

PARTNERSHIP



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

NUMBER 04 - 04

NOVEMBER 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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PHC Member Identification Number

Previously MedImpact has only accepted the Social Security Number (SS#) as the member's identification number for claims processing. Effective September 1, 2004, the MedImpact system has been updated to accept either of the following as the member's identification number to process claims by point of service (POS):

- Social Security Number (SS#)
- Beneficiary Identification Card (BIC Card) Number as it appears (all 10 digits) on the hard plastic card with blue lettering issued by State Medi-Cal

If you have any questions regarding this notice you may contact PHC Member Services at (707) 863-4120 or (800) 863-4155 or MedImpact at (800) 788-2949.

Billing Information Grid

Partnership HealthPlan of California (PHC) has had numerous inquiries regarding pharmacy coverage issues such as claim billing, prior authorization process and drug carve-out status for Medi-Cal members. To assist providers PHC has developed a Billing Information Grid which is attached to this update. The grid is an overview of the four types of Medi-Cal coverage for members residing in Napa, Solano and Yolo Counties.

PHC hopes that this grid will be helpful in providing benefits for Medi-Cal members. If you have any questions regarding PHC pharmacy coverage issues, you may contact the PHC Pharmacy Department at (707) 863-4414.

Neurontin (gabapentin) Capsules and Tablets

Recently, the "AB" rated generic equivalents to Neurontin (gabapentin) 100mg, 300mg and 400mg CAPSULES have become available. As per PHC's policy, pharmacies must now dispense the generic equivalent for Neurontin 100mg, 300mg and 400mg CAPSULES.

Please note that the recently available generic gabapentin 100mg, 300mg and 400mg TABLETS are non-formulary and not "AB" rated to Neurontin Capsules and may not substituted for Neurontin Capsules.

Effective 1/3/05, Neurontin (gabapentin) 600mg and 800mg tablets will be removed from the formulary. PHC is requesting prescribers to change members on 600mg and 800mg tablets to the more cost-effective equivalent dose of the generic 300mg and 400mg gabapentin capsules. Although the tablets and capsules are bioequivalent, they are different dosage forms and will require an authorization from the prescriber to change. Continuation of the 600mg and 800mg tablets will require an approved TAR from PHC.

Albuterol Limit

Effective January 3, 2005, the P&T Committee has recommended the following monthly maximum dispensing limits on albuterol for members age ≤56:

- #2 aerosol inhalers
- 40mls solution for inhalation
- #75 (225mls) unit dose solution for inhalation

These limits are supportive of the NIH/NHLBI guidelines for asthma which states a treatment goal of "minimal use of short-acting inhaled beta-agonist (<1x/day, <1 canister/month)." In addition the guidelines state the following: ">1 canister a month may indicate over reliance on this drug; ≥2 canisters in 1 month poses additional adverse risks." If a member requires a quantity exceeding these limits, an approved TAR from PHC will be required. If a member has exceeded the limits and requires albuterol on an emergency basis outside of PHC's normal business hours, the pharmacy may contact MedImpact for an emergency authorization. Please also note that these limits do not affect members over the age of 56 as a majority of these members may suffer from severe COPD and require a larger quantity of albuterol.

Formulary Additions / Changes

As a result of the October 21, 2004 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **January 3, 2005**.

PHC FORMULARY: ADDITIONS / CHANGES
Effective January 3, 2005

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Bedwetting Alarm / All Mfgs	Medical Supply	FORMULARY	Age Restriction Age ≥7
Biltricide (praziquantel) 600mg tablet /	Anthelmintic	FORMULARY	Maximum of 3 Rxs/Fill
Cleocin (clindamycin) 75mg/5ml Oral Sol 100ml / PF	Antibiotic	FORMULARY	
Elidel (pimecrolimus) 1% 15gm, 30gm cream / Novartis	Dermatological Agent	FORMULARY	Age Restriction Age ≤ 5 Max Limit of 30gm/Rx
Lotensin (benazepril) 5mg, 10mg, 20mg, 40mg tablets / GENERIC	Antihypertensive ACE Inhibitor	FORMULARY	
Lotensin HCT (benazepril HCT)) 5/6.25mg, 10/12.25mg, 20/12.25mg, 20mg/25 tablets / GENERIC	Antihypertensive Combination ACE Inhibitor + Diuretic	FORMULARY	
Spiriva (tiotropium bromide) powder for inhalation	Bronchodilator	FORMULARY	
CHANGES:			
Lorazepam (generic Ativan) 0.5mg, 1mg, 2mg tablets / GENERIC	Antianxiety Agent	FORMULARY	Code 1 Removed Limit of #90/month
Levaquin (levofloxacin) 250mg, 500mg, 750mg tablets / McNeill	Antibiotic Fluoroquinolone	FORMULARY	Continue Formulary Limit of #10/Rx
Zithromax (azithromycin) 250mg, 500mg, 600mg tablets / PF	Antibiotic Macrolide	FORMULARY	Continue Formulary w/ Limits 250mg=6/Rx 500mg=3/Rx 600mg=8/Rx
Actos (pioglitazone) 15mg,30mg, 45mg tablets / Takeda	Antidiabetic Agent	STEP THERAPY EDIT	STE: Requires previous use of a sulfonylurea, metformin or insulin in the last 120 days; Continuing therapy allowed if Rx filled in the last 120 days. Maximum Dose of 1/day
Avandia (rosiglitazone) 2mg,4mg, 8mg tablets / GSK	Antidiabetic Agent	STEP THERAPY EDIT	STE: Requires previous use of a sulfonylurea, metformin or insulin in the last 120 days; Continuing therapy allowed if Rx filled in the last 120 days. Maximum dose of 2/day
Avandamet (rosiglitazone/metformin) 1/500mg, 2/500mg, 2/1000mg, 4/500mg, 4/1000mg / GSK	Antidiabetic Agent	STEP THERAPY EDIT	STE: Requires previous use of a sulfonylurea, metformin or insulin in the last 120 days; Continuing therapy allowed if Rx filled in the last 120 days.

PHC FORMULARY: ADDITIONS / CHANGES
Effective January 3, 2005

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
Albuterol (generic Proventil) aerosol inhaler, 5mg/ml solution for inhalation, 0.83mg/ml UD solution for inhalation/ GENERIC	Bronchodilator	FORMULARY	Continue Formulary w/ Limits for mbrs Age ≤ 56: #2 inhalers/mo 40ml sol./ mo #75 UD (225mls)/mo No Limits for mbrs Age ≥ 57
Alupent (metaproterenol) aerosol canisters inhaler, solution for inhalation / BI	Bronchodilator	NON-FORMULARY	Remove from Formulary
Maxair (pirbuterol) aerosol inhaler / 3M	Bronchodilator	NON-FORMULARY	Remove from Formulary
Neurontin (gabapentin) 600mg, 800mg tablets / Pfizer	Anticonvulsant	NON-FORMULARY	Remove from Formulary
Trazodone (generic Desyrel) 300mg tablets /GENERIC	Antidepressant	NON-FORMULARY	Remove from Formulary 300mg strength only

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

BILLING INFORMATION GRID

9/04

MEMBER COVERAGE	FORMULARY & NON-FORMULARY DRUGS		CARVE-OUT DRUGS (HIV/PSYCH)	
	Bill Claim To	Prior Authorization Process	Bill Claim To	Prior Authorization Process
PHC/MEDI-CAL	MedImpact Carrier #36200 Customer Service: (800) 788-2949	Fax TAR to PHC: (707)-863-4330 Customer Service (eligibility issues): (800) 863-4155 (707) 863-4120 Pharmacy Dept (TAR issues): (707) 863-4414	EDS Customer Service: (800) 786-4346	Fax TAR to DHS Drug Unit: (800) 829-4325 Information: (800) 572-9315
PHC/CMSP (Non Share of Cost) SOLANO COUNTY MEMBERS ONLY	MedImpact Carrier #36200 Customer Service: (800) 788-2949	Fax TAR to PHC: (707)-863-4330 Customer Service (eligibility issues): (800) 863-4155 (707) 863-4120 Pharmacy Dept (TAR issues): (707) 863-4414	MedImpact Alt Carrier #50145 Customer Service: (800) 788-2949	Fax a Medication Request Form (MRF) to MedImpact: (858) 578-9732 Customer Service: (800) 788-2949
STATE CMSP (Share of Cost) NOT A PHC MEMBER	MedImpact Alt Carrier #50145 Customer Service: (800) 788-2949	Fax a Medication Request Form (MRF) to MedImpact: (858) 578-9732 Customer Service: (800) 786-4346	MedImpact Alt Carrier #50145 Customer Service: (800) 788-2949	Fax a Medication Request Form (MRF) to MedImpact: (858) 578-9732 Customer Service: (800) 788-2949
STATE MEDI-CAL NOT A PHC MEMBER	EDS Customer Service: (800) 786-4346	Fax TAR to DHS Drug Unit: (800) 829-4325 Information: (800) 572-4325	NA	NA

CMSP = County Medical Services Program

EDS = Electronic Data Systems

DHS = Department of Health Services

TAR = Treatment Authorization Request