

PARTNERSHIP



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

NUMBER 01 - 05

February 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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OTC Prilosec 20mg Tablet Shortage

Due to the ongoing short supply of OTC Prilosec 20mg Tablets, PHC is continuing to allow MedImpact to authorize an override for generic omeprazole capsule when a pharmacy calls the MedImpact Help Desk at 800-788-2949 and reports a shortage of OTC Prilosec Tablets. A Treatment Authorization Request (TAR) will not be required for this medication shortage. Once OTC Prilosec 20mg Tablets are available MedImpact will no longer authorize overrides for generic omeprazole capsules. Please note that MedImpact will only authorize overrides for generic omeprazole capsules. All other requests for non-formulary Proton Pump Inhibitors (PPIs) will require an approved TAR from PHC.

Citalopram (generic Celexa) Now on Formulary

Effective 3/1/05 citalopram (generic Celexa) 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. With this formulary inclusion there will now be three generic SSRIs on the PHC formulary-citalopram, paroxetine and fluoxetine. PHC is continuing to request that clinicians prescribe the more cost-effective fluoxetine (generic Prozac) as their first choice of an antidepressant when appropriate.

Bextra & Celebrex Formulary Change

Effective 3/1/05, all prescriptions for Bextra and Celebrex will require an approved TAR for payment. PHC has previously not required a TAR for members on concurrent warfarin therapy or age 75 years and older. The recent TARGET study (8/21/04 Lancet) concluded that the GI protective effect of a COX-2 is lost in patients taking low-dose aspirin and there is little reason to prescribe these expensive agents over less expensive NSAIDs. PHC's new P.A. criteria for Bextra and Celebrex are as follows:

Treatment for members who have a diagnosis of OA or RA who meet one of the following criteria: a documented history of peptic ulcer disease; GI bleeding; concurrent use of a chronic oral corticosteroid; concurrent use of warfarin therapy; age ≥ 75 years old a previous trial of two (2) formulary NSAIDs, one of which must have been salsalate, etodolac or diclofenac. Member must also not be on concurrent aspirin therapy.

Neurontin (gabapentin) Tablets Reinstated to Formulary Status

In the previous Pharmacy Update, providers were notified that effective 1/3/05, Neurontin (gabapentin) 600mg and 800mg TABLETS would be removed from the formulary requiring prescribers to change to the more cost-effective equivalent dose of the generic 300mg and 400mg gabapentin capsules. Recently, the "AB" rated generic equivalents to Neurontin (gabapentin) 600mg and 800mg TABLETS have become available and have now been reinstated to formulary status. As per PHC's policy, pharmacies must now dispense the generic equivalent for Neurontin 600mg and 800mg TABLETS.

Albuterol Limit Reminder

Beginning January 18, 2005, the following monthly maximum dispensing limits on albuterol for members age ≤56 became effective:

- #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."

As a reminder, if a member requires a quantity exceeding these limits, please submit a Treatment Authorization Request (TAR) to PHC. 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 or send a retroactive TAR to PHC.

Formulary Additions / Changes

As a result of the January 6, 2005 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **March 1, 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

PHC FORMULARY: ADDITIONS / CHANGES
Effective March 1, 2005

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Citalopram (Generic Celexa) 20mg, 40mg tablets / GENERIC	Antidepressant-SSRI	FORMULARY	½ tablet substitution required
Strattera (atomoxetine) 10mg, 18mg, 25mg, 40mg, 60mg capsules / Lilly	Misc Psychotherapeutic Agent	FORMULARY	Restricted to once daily dosing of only 1 strength capsule
CHANGES:			
Bextra (valdecoxib) 10mg, tablets / Pfizer	NSAID-Cox 2	NON-FORMULARY	Remove current Step Therapy Edit for mbrs ≥75 years old & on concurrent warfarin. All Rxs now require a TAR.
Celebrex (celecoxib) 100mg, 200mg capsules /Pfizer	NSAID-Cox 2	NON-FORMULARY	Remove current Step Therapy Edit for mbrs ≥75 years old & on concurrent warfarin. All Rxs now require a TAR.
Neurontin (gabapentin) 600mg, 800mg tablets / Pfizer	Anticonvulsant	FORMULARY	Re-instate to Formulary status requiring generic substitution. Effective 1/10/05



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facsimile transmittal

To: _____ **Fax:** _____
From: PHC Pharmacy Dept. **Date:** 2/9/2005
Re: **COX-2 Inhibitor TAR** **Pages:** , including cover sheet
CC: _____ **Fax:** _____

RE: TAR# _____ **Mbr Name:** _____

Based on the information submitted on the attached TAR it does not appear that this member is in the high risk category that requires treatment with a COX-2 Inhibitor per **PHC's Criteria: Treatment for members who have a diagnosis of OA or RA who meet one of the following: a documented history of peptic ulcer disease; GI bleeding; concurrent use of a chronic oral corticosteroid; concurrent use of warfarin therapy; age ≥ 75 years old a previous trial of two (2) formulary NSAIDs, one of which must have been salsalate, etodolac or diclofenac. Member must also not be on concurrent aspirin therapy.**

Please complete the following and fax to PHC at: (707) 863-4330.

- 1) Does this member have a history of PUD? Yes No
- 2) Has this member had a significant GI bleed? Yes No
- 3) Is this member currently on chronic corticosteroid therapy? Yes No
- 4) Is this member currently on warfarin therapy? Yes No
- 5) Is this member age 75 or older? Yes No
- 6) NSAIDs tried in the last year:
 diclofenac _____ etodolac _____ salsalate _____ other NSAID _____
- 7) Is this member currently on aspirin therapy? Yes No
The recent TARGET study (8/21/04 Lancet) concluded that the GI protective effect of a COX-2 is lost in patients taking low-dose aspirin & there is little reason to prescribe these expensive agents over less expensive NSAIDs.
- 8) Other justification for use of a COX-2 Inhibitor: _____

It is important to remember that for patients with cardiovascular risk factors COX-2's have been implicated in high risk of cardiovascular complications such as MI & stroke.

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