

PARTNERSHIP



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

NUMBER 02 - 06

May 2006

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 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. The EDB program has implemented pre-payment utilization controls and possible post payment audits for paid claims.

For dates of service beginning May 17, 2006 through January 31, 2007, claims may no longer be submitted using Code 1 Restriction indicator for an EDB. Pharmacies must now submit a paper treatment authorization request (TAR – form 50-1, 502) along with “California Emergency Drug Benefit for the Dual Eligible TAR attachment.”

The Updated Information bulletin (which can be accessed from www.medi-cal.ca.gov) outlines the new program billing instructions. Part D excluded drugs are not covered through the EDB program. For PHC dual eligibles, the process for covering “Part D excluded” drugs has not changed. PHC will continue to pay claims for the “Part D excluded drugs” covered in our formulary.

CMS Updates:

Centers for Medicare and Medicaid Services (CMS) continually updates and provides clarification regarding Part D drugs – both those included as covered under Part D and the excluded drugs. The latest update dated February 7, 2006 is in a PDF format and though not an exhaustive list it does highlight some of the most frequently asked questions. If you would like a copy, call us at (707) 863-4414 and we can email you the file.

For our dual eligibles, PHC will cover formulary drugs within the 6 “Part D excluded” categories. Those categories are:

- anorexia, weight loss or weight gain
- Symptomatic relief of cough and cold
- Non prescription drugs
- Barbiturates
- Benzodiazepines
- Prescription vitamins and mineral

On February 3, 2006, CMS sent a letter to Part D plans explaining how prescription Niacin products (Niaspan, Niacor) are prescription vitamins and therefore excluded as a Part D drug. Based on a recent CMS review, Part D plans are not required to include these drugs in their formularies. For Contract Year 2007, these drugs will be considered for formulary inclusion similar to all other Part D drugs. Please direct Niaspan prior authorization requests to PHC for consideration.

Are commercially available combination prescription products covered under a basic Part D benefit plan? The answer is yes, if it contains at least one Part D drug component and the product as a whole is not excluded from Part D for another reason (e.g. used for cough and cold, or less than effective Drug Efficacy Study and Implementation (DESI) program drug). A drug such as Lomotil could be covered under a Part D program, but drugs such as Donnatal, Midrin, and Librax would not be since they are on the DESI drug list designated as less than effective. Treatment Authorization Requests (TAR) for DESI drugs should be directed to PHC for consideration.

Emergency After Hour Authorization

Emergency authorizations for TAR outside of PHC’s normal business hours (M-F 8am to 5pm), including weekends and holidays may be requested from MedImpact at (800) 7882949. 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 associated with a hospital discharge order and in your professional judgment the drug is needed immediately.

As a reference, this policy is stated on the introduction page of the PHC Formulary January 2006.

-Optometrist Prescribers who are certified to use Therapeutic Pharmaceutical Agents (TPA certified)

may diagnose and treat the human eye or eyes. Pharmacies may see prescriptions for patients to treat the following conditions:

1. Allergies, infectious disease and non-systemic inflammations of the conjunctiva.
2. Eyelid margin inflammation and trichiasis, including blepharitis.
3. Peripheral infectious corneal ulcers (topical antibiotics)
4. Corneal surface diseases and dry eyes.

(Reference: Department of Consumer Affairs, Board of Optometry Law Sec 1569. Scope of Practice)

For prescriptions written by an optometrist, the following Drug Enforcement Agency (DEA) number should be used – OP1234563 for processing claims on-line to MedImpact.

PHC Formulary

-TrueTrack Smart System: blood glucose meter and test strips

As of April 1, 2006, the TrueTrack Smart Systems is 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.

During the months of April through May, 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.

TrueTrack product NDC's are as follows:

TrueTrack Starter Kit	56151-0888-80
TrueTrack Test Strips (50ct.)	56151-0850-50
TrueTrack Test Strips (100ct.)	56151-0810-01
TrueTrack Lancing Device	56151-0143-01
TrueTrack Lancets	56151-0142-60

-Healthy Kids Formulary: The Healthy Kids product is PHC's commercial-like line of business. This benefit is for certain children ages 0 to 19 who do not qualify for other insurances such as Medi-Cal, Health Families and insurances. With the recent release of PHC 2006 formulary there have been questions regarding coverage. The Healthy Kids formulary will cover the prescription drug formulary as printed in our 2006 formulary including classes of medications such as anti-retroviral and antipsychotics. With the exception of oral contraceptives there is a \$5 copay for each prescription under Healthy Kids. If a Treatment Authorization Request (TAR) is required (e.g. atypical antipsychotic) under Healthy Kids, a special Healthy Kids TAR request form is attached and is available on the PHC web site. Please use the Healthy Kids TAR form for non-formulary medications for these patients.

Non-prescription medications are not covered under Healthy Kids with exception of insulins, loratadine, and nicotine patches and omeprazole tablets. Please refer to the PHC Formulary January 2006 for a listing of those Medical Supplies covered under the commercial line of business.

-Formulary Reminder – ophthalmic antihistamine. PHC continues to receive a number of TARs for the non-formulary ophthalmic antihistamine Patanol (olopatadine) for allergic conjunctivitis. As a reminder, PHC's formulary ophthalmic antihistamine Zaditor (ketotifen fumarate) which is on formulary with a Step Therapy Edit (STE) for a previous trial and failure of 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 April 6, 2006 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, 2006.**

PHC FORMULARY: ADDITIONS / CHANGES
Effective June 1, 2006

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Vigamox (Moxifloxacin) 0.5%-3ml Soln / Alcon Viso	Antibiotic Ophthalmic	FORMULARY	
Voltaren (Diclofenac) 0.1%-2.5ml, 5 ml Soln / Novartis	Nonsteroidal anti-inflammatory ophthalmic topical	FORMULARY	
Asmanex (Mometasone) Aepb 220mcg/inh -all sized (14, 30, 60, 120) metered doses / Schering	Respiratory Inhalant	FORMULARY	
Xibrom (Bromfenac) 0.09%-2.5 ml and 5 ml / Ista Pharm	Nonsteroidal anti-inflammatory, ophthalmic topical	FORMULARY	



PARTNERSHIP HEALTHPLAN OF CALIFORNIA

360 Campus Lane, Suite 100
 Fairfield, CA 94534
 (707) 863-4414 or (800) 863-4144
 (707) 863-4330 FAX

TREATMENT AUTHORIZATION REQUEST FORM (TAR)



(PLEASE TYPE) (FOR PROVIDER USE) (PLEASE TYPE)

REQUEST IS RETROACTIVE? YES NO

PROVIDER PHONE NO. ()

PROVIDER NO.

*If you do NOT have a PHC HK Provider Number, please contact the Provider Relations Department at 707-863-4100.

PLEASE TYPE YOUR NAME AND ADDRESS HERE

PROVIDER NAME AND ADDRESS

-
-
-
-
-

PATIENTS AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS:

-
-
-
-

NAME AND ADDRESS OF PATIENT
 PATIENT NAME (LAST, FIRST, M.I.)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER AREA ()

IDENTIFICATION NO.

SEX AGE DATE OF BIRTH

HOME ACUTE HOSPITAL

FOR PHC USE ONLY

PROVIDER: YOUR REQUEST IS:

APPROVED AS REQUESTED DENIED DEFERRED

APPROVED AS MODIFIED

BY: _____ PHC CONSULTANT'S NAME

DATE

REVIEW COMMENT INDICATOR

COMMENTS / EXPLANATION

DIAGNOSIS DESCRIPTION: _____ CURRENT ICD-9CM CODE _____

MEDICAL JUSTIFICATION:

LINE NO.	AUTHORIZED		APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC / UPC OR PROCEDURE CODE	QUANTITY	CHARGES
	YES	NO						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

SIGNATURE OF PHYSICIAN OR PROVIDER _____ TITLE _____ DATE _____

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM DATE TO DATE

TAR CONTROL NUMBER _____

OFFICE _____ SEQUENCE NUMBER _____ PI _____

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.