

PARTNERSHIP



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

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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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Five Day Emergency Fill

Five day emergency fill - Just a reminder that PHC's Pharmacy policies allow patients to receive a 5 day fill for any medication even a non-formulary drug in an emergency situation. This is particularly important when patients are being discharged after a hospitalization. We are encouraging prescribers to write "emergency fill" on the bottom of the prescription if the medication is for an emergency to prevent any delay in the member receiving necessary medication in an emergency.

Medicare Part D: Non-formulary included/excluded drug?

Overall, there have been a few problems with the start up of the new Medicare Prescription Drug Program on January 1. PHC wants to thank all the pharmacists who have given time and attention to our Part D members. The biggest problems are PHC members not assigned to a PDP and members do not know which PDP they have been assigned.

Another problem for the PCPs is determining if a drug is on the specific PDP formulary. Access to the PDPs formulary via Epocrates is now possible. Note that messaging from the insurance groups of "non-formulary agent" does not mean that the drug is not available from the PDP.

PHC is getting many requests via PA to cover a non-formulary included drug. Assuming that the drug is in the "included" drug category for the PDP, there may be specific step therapy or prior authorization criteria to meet. FAQ #6 reviews the process that physicians can help pharmacists to expedite non-formulary requests through the PA process. If the request is denied and no other formulary option is available, the prescriber and/ or member may "appeal" that decision. Specific processes for each PDP will need to be followed.

FAQs on Medicare Part D

In this section is a FAQ listing on Medicare Part D related issues that have been compiled at PHC. Pharmacy Services will continue to keep you informed of any new issues and developments. For further discussion or clarification of this FAQ, call PHC Pharmacy Services at (800) 863-4144 or (707) 863-4133.

1. How can a dual eligible member select a Prescription Drug Plan (PDP)?

PHC members entitled to Medicare Part A and /or Part B are entitled to the Medicare Part D prescription program. Potential eligibles can call 1- 800- Medicare to determine eligibility and help in choosing a plan if they have not been auto-enrolled by Medicare or to determine their assigned plan. Some specific information (SSN, Medicare Card, Zip code) may be needed by Medicare. Additionally they can access the web site (www.medicare.gov and www.cms.gov) to choose or determine your plans.

2. What if my patient wants to switch from their current plan?

PHC members have the option of changing plans monthly. The process can be done by using resources as outlined in Question #1

3. What if a member is not enrolled in a PDP but needs medicine?

Members can follow the process discussed in Question #1 to determine eligibility and enrollment in a PDP. However, some members have not been assigned to a PDP. In those cases their pharmacy does have options to be able to fill prescriptions. If the pharmacist verifies Medicare eligibility, CMS has indicated that POS Contractor (Anthem) can be billed through a separate payor account. For pharmacists and physician only, call Wellpoint (Anthem) help desk number at (800) 662-0210)

4. What if a member, prescriber or pharmacy cannot determine the member's PDP?

Centers for Medicare and Medicaid Services (CMS) has a detailed and Pharmacy specific FAQ on "What if Scenarios- for Dual Eligibles" The web site is:

<http://www.cms.hhs.gov/PrescriptionDrugCov/GenIn/Downloads/WhatIfScenariosPharm.pdf>

CMS has a specific pharmacy only dedicated help line (1-866-835-7595) for eligibility determination and is now open 24/7 but only manned with a live person between 7AM-11PM EST (4AM-8PM PST). If a pharmacy is unable to determine a PHC member's PDP and has confirmed the member's eligibility with Medicare, CMS indicates that Wellpoint (Anthem) can be billed for a 14 day supply. Anthem's phone # for pharmacist and physician only is (800) 662-0210.

5. What if the drug that my patient takes is not on the PDP formulary?

During this initial transition period (after January 1, 2006- undetermined), the Federal government restated that PDP should supply dual eligible Part D members with a 30 day supply of their needed medication during which time changes and formulary alternatives could be done if needed. The PDP may indicate a medicine is a non-formulary drug item or an excluded drug item. A non-formulary item means that drug is not preferred by the PDP but they must supply an alternative or provide the medication if their criteria are met. Each PDP has developed criteria for non-formulary drugs but these criteria are not yet available. A non-formulary drug is different from an excluded drug. An excluded drug is generally provided by Medicare or by the PDP by law. Excluded drugs will be covered by PHC for PHC dual eligible members if the medication is on the PHC formulary.

6. What if the drug my patient is taking is considered non-formulary by the PDP?

Review and discuss with your patient the option of changing to another alternative drug

that the plan covers. If you and the patient decide that an exception is needed, a request can be made with pharmacy's help to the PDP in either an expedited process (24 hours) or a normal request (72 hours) for a decision to request coverage. Each PDP may have special forms to complete but you can help the pharmacy by giving the **D O C**. **Diagnosis, Other medications tried (why formulary alternative can't be used) and The Clinical justification for use.** The mnemonic is **D O C**.

7. What are examples of excluded drugs?

Excluded drugs fall into several well defined categories. Examples are:

- Anorexia agents, Weight loss agents, and Weight gain agents
- Fertility agents
- Drugs for cosmetic purposes or hair growth
- Prescription vitamin and mineral products
- Cough and cold agents
- Non-prescription drugs
- Barbiturates and benzodiazepines

8. How can you determine whether my patient's medication is on specific PDP's formulary?

By accessing the PDP's formulary on Epocrates.

9. What if a pharmacy is unable to get medications because the Medicare Drug Plan (PDP) has denied the claim? Can I get a medicine covered?

During this transition period (January 12, 2006 – undefined), if the pharmacy has tried and been unable to obtain a paid claim from Medicare, Medi-Cal has provided emergency legislation to provide payment for your prescriptions. However, a denied claim has to fit specific criteria and the pharmacy needs to follow specific processes established by Medi-Cal. Those specific processes for emergency drug benefits are outlined on the web site: [http:// www.medi-cal.gov](http://www.medi-cal.gov)

Formulary Additions/Changes:

1. ED Drugs no longer covered –

Because of federal legislation and an operating instruction letter from the state of California, effective January 1, drugs used to treat erectile dysfunction are no longer covered by the state Medi-Cal program or for PHC members. This means that the medications are not covered even though they may be medically necessary. The medications, which are occasionally used for other indications such as pulmonary hypertension, will be covered for indications other than erectile dysfunction.

2. PHC is getting an increase number of requests for sleep medications. With all PA requests for sleep medications, PHC will be forwarding to the prescribing physician a **tip sheet titled “Principles of Sleep Hygiene”** which reviews non-drug intervention options along with a request for clinical justification if appropriate.

3. TrueTrack Smart System: blood glucose meter and test strips

As of April 1, 2006, PHC will make the TrueTrack Smart Systems our preferred blood glucose meter and test strips for PHC members. This change will not affect PHC members who have Medicare coverage as Medicare Part B is the primary payer for diabetic supplies. The PHC Pharmacy and Therapeutics Committee has performed an extensive evaluation of the available systems and determined that the TrueTrack system is equally efficacious and more cost-effective than other brands of diabetes self-monitoring systems.

On April 1st, PHC will begin transitioning members to the TrueTrack brand. Prescribers will be asked to prescribe the TrueTrack brand of meters and test strips for diabetic PHC

members. For PHC Medi-Cal only members, other brands of meters and strips will be non-formulary and available to members through the prior authorization process. If a member is unable to be transitioned to the TrueTrack system for valid medical reasons, other brands will be considered.

We will be sending you a more detailed letter later regarding ordering and stocking this product line. Resources from Home Diagnostics will be outlined in that letter.

Formulary Additions / Changes

As a result of the February 2, 2006 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **April 1, 2006**.

PHC FORMULARY: ADDITIONS / CHANGES
Effective April 1, 2006

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Eucerin cream/lotion (BEIERSDORF)	Emollients	FORMULARY	
Cetaphil lotion (GALDERMA)	Emollients	FORMULARY	
Estrace (ESTRADIOL)cream (WARNER-CHI)	Estrogen vag cr	FORMULARY	
Diazepam (VALIUM) 2 mg, 5 mg, 10 mg tablets (GENERIC)	Benzodiazepine	FORMULARY - QUANTITY LIMIT	Quantity Limit: Limited to a maximum of 90 tablets per month.
Chlordiazepoxide (LIBRIUM) 5mg, 10 mg, 25 mg capsules (GENERIC)	Benzodiazepine	FORMULARY - QUANTITY LIMIT	Quantity Limit: Limited to a maximum of 90 tablets per month.
Clorazepate (TRANXENE) 3.75mg, 7.5 mg, 15 mg tablets (GENERIC)	Benzodiazepine	FORMULARY - QUANTITY LIMIT & STE	STE: requires previous use of a formulary benzodiazepine Quantity Limit: Limited to maximum of 90 tablets per month.
Oxazepam (SERAX)10 mg , 15 mg, 30 mg capsules (GENERIC)	Benzodiazepine	FORMULARY - QUANTITY LIMIT	Quantity Limit: Limited to a maximum of 90 tablets per month.
Alprazolam (XANAX)0.25 mg , 0.5 mg, 1 mg, 2 mg tablets (GENERIC)	Benzodiazepine	FORMULARY - QUANTITY LIMIT	Quantity Limit: Limited to a maximum of 90 tablets per month.
Clindamycin vaginal cream 2% (CLINDESSE) (THER-RX)	Topical antibiotic	FORMULARY	
Blood Glucose test strips (TrueTrack system only) (HOME DIAGNOSTIC)	Blood Sugar diagnostics	FORMULARY- QUANTITY LIMIT	Quantity limit: limited to a max of 102 per 25 days.
Blood Glucose Monitor (TrueTrack system only) (HOME DIAGNOSTIC)	Blood Sugar diagnostics	FORMULARY- QUANTITY LIMIT	Quantity limit: 1 meter/year
Blood Glucose test strips other than TRUETRACK (e.g. OneTouch, Accu-Chek, Freestyle, Ascensia, Precision, Surestep, Walgreens test strips) ALL MANUFACTURERS	Blood Sugar diagnostics	NON-FORMULARY	Removed from Formulary
Blood Glucose Monitor other than TRUETRACK (e.g. OneTouch, Accu-Chek, Freestyle, Ascensia, Precision, Surestep, Walgreens test strips) ALL MANUFACTURERS	Blood Sugar diagnostics	NON-FORMULARY	Removed from Formulary.
Megestrol suspension 40mg/ml (MEGACE) (GENERIC) Megestrol ES suspension 625mg/5ml (PAR; GENERIC)	Progestin	Non-Formulary	Removed from Formulary