

PARTNERSHIP



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

**NUMBER 01 - 04**

**MARCH 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 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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### Lipitor ½ Tablet Substitution

**Effective April 1, 2004, PHC will require ½ tablet substitution for Lipitor (atorvastatin) tablets.** Members are to use: ½ of an 80mg tablet for a 40mg daily dose; ½ of a 40mg tablet for a 20mg daily dose; ½ of a 20mg tablet for a 10mg dose.

To implement the program PHC will add pill cutters to the formulary with a limit of 1 pill cutter every 180 days. The following are the NDCs and manufacturers of available pill cutters in the MedImpact system:

NDC	Brand Name	Manufacturer Name
02571-5670-15	EZY DOSE TABLET CUTTER	APOTHECARY
07957-3011-15	PILL SPLITTER	HEATH ENTERPRIS
07957-3100-91	EZY DOSE TABLET CUTTER	HEATH ENTERPRIS
10939-0733-11	PILL DIVIDER W/PILL BOX	MCKESSON DRUG
11822-3773-60	TABLET CUTTER	RITE AID CORP.
25715-0670-15	EZY DOSE TABLET CUTTER	APOTHECARY
25715-0671-37	EZY DOSE PILL SPLITTER	APOTHECARY
26947-0019-05	PILL SPLITTER	POLYMEDICA
31191-7024-06	PILL SPLITTER	WALLGREENS
49348-0733-01	PILL DIVIDER W/PILL BOX	VALU-RITE PHARM
52297-0758-00	PILL DIVIDER	HEALTH MART
61451-0001-95	PILL SPLITTER	POLYMEDICA
73913-1541-33	PILL SPLITTER	FIRST CHOICE
87701-0566-04	PILL DIVIDER	GOOD NEIGHBOR

Both changing tablet strength and dispensing a pill cutter will require a prescription order from the member's prescriber. To allow time for pharmacy providers to receive the new order from the prescriber, PHC will allow the pharmacy to call the MedImpact Help Desk to get a ONE TIME fill to override the ½ tablet substitution. If the member is not an appropriate candidate for pill splitting, such as those with physical, cognitive or visual impairment, a TAR must be submitted to PHC to allow continuation of exempting the member from tablet splitting.

### Depakote to Remain on Formulary

In a previous communication from PHC, you were notified that Depakote (divalproex sodium) would be removed from the PHC formulary. After reviewing concerns from our community physician network, the Pharmacy & Therapeutics (P&T) Committee has approved the recommendation to continue formulary status of Depakote (divalproex sodium).

### Self-Administered Injectables

Effective August 2003 PHC entered into a relationship with a specialty mail order pharmacy called Walgreens Specialty Pharmacy (WSP). WSP is a prime vendor with PHC's Pharmacy Benefit Manager, MedImpact, and is contracted to provide PHC members and providers with specialty injectable medications.

Initially, PHC contracted with WSP to provide Synagis for physician office administration and the following drugs for members who self-administer injectable medications at home: Avonex, Betaseron, Copaxone, Rebif, PegIntron, Pegasys, Rebetol, Copegus and Factor VIII products. **Effective May 1, 2004, all self-injectable drugs for home use that are billed through MedImpact and require a TAR will begin to be transferred to WSP.** This will include, but not limited to the following drugs: Aranesp, Epogen, Procrit, Enbrel, Humira, Kineret, Neupogen and Growth Hormone.

Existing TARs for self-injectable drugs will be allowed to continue to be dispensed at the member's current pharmacy for the date span authorized on the TAR. New TARs for self-injectable drugs will be administratively denied. The denied TAR will include a cover sheet instructing the pharmacy to inform the member that the drug must be dispensed by WSP and that the member will be contacted by WSP. Members will also be notified by mail of this change prior to May 1, 2004.

## Brand Name Drug Requests

The PHC drug formulary requires generic substitution when an equivalent generic product is available. Therefore if a member requires a brand name when the medication is available in generic form, a TAR with the medical justification must be submitted to PHC. Due to the continuing rise in pharmacy costs, maximizing the use of cost-effective generic medications where safety and efficacy are not compromised is critical. On average the cost of a generic medication is one seventh the cost of a brand name medication. According to the October 14, 2002 Issues of the Medical Letter (Vol. 44, Issue 1141) on Generic Drugs, product recalls for potency problems occur with both generics and brand-name products. No well-documented therapeutic differences between brand-name originals and FDA-approved generics have been reported.

TARs for use of a brand name product when a generic equivalent is available will be considered for review when the following information is provided:

- Documentation from the member's prescription profile or from the prescriber's progress notes that the member has had a previous trial of the generic equivalent to the brand drug requested
- Medical justification why the member is unable to use the generic equivalent
- Medical justification why the member cannot use an alternative therapeutic equivalent
- If member has experienced an adverse event with the generic equivalent, a Med Watch form completed by the prescriber documenting the adverse is required

## Signature Reminder

Effective January 1, 2004, pharmacies are required to obtain signatures documenting

receipt of any product provided to Medi-Cal patients and paid for by the Medi-Cal Program- this includes Partnership HealthPlan of California. The law requires that the documentation include the prescription number(s), the date signed, and, if the recipient is not the beneficiary, a notation of the recipient's relation to the patient. Failure to comply with this requirement may serve as the basis for reversal of payments made to the pharmacy for products and services. (Welfare and Institutions Code Section 14043.341).

## Pharmacy Survey

Please take a few minutes to complete the attached *Pharmacy Provider Satisfaction Survey* and fax back to PHC at (707) 863-4330. Your responses are of great value to PHC as we depend on feedback from our providers to help us identify areas of improvement.

## Formulary Additions/Changes

As a result of the January 15, 2004 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **April 1, 2004**. The 2004 formulary was mailed to providers on February 19<sup>th</sup>. If you have not yet received a 2004 formulary, you may call the PHC Pharmacy Department at (707) 863-4414 to request a copy.

## Prior Authorization Criteria Update – effective April 1, 2004

Cialis (tadalafil), Levitra (vardenafil), Viagra (sildenafil): Treatment of erectile dysfunction (ED) in males due to: a complication of diabetes; complication of a spinal cord injury; complication of surgical or radiation therapy for prostate disorder; or where ED is caused by a medication that cannot be reduced or discontinued. Maximum of 3 doses per month.



# Partnership HealthPlan of California

## Pharmacy Provider Satisfaction

### Survey

**PLEASE take a few minutes to complete this survey.**

**We depend on feedback from our providers to help us identify areas of improvement.**

**Please Check One**

	Agree	Disagree
1. I understand the PHC TAR process.		
2. It is not difficult for our pharmacy to obtain medical justification from the prescriber to adequately complete the TAR.		
3. I feel it is reasonable when my TARs are deferred for more information.		
4. I am satisfied with PHC's turnaround time for TAR processing.		
5. If a TAR is deferred or denied, the reason is clearly communicated.		
6. PHC communicates changes to the formulary effectively & timely.		
7. I find the information in the quarterly Pharmacy Update useful.		
8. I find the Pharmacy Procedure Manual useful.		
9. I understand how to bill MedImpact for the copay when a member has other primary care insurance.		
10. I understand when to call MedImpact for assistance and when to call PHC.		
11. When I call MedImpact for assistance, the staff is helpful.		
12. When I call PHC for assistance, the staff is helpful.		
13. Compared to other Health Plans, I am more satisfied with PHC.		

**Please Check One**

	Yes	No
14. Does your pharmacy site have internet access?		

15. Please list one thing that PHC could do to increase your level of satisfaction.

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**PLEASE FAX YOUR COMPLETED SURVEY TO THE PHC PHARMACY  
DEPARTMENT AT 707-863-4330**

**THANK YOU!**

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective April 1, 2004**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Phenytek (extended phenytoin sodium) 200mg, 300mg capsules / Bertek	Anticonvulsant	<b>FORMULARY</b>	
Acebutolol (generic Sectral) 200mg, 400mg capsules / <b>GENERIC</b>	Beta Blocker	<b>FORMULARY</b>	
Amerge (naratriptan) 1mg, 2mg tablets / Cerenex	Serotonin 5HT-1 Receptor Agonist	<b>FORMULARY</b>	Limit: 9 tablets per month of 1 strength
Frova (frovatriptan) 2.5mg tablets / Elan	Serotonin 5HT-1 Receptor Agonist	<b>FORMULARY</b>	Limit: 12 tablets per month of 1 strength
Maxalt (rizatriptan) 5mg, 10mg tablets; 5mg, 10mg MLT / Merck	Serotonin 5HT-1 Receptor Agonist	<b>FORMULARY</b>	Limit: 12 tablets per month of 1 strength
Relpax (eletriptan) 20mg, 40mg tablets / Pfizer	Serotonin 5HT-1 Receptor Agonist	<b>FORMULARY</b>	Limit: 6 tablets per month of 1 strength
Zomig (zolmitriptan) 2.5mg, 5mg tablets; 2.5mg ZMT / Astra Zeneca	Serotonin 5HT-1 Receptor Agonist	<b>FORMULARY</b>	Limit: 6 tablets per month of 1 strength
Pill Cutter / All Manufacturers	Medical Supplies	<b>FORMULARY</b>	Limit: Maximum of 1 cutter every 180 days
<b>CHANGES:</b>			
Lipitor (atorvastatin) 10mg, 20mg, 40mg, 80mg / Pfizer	Antihyperlipidemic Agent	<b>FORMULARY</b>	<u>½ Tablet Substitution Required:</u> 10mg dose-use ½ 20mg tablet 20mg dose-use ½ 40mg tablet 40mg dose-use ½ 80mg tablet 80mg dose-use 1 80mg tablet
<b>DELETIONS:</b>			
Cylert (pemoline) 18.75mg, 37.5mg, 75mg tablets / <b>GENERIC</b>	CNS Stimulant	<b>NON FORMULARY</b>	Remove from formulary; Allow continuing care if member has had a previous Rx within the last 120 days.
<b>CORRECTIONS:</b>			
Depakote (divalproex sodium) 125mg, 250mg, 500mg Delayed Release tablets; 250mg, 500mg 24 Hr Sustained Release tablets / Abbott	Anticonvulsant	<b>FORMULARY</b>	<b>Continue Formulary, No TAR Required</b>