

PARTNERSHIP



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

**NUMBER 03 - 06**

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**Introduction**

Please keep these updates on file in your Pharmacy Procedure Manual as they will contain important 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](http://www.partnershiphp.org) or contact the Pharmacy Department at (707) 863-4414 to request a copy.

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### **California Department of Health Services (CDHS) – Emergency Drug Benefit for the Dual Eligible**

The California Legislature and the governor have continued an Emergency Drug Benefit (EDB) for the Dual Eligibles, which allows the state to continue covering costs of medications for dual eligibles unable to obtain medications from the Medicare Part D program. CDHS will now cover for dates of services through January 31, 2007. Beginning September 15, 2006, no EDB claims will be paid for dates of service prior to May 17, 2006. The Updated Information Bulletin can be accessed from [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### **CMS UPDATES:**

It appears that the exclusive and separate CMS Pharmacist Help Line (866) - 835-7595 has merged with the 800 – MEDICARE number. This number can still be called but will be transferred into the main line. Depending on the time of calls, wait times per CMS are variable with both long and short waits. Peak times are the worst times.

### **TrueTrack System**

Home Diagnostics, Inc. (HDI) has printed a Guide to Troubleshooting the TrueTrack meter (available in English and Spanish). This FAQ will be distributed by HDI to all of our network pharmacies. Often times our patients may feel their TrueTrack meter is not working but this FAQ contains helpful tips to quickly determine if the meter is functioning properly. If you would like a copy, call HDI Technical Support Department at 1-800-803-6025 or PHC Pharmacy Department at (707) 863-4414.

### **SPECIALTY INJECTABLES**

Walgreens Specialty is our preferred supplier for members who self

administer injectable medications at home or injectables that are administered to members in doctor's office. The Walgreens service is not an exclusive contract. Many of our network pharmacies may also supply some specialty items as long as PHC prior authorization criteria and necessary monitoring data collection are followed.

### **MEDIMPACT AND NDC NUMBERS**

Our Pharmacy Benefits Manager (PBM) MedImpact will no longer give out specific NDC numbers for rejected claims of non covered drug because of a non valid NDC. They will only verify if the NDC is valid if you give the number to them. Our suggestion is to refer to your wholesaler inventory listing for choices and then review with MedImpact to determine if your choices are valid.

### **FORMULARY REMINDERS**

#### **Maxalt (Rizatriptan) tablets and Maxalt MLT oral disintegrating tablets**

Both tablet types are on formulary with quantity limits to a maximum of 12 tablets of 1 strength per month.

#### **Topiramate and Lamotrigine – removal from formulary effective 10/1/06**

Since October 2005, the Anticonvulsant Class has become the highest therapeutic class in drug expenditure for PHC. Even with quantity limits restrictions, topiramate (Topamax) and lamotrigine (Lamictal) have accounted for over 33% of the expenditure within this drug class. The Pharmacy and Therapeutics committee has recommended that prior authorization (PA) restrictions to improve utilization. These drugs are not first line therapy for

headaches, pain and weight disorder. Effective October 1, 2006, topiramate and lamotrigine will be non-formulary and require prior authorization for new and continuing use. PHC will be sending a memo to pharmacies and existing prescribers of these drugs to explain the PA criteria.

### **Formulary Additions / Changes**

As a result of the July 7, 2006 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, 2006**.

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective September 1, 2006**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Lidocaine HCL 2% jelly 30 ml/(Astra)	Local Anesthetic	<b>FORMULARY</b>	
Olopatadine (PATANOL) 0.1% solution 5ml /(Alcon)	Antihistamine	<b>FORMULARY - STEP THERAPY EDIT (STE)</b>	<b>STE: Requires trial and failure of Naphcon A in the last 120 days.</b>
Fexofenadine (ALLEGRA) 60mg, 180 mg tablets/ (Aventis)	Antihistamine	<b>FORMULARY - STEP THERAPY EDIT (STE)</b>	<b>STE: Requires trial and Failure of OTC Loratadine in the last 120 days.</b>
Benicar (Olmesartan) 5mg, 20mg, 40mg tablets / Sankyo	Angiotensin II Receptor Blocker	<b>FORMULARY - CODE 1 &amp; LIMIT</b>	<b>Code 1: Restricted to members who have tried and failed an ACE or ARB. ½ Tablet Substitution: Must use ½ Benicar 40mg for 20mg dose.</b>
Benicar HCT (Olmesartan/HCT) 20/12.5mg, 40/12.5mg, 40/25mg tablets / Sankyo	Angiotensin II Receptor Blocker	<b>FORMULARY - CODE 1 &amp; LIMIT</b>	<b>Code 1: Restricted to members who have tried and failed an ACE or ARB. ½ Tablet Substitution: Must use ½ Benicar 40/25mg for 20/12.5mg dose.</b>
AVAPRO (Irbesartan ) 75 mg, 150 mg, 300 mg tablets/(Bristol-Myers Squibb Sanofi-Synthelabo Partnership)	Angiotensin II Receptor Blocker	<b>FORMULARY - CODE 1 &amp; LIMIT</b>	<b>Code 1: Restricted to members who have tried and failed an ACE or add on and stand alone for diabetic nephropathy. ½ Tablet Substitution on 150 mg and 300mg.</b>
CRESTOR (Rosuvastatin) 5mg, 10mg, 20mg, 40mg tablets / (AstraZeneca)	Antihyperlipidemic Agent (HMG-CoA Reductase)	<b>FORMULARY – LIMIT</b>	<b>½ Tablet Substitution: Must use ½ Crestor 10mg for 5mg dose; ½ Crestor 40mg for 20mg dose.</b>
<b>DELETIONS</b>			
DIOVAN/HCT (Valsartan/HCT ) 160/12.5mg tablet (Novartis)	Angiotensin II Receptor Blocker	<b>NON-FORMULARY Remove Code 1</b>	
DIOVAN (Valsartan) 80 mg, 160 mg tablets/(Novartis)	Angiotensin II Receptor Blocker	<b>NON-FORMULARY Remove Code 1</b>	
<b>DELETIONS – Effective 10-01-2006</b>			
TOPAMAX (Topiramate) 25 mg, 50mg, 100 mg, 200 mg tablets; 15 mg , 25 mg capsule, sprinkle/(Ortho-McNeil)	Anticonvulsant	<b>NON-FORMULARY Remove limits</b>	
LAMICTAL (Lamotrigine) 25mg (all forms), 100mg, 150 mg, 200 mg tablets; 2mg, 5mg, 25 mg tablets, chewable/(GlaxoSmithKline)	Anticonvulsant	<b>NON-FORMULARY Remove limits</b>	