil) 200mg tablets / Pfizer	Cephalosporin Antibiotic	FORMULARY	Limit: Maximum of 2 tablets per fill																					
MiraLax (polyethylene glycol) powder for oral solution 255gm,/Braintree	Laxative	FORMULARY	Limit: 255gm container only																					
Paroxetine (generic Paxil) 10mg, 20mg, 30mg, 40mg tablets / GENERIC	Antidepressant-SSRI	FORMULARY ½ tablet substitution required	<table border="1"> <thead> <tr> <th>Dose</th> <th>Use</th> <th>Max/Day</th> </tr> </thead> <tbody> <tr> <td>5mg</td> <td>½ 10mg tab</td> <td>---</td> </tr> <tr> <td>10mg</td> <td>½ 20mg tab</td> <td>½</td> </tr> <tr> <td>20mg</td> <td>½ 40mg tab</td> <td>½</td> </tr> <tr> <td>30mg</td> <td>1 30mg tab</td> <td>1</td> </tr> <tr> <td>40mg</td> <td>1 40mg tab</td> <td>1 ½</td> </tr> <tr> <td>60mg</td> <td>1 ½ 40mg</td> <td>---</td> </tr> </tbody> </table>	Dose	Use	Max/Day	5mg	½ 10mg tab	---	10mg	½ 20mg tab	½	20mg	½ 40mg tab	½	30mg	1 30mg tab	1	40mg	1 40mg tab	1 ½	60mg	1 ½ 40mg	---
Dose	Use	Max/Day																						
5mg	½ 10mg tab	---																						
10mg	½ 20mg tab	½																						
20mg	½ 40mg tab	½																						
30mg	1 30mg tab	1																						
40mg	1 40mg tab	1 ½																						
60mg	1 ½ 40mg	---																						
CHANGES:																								
DDAVP (desmopressin) tablets, nasal spray, nasal solution / All Mfgs	Pituitary Hormone	F AGE RESTRICTION Age ≥15																						



Partnership HealthPlan of California

Pharmacy Provider Satisfaction

Survey

Results

The Pharmacy Satisfaction Survey was faxed in February 2004 to 111 contracted pharmacy providers. The surveys were re-faxed in April 2004 to those that did not respond. 65% of the pharmacies surveyed are in-county pharmacies. The other 35% are out of network pharmacies that are frequently used by PHC members. The survey results are based on a 41% response rate or 46 returned surveys.

1. I understand the PHC TAR process.	Agree – 96%	Disagree – 4%
2. It is not difficult for our pharmacy to obtain medical justification from the prescriber to adequately complete the TAR.	Agree – 33%	Disagree – 67%
3. I feel it is reasonable when my TARs are deferred for more information.	Agree – 76%	Disagree – 24%
4. I am satisfied with PHC's turnaround time for TAR processing.	Agree – 78%	Disagree – 22%
5. If a TAR is deferred or denied, the reason is clearly communicated.	Agree – 80%	Disagree – 20%
6. PHC communicates changes to the formulary effectively & timely.	Agree – 70%	Disagree – 30%
7. I find the information in the quarterly Pharmacy Update useful.	Agree – 93%	Disagree – 7%
8. I find the Pharmacy Procedure Manual useful.	Agree – 93%	Disagree – 7%
9. I understand how to bill MedImpact for the copay when a member has other primary care insurance.	Agree – 72%	Disagree – 28%
10. I understand when to call MedImpact for assistance and when to call PHC.	Agree – 83%	Disagree – 17%
11. When I call MedImpact for assistance the staff is helpful and friendly.	Agree – 78%	Disagree – 22%
12. When I call PHC for assistance the staff is helpful and friendly.	Agree – 96%	Disagree – 4%
13. Compared to other Health Plans, I am more satisfied with PHC.	Agree – 61%	Disagree – 39%
14. Does your pharmacy site have Internet access?	Yes – 64%	No – 36%