

PARTNERSHIP



of CALIFORNIA

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

NUMBER 03 - 05

August 2005

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 Focus Group Meeting

This years 2005 Pharmacy Focus Group meeting will be held the evening of August 25th at the Garden Hilton Hotel in Fairfield. The meeting will be from 6:30pm to 8:30pm with dinner provided. The intent of the focus group meeting will be to discuss the results of the annual pharmacy survey and to help PHC better understand our pharmacy provider issues. PHC strongly encourages pharmacists, pharmacy technicians and pharmacy clerks to attend. If you plan to attend and have not already sent in you RSVP, please complete the attached RSVP and fax to PHC at (707) 863-4330.

Emergency Authorizations / Hospital Discharge Medications

Emergency authorizations for TARs outside of PHC's normal business hours (M-F 8am to 5pm), including weekends and holidays may be requested from MedImpact 7 days per week, 24 hours per day, at (800) 788-2949. MedImpact may authorize up to a 5 day supply of medication, pending further authorization by PHC. In an emergency situation, 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. **Please follow the emergency authorization procedure if you are presented with a prescription for a non-formulary drug, which is a hospital discharge order, and in your professional judgment the drug is needed immediately.** As reference, this policy is stated on the introduction page of the PHC Formulary.

Medicare Part D Prescription Program

Effective January 1, 2006 PHC dual-eligible PHC/Medicare members will no longer have their outpatient drug benefit under PHC. This will affect approximately 13,000 PHC members who have Medicare coverage. Their new drug benefit will be administered by the Centers for Medicare and Medicaid Services (CMS) contracted

Prescription Drug Plans (PDPs) or a Medicare Advantage Prescription Drug Plan (MA-PDP).

This fall CMS will be sending members information on enrolling into the Medicare Part D prescription drug program and how to choose a PDP (as there will be more than 1 to choose from). If PHC members do not enroll and choose a PDP by December 31, 2005, they will automatically be enrolled and a PDP will be chosen for them. The following is a brief description of the new prescription benefit through Medicare:

- PHC members must be entitled to Medicare Part A and/or enrolled in Part B
- PHC/Medicare members will be exempt from monthly premiums
- Members will have drug copays of \$1-\$2/\$3-\$5 (generic/brand)-not paid for by PHC. These copays will be the responsibility of the member.
- Members who reside in a long term care (LTC) will be exempt from drug copays
- Drug formularies will vary depending on the PDP, as CMS is only requiring a minimum of two drugs in each 146 therapeutic classes to be covered
- CMS is requiring comprehensive coverage in the following classes: Anticonvulsants, Anti-psychotics, Anti-depressants, Chemotherapy agents, Anti-retrovirals (HIV/Aids) and Immunosuppressants
- Certain drugs are excluded from the Medicare drug benefit such as medications for anorexia, weight loss, or weight gain, fertility, drugs for cosmetic purposes or hair growth, prescription vitamin and mineral products (except prenatal vitamins and fluoride preparations), cough and cold agents, nonprescription drugs, barbiturates and benzodiazepines
- PHC will cover selected excluded drugs for PHC members when medically necessary
- PHC will still pay for PHC member's other health costs not covered by Medicare

Please advise your PHC members with Medicare coverage NOT to opt out of the new Medicare prescription drug plan as they will no longer have prescription drug coverage from PHC beginning January 1, 2006. If you have questions about the new Medicare

drug plan, you can call Medicare at 1-800-633-4227 or visit Medicare on the web at www.medicare.gov.

Solano County CMSP Program

The Solano County CMSP pilot project will end 9/30/05. Effective 10/01/05, Blue Cross of California will assume administration of the statewide CMSP program. Prescription claims will continue to be processed by MedImpact. **Please note the following changes for CMSP members effective 10/01/05:**

- **All prescription claims, including claims for psychotropic and HIV drugs should be sent to MedImpact using the Processor Control Number #50145**
- **Prior Authorizations should be faxed to MedImpact at (858) 578-9732 using a Medication Request Form (MRF), which is available from MedImpact**

There a number of operational issues still to be addressed by CMSP, Blue Cross and MedImpact. PHC is working with the CMSP Governing Board and MedImpact with coordination of Treatment Authorization Requests (TARs) that have been issued for dates after September 30th. For questions about the new CMSP program with Blue Cross, providers may call CMSP at (916) 649-2631 or the MedImpact help desk at (800) 788-2949.

This change applies only to those PHC members enrolled in the Solano County CMSP program. If members have regular Medi-Cal in Solano County this change will not affect them in any way. If you have any comments or concerns, please feel free to contact the PHC Pharmacy Department at (707) 863-4414.

CURES Program- Patient Activity Reports (PARs)

Through the analysis of Schedule II and III prescription data contained in the Controlled Substance Utilization Review and Evaluation System (CURES), the Department of Justice (DOJ) has developed a Patient Activity Report (PAR). The report contains all Schedule II and

III prescription information gathered for a patient (whether the drug was paid for by cash or a 3rd party payer such as PHC). The information contains drug name, strength and quantity, date filled, pharmacy name and physician name. Under the Health and Security Code, the DOJ may release controlled substance history of an individual to both licensed health care practitioners and pharmacists providing care or services to the individual, in order to prevent the inappropriate, improper or illegal use of Schedule II and III controlled substances. The history of controlled substances dispensed to an individual, based on data in the CURES, is considered medical information subject to the provisions of the Confidentiality of Medical Information Act.

If you would like to have a PAR run on any of your patients from the CURES data, you may fax a PAR request form to the DOJ at (916) 319-9448. The request form can be found on the internet at: <http://ag.ca.gov/bne/trips.htm>. If you have any questions regarding the PARs, you may contact the CURES Program at (916) 319-9062.

Formulary Reminder-Zaditor

PHC continues to receive a number of Treatment Authorization Requests (TARs) for the non-formulary ophthalmic decongestant Patanol (olopatadine) for allergic conjunctivitis. **As a reminder, PHC's formulary ophthalmic decongestant is Zaditor (ketotifen fumarate) which is on formulary with a Step Therapy Edit (STE).** The STE requires a previous claim for Naphcon A or Vasocon A in the last 120 days. If the member has not had a trial and failure of Naphcon A or Vasocon A in the last 120 days then a TAR is required.

Formulary Additions / Changes

As a result of the July 7, 2005 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, 2005.**



Pharmacy Focus Group Meeting

Date: Thursday, August 25, 2005

Time: 6:30 p.m. – 8:30 p.m. (Dinner Provided)

Place: Garden Hilton Hotel
Larkspur-Prospect Room
2200 Gateway Court – *Located off Travis Blvd EAST, 1st left onto Gateway Blvd.*
Fairfield, CA 94533
(707) 426-6900

Topics for Discussion:

- Understanding the Partnership HealthPlan of California (PHC) pharmacy benefit
- Issues identified in the Satisfaction Survey (attached)
- Opportunities to improve administration of the pharmacy benefit
- Medicare Part D Prescription Program

Representatives from both PHC and MedImpact will be in attendance.

Who should attend: Pharmacists, Pharmacy Technicians and Pharmacy Clerks

RSVP to the PHC Pharmacy Dept. by fax at (707) 863-4330
by **Thursday, August 18, 2005**

Name of Pharmacy: _____

Number attending: _____

Phone: _____ Fax: _____

For questions please call (707) 863-4414

**Partnership HealthPlan of California
Pharmacy Satisfaction Survey Results
2005**

The 2005 Pharmacy Satisfaction Survey was sent to 86 pharmacy providers that are contracted with MedImpact. 88% of the pharmacies surveyed were in-county pharmacies. The other 12% were out of network pharmacies that are frequently used by PHC members. The surveys were first mailed to pharmacies in March and then faxed to those that did not respond in April. The results of the survey are based on a 58% response rate or 50 returned surveys. The following is a comparison of the responses from 2004 to 2005:

	2004	2005	2005
1. I understand the PHC TAR process.	Agree – 96%	Agree – 100%	Disagree – 0%
2. It is not difficult for our pharmacy to obtain medical justification from the prescriber to adequately complete the TAR.	Agree – 33%	Agree – 59%	Disagree – 41%
3. I feel it is reasonable when my TARs are deferred for more information.	Agree – 76%	Agree – 88%	Disagree – 12%
4. I am satisfied with PHC’s turnaround time for TAR processing.	Agree – 78%	Agree – 96%	Disagree – 4%
5. If a TAR is deferred or denied, the reason is clearly communicated.	Agree – 80%	Agree – 96%	Disagree – 4%
6. PHC communicates changes to the formulary effectively & timely.	Agree – 70%	Agree – 88%	Disagree – 12%
7. I find the information in the quarterly Pharmacy Update useful.	Agree – 93%	Agree – 89%	Disagree – 11%
8. I find the Pharmacy Procedure Manual useful.	Agree – 93%	Agree – 85%	Disagree – 15%
9. I understand how to bill MedImpact for the copay when a member has other primary care insurance.	Agree – 72%	Agree – 73%	Disagree – 27%
10. I understand when to call MedImpact for assistance and when to call PHC.	Agree – 83%	Agree – 84%	Disagree – 16%
11. When I call MedImpact for assistance the staff is helpful and friendly.	Agree – 78%	Agree – 88%	Disagree – 12%

12. When I call PHC for assistance the staff is helpful and friendly.	Agree – 96%	Agree – 96%	Disagree – 4%
13. Compared to other Health Plans, I am more satisfied with PHC.	Agree – 61%	Agree – 80%	Disagree – 20%
	2004	2005	2005
14. Does your pharmacy site have internet access?	Yes – 64%	Yes – 71%	No – 29%

**PRIOR AUTHORIZATION
CRITERIA GUIDELINES
ADDITIONS/CHANGES
Effective 9/1/05
(P&T Accepted 7/7/05)**

BRAND NAME	GENERIC NAME	PREVIOUS PA CRITERIA	NEW PA CRITERIA
TESTOSTERONE-ALL FORMS	Testosterone	<i>No Current Criteria</i>	Treatment for male members 18 years of age or older diagnosed with primary or secondary hypogonadism. Lab confirmed low testosterone level, <i>drawn before 9am</i> , within 90 days of request must be provided for initiation of new therapy. A baseline lab before treatment was started is required for those members new to PHC who are currently on therapy. Patches, gel and cream require a contraindication to or trial and failure of injectable testosterone.
ORAL NUTRITIONAL SUPPLEMENTS	Same	Supplemental treatment of catastrophic disease or medical condition for members unable to maintain adequate nutrition with ordinary foodstuffs. A completed Nutritional Supplement Medical Justification form is required with each TAR.	Supplemental treatment of a medical condition for members who are malnourished or may be at risk for malnutrition and are unable to maintain adequate nutrition with ordinary foodstuffs. A completed Nutritional Supplement Medical Justification form is required with each TAR
ENTERAL NUTRITIONAL SUPPLEMENTS	Same	Supplemental treatment of catastrophic disease or medical condition for members unable to maintain adequate nutrition with ordinary foodstuffs. A completed Nutritional Supplement Medical Justification form is required with each TAR.	Treatment for members with a functioning gastrointestinal tract who, due to pathology or nonfunction of the structures that normally permit food to reach the digestive tract, requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the member's general condition.
INFANT FORMULAS	Same	<i>No Current Criteria</i>	Treatment of a medical condition for members unable to maintain adequate nutrition with contract formulas provided by the WIC Program: Similac Advance, Similac with iron, Similac Lactose Free, Similac Isomil, Similac Isomil Advance and Lacto-Free. For infants needing a soy based formula such as Isomil, Prosobee or a specialty formula such as Alimentum, Nutramigen, Pregestimil or Pediasure, a completed Infant Formula Medical Justification form is required with each TAR.

BRAND NAME	GENERIC NAME	PREVIOUS PA CRITERIA	NEW PA CRITERIA
CIALIS LEVITRA VIAGRA	Tadalafil Vardenafil 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.	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. As mandated by MMCDAll Plan Letter 05007, PHC will not authorize or reimburse ED treatment for known convicted sex offenders.
CAVERJECT MUSE	Alprostadil Alprostadil	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. Mbr must have also been evaluated by an urologist. Maximum of 3 doses per month.	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. Mbr must have also been evaluated by an urologist. Maximum of 3 doses per month. As mandated by MMCDAll Plan Letter 05007, PHC will not authorize or reimburse ED treatment for known convicted sex offenders.

PHC FORMULARY: ADDITIONS / CHANGES
Effective September 1, 2005

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Benicar (Olmesartan) 5mg, 20mg, 40mg tablets / Sankyo	Angiotensin II Receptor Antagonists	STEP THERAPY EDIT (STE)	STE: Previous use of an ACE or ARB in the last 120 days ½ Tablet Substitution: Must use ½ Benicar 40mg for 20mg dose
Benicar HCT (Olmesartan/HCT) 20/12.5mg, 40/12.5mg, 40/25mg tablets / Sankyo	Angiotensin II Receptor Antagonists	STEP THERAPY EDIT (STE)	STE: Previous use of an ACE, ARB, ACE/HCT or ARB/HCT in the last 120 days ½ Tablet Substitution: Must use ½ Benicar 40/25mg for 20/12.5mg dose
CHANGES:			
Cozaar (losartan) 25mg, 50mg, 100mg tablets / Merck	Angiotensin II Receptor Antagonists	NON-FORMULARY	Remove Code 1 Status Continuing therapy allowed if Rx filled in the last 120 days.
Hyzaar (losartan/HCT) 50/12.5mg, 100/25mg tablets / Merck	Angiotensin II Receptor Antagonists	NON-FORMULARY	Remove Code 1 Status Continuing therapy allowed if Rx filled in the last 120 days.
Diovan (valsartan) 40mg, 80mg, 260mg, 320mg tablets / Novartis	Angiotensin II Receptor Antagonists	NON-FORMULARY	Remove Code 1 Status Continuing therapy allowed if Rx filled in the last 120 days.
Diovan HCT (valsartan/HCT) 80/12.5mg, 160/25mg tablets / Novartis	Angiotensin II Receptor Antagonists	NON-FORMULARY	Remove Code 1 Status Continuing therapy allowed if Rx filled in the last 120 days.