

PARTNERSHIP



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

NUMBER 02 - 05

May 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 Satisfaction Survey

PHC would like to thank all those pharmacy representatives who responded to the recent 2005 Pharmacy Satisfaction Survey. The survey was sent to 86 pharmacy providers that are contracted with MedImpact. 88% of the pharmacies surveyed were in-county pharmacies and the other 12% were out of county 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. This was an increase from a 41% response rate from the 2004 survey. The results of the 2005 survey comparing to the 2004 survey are attached to this update.

Focus Group Meeting

PHC is in the process of planning the 2005 Pharmacy Focus Group meeting which will be held the evening of August 25th at the Garden Hilton Hotel in Fairfield. Notices for the meeting will be sent out 30 days prior to the meeting. The intent of the focus group meeting will be to discuss the results of the survey and to help PHC better understand our pharmacy provider issues.

Generic Duragesic (fentanyl) Patch

Generic Duragesic (fentanyl) Patches are now available generically and have been added to the PHC Maximum Allowable Cost (MAC) list. There are currently 2 manufacturers of generic fentanyl patch: Sandoz and Mylan. Based upon statistical analyses, studies have demonstrated that the generic *fentanyl transdermal systems* are bioequivalent to Duragesic. Fentanyl Patches remain non-formulary and require an approved TAR for payment. Dispensing of the brand Duragesic Patch will also require a TAR stating the medical justification why the member is unable to use the generic equivalent.

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

Plavix (clopidogrel) Quantity Limit

Effective June 1, 2005 a quantity limit of 100 tablets per 12 months will be initiated for Plavix. PHC will allow members to exceed this limit with an approved TAR for the following diagnoses: allergic or intolerance to aspirin; PCI/stent replacement in the last 12 months; Post CABG; Thromboembolic disease (CVA, TIA, PAD, CAD) uncontrolled by aspirin alone. Included with this update is a PHC form which will be required to be attached to all Plavix TARs.

Background from a recent PHC literature review: In primary and secondary prevention trials, low dose aspirin has been unequivocally shown to reduce the incidence of thromboembolic events. In certain clinical situations clopidogrel or clopidogrel plus aspirin has been found to be more effective in preventing vascular events than aspirin alone. Clopidogrel is also recommended by the American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines in hospitalized patients with coronary syndromes that are unable to take aspirin because of previous major GI intolerance. Studies have shown that clopidogrel causes less GI bleeding and gastroduodenal damage compared to aspirin. However the findings of the Chan et al study (*N Engl J Med 2005; 352:238-44*) concluded that aspirin plus a PPI in place of clopidogrel offers protection against GI ulceration and bleeding in patients that have previously had aspirin-induced gastric bleeding.

Potential for Underutilization of Care and Services

PHC recognizes the potential for underutilization of care and services and takes appropriate steps to monitor for this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage. Reviewers are not offered incentives nor are they compensated to deny medically appropriate services to members or to issue denials of coverage.

PHC Member Identification Number Update

In a previous Pharmacy Update, providers were notified that the MedImpact system had 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 (SSN)
- 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

PHC will also accept either identification number on the TAR forms. When using the BIC number please include all 10 digits. PHC has been receiving a large number of TARs with only 9 digits. Please remember to include the last number after the letter. For example: 12345678A5.

If you are experiencing problems transmitting a claim with the BIC number, please transmit the claim using the member's Social Security Number (SSN).

AT&T Translation Services

The State Department of Health Services (DHS) requires that Medi-Cal Managed Care Plans ensure access to translation services for pharmacy counseling on drug dosages, drug interactions, contraindications, adverse

reactions, etc. PHC's Threshold languages are Spanish and Russian.

Effective immediately, PHC will offer free translation services for pharmacy providers for the services listed above through the AT&T Language Line. This service is available at no cost for Spanish and Russian members with limited English language capability. This service can be accessed by calling the PHC Member Services Department at 707-863-4120. The Member Service Department will need to confirm eligibility before authorizing the service, so please have the members SSN available before calling. This service is paid for by PHC and averages about \$2.20 per minute, so please use it wisely.

If you would like additional information about this service, please contact the PHC Member Services Department.

Medi-Cal List of Contract Drugs

The Department of Health Services (DHS) is suspending several drugs from the Medi-Cal Fee for Service List of Contract Drugs for services provided on or after June 1, 2005.

A letter dated April 1, 2005 was sent out to all Medi-Cal Beneficiaries, including PHC members, stating that the suspended list of drugs will only be available with prior approval by a Medi-Cal consultant. **Please note that the suspended drug list is only applicable to Medi-Cal Fee for Service beneficiaries and not PHC members.** Changes to the PHC formulary are distributed directly from PHC and can also be accessed on the internet at:

www.partnershiphp.org.

Formulary Additions / Changes

As a result of the April 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 **June 1, 2005.**

PHC FORMULARY
ADDITIONS / CHANGES / P.A. CRITERIA
Effective June 1, 2005

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Elmiron (pentosan polysulfate sodium) 100mg capsule / McNeil	Interstitial Cystitis Agent	FORMULARY	
Hectorol (doxercalciferol) 2.5mcg, 0.5mcg capsules	Vitamin D	FORMULARY	
CHANGES:			
Plavix (clopidogrel) 75mg tablets / BMS	Antiplatelet Agent	FORMULARY QUANTITY LIMIT	Quantity Limit: 100 tablets allowed in 12 months; TAR required for use beyond limit.
Renagel (sevelamer) 400mg, 800mg tablet / Genzyme	Phosphate Binder	NON-FORMULARY	Continuing therapy allowed if Rx filled in the last 120 days.

BRAND NAME	GENERIC NAME	NEW PA CRITERIA
RENAGEL	Sevelamer	For control of hyperphosphatemia in dialysis members who are unresponsive to calcium based phosphate binder therapy (PhosLo) in amounts exceeding 2,000 mg total elemental calcium content; members with hypercalcemia; members with vascular or soft tissue calcifications; or members with low PTH.
SENSIPAR	Cinacalcet	For dialysis members with uncontrolled severe secondary hyperparathyroidism despite maximal doses of vitamin D sterols who are either not candidates for parathyroidectomy, or who have failed parathyroidectomy; dialysis members with persistent hypercalcemia on vitamin D sterol and off all calcium-containing products and on low calcium dialysate; or for members with parathyroid cancer.
FOSRENOL	Lanthanum carbonate	For control of hyperphosphatemia in dialysis members who are unresponsive to calcium based phosphate binder therapy (PhosLo) in amounts exceeding 2,000 mg total elemental calcium content; members with hypercalcemia; members with vascular or soft tissue calcifications; or members with low PTH.
PLAVIX	Clopidogrel	Treatment for members with the following diagnoses: allergic or intolerance to aspirin; PCI/stent replacement in the last 12 months; Post CABG; Thromboembolic disease (CVA, TIA, PAD, CAD) uncontrolled by aspirin alone.
BLOOD PRESSURE MONITORING DEVICES/CUFFS	Same	For use by members with severe hypertension.
SEROSTIM	Somatropin	Treatment of AIDS wasting syndrome in members who have had an inadequate response to 1 st line agents including, but not limited to megestrol, dronabinol, oxandrolone, nandrolone and testosterone. Treatment must be re-evaluated after 4 weeks & 8 weeks of therapy. Documentation of weight stabilization or weight gain will be required after 4 weeks to continue therapy & documentation of weight gain after 8 weeks will be required to continue therapy to a maximum of 12 weeks of therapy. A nutritional evaluation by a Registered Dietician is also required. +For complete policy see HS Policy No. RC100435.

**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%



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facsimile transmittal

To: Fax: From: PHC Pharmacy Dept. Date: 5/13/2005 Re: PLAVIX Pages: , including cover sheet CC: Fax:

RE: TAR# Mbr Name:

PLAVIX P.A. CRITERIA: Treatment for members with the following diagnoses: allergic or intolerance to aspirin; PCI/stent replacement in the last 12 months; Post CABG; Thromboembolic disease (CVA, TIA, PAD, CAD) uncontrolled by aspirin alone.

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

- 1) Is this member allergic or intolerant to aspirin? Yes No
2) Has this member had a PCI/stent replacement within the last 12 months? Yes No
3) Is this member post CABG? Yes No
4) Does this member have a thromboembolic disease (CVA, TIA, PAD, CAD) uncontrolled by aspirin alone? Yes No
6) Other justification for requiring Plavix therapy. Please specify:

FAX THIS FORM TO PHC (707)-863-4330

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