

PARTNERSHIP



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

NUMBER 04 - 06

November 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.

Contents

- **Bedwetting Alarms**
- **Electronic Coordination of Benefits (eCOB)**
- **Pharmacy Focus Group meeting**
- **Partnership*Advantage* Part D 2007 Drug formulary**
- **Formulary reminders**
- **PHC Formulary**
- **Additions/Changes (effective December 1, 2006)**

Bedwetting alarms

The following bed wetting alarms are currently on PHC formulary:

Nite Train'R Bed Wetting Alarm

47313-0001-01

Nite Train'R Standard Male

47313-0010-10

Nite Train'R Standard Female

47313-0010-20

Please forward to us the name and NDC # of any other product which you think we should consider for formulary addition.

Electronic COB

The online electronic coordination of benefit (COB) program started Oct 4, 2006. If you have any issues with the actual processing of these claims, please contact MedImpact for information or resolution of issues. Inquiries/issues can be routed through MedImpact's Pharmacy Help Desk at 1-800-788-2949. The majority of the issues, such as immediate pharmacy claim processing, eligibility, benefits and contracting will be resolved at the time of the call. If you prefer to seek assistance through the web, contact them at https://www.medimpact.com/contact_pno.asp.

Pharmacy Focus Group

PHC wants to thank all those pharmacy representatives who attended the August 24, 2006 Pharmacy Focus Group Meeting at the Garden Hilton Hotel in Fairfield. Discussions centered around the Pharmacy provider satisfaction survey results. PHC appreciates the comments from various pharmacy providers regarding TAR processing, billing and formulary issues. You can find the questions discussed/addressed in the attached minutes.

Partnership Advantage Part D 2007 Drug Formulary

PHC has received approval for the Partnership Advantage (PA) Part D 2007 Drug Formulary. This formulary listing will be available on our website (www.partnershiphp.org) after November 2006. The ePocrates listing for the Partnership Advantage 2007 formulary will be available after 1/1/2007. There are important differences between this formulary and the Partnership HealthPlan (PHC) Medi-Cal formulary.

The following Centers for Medicare and Medicaid Services (CMS) requirements are examples which highlight significant differences between the Partnership Advantage Part D 2007 formulary and the PHC Medi-Cal formulary:

1. Two Drug Requirement

CMS regulations require a minimum of two drugs per category/class unless there is only one drug in the class or there are two drugs available and one is clinically superior. Because of the two drug requirement in each drug categories/class, there will be more drugs listed in the Partnership Advantage formulary when compared to the PHC Medi-Cal formulary.

2. "All or substantially all" requirement in six drug categories (antidepressants, antipsychotic, anticonvulsant, anticancer, immunosuppressant and HIV/AIDS)

CMS is requiring "all or substantially all" of the drugs in six classes of medications be on the formulary. These are the antidepressants, antipsychotics, anticonvulsants, anticancer drugs, immunosuppressants and HIV/AIDS drugs. All of the drugs in these categories are included in the Partnership Advantage 2007 Formulary.

3. Transition Medications. CMS feels that beneficiaries should be permitted to continue utilizing a drug in these categories

(antidepressants, antipsychotic, anticonvulsant, anticancer, immunosuppressant and HIV/AIDS) that is providing clinically beneficial outcomes. CMS believes that interruption of therapy in these categories may lead to significant negative outcomes in a short timeframe.

4. Prior Authorization Criteria for Formulary Medications. Another important concept is that a Medicare formulary item may have prior authorization criteria. Generally, when a medication is on the PHC Medi-Cal formulary there are no prior authorization criteria. However, this is not the case with the Partnership *Advantage* (PA) formulary. Even though all of the available medications in these the six drug categories (antidepressants, antipsychotic, anticonvulsant, anticancer, immunosuppressant and HIV/AIDS) are on the PA formulary, some of the drugs may have prior authorization requirements as permitted by CMS. For example, the antidepressant duloxetine (Cymbalta) is non-formulary with prior authorization criteria in the PHC Medi-Cal formulary; however, within the Partnership *Advantage* formulary it is formulary with the same prior authorization criteria but for new starts only.

Most of the Partnership *Advantage* prior authorization criteria will be similar to our Medi-Cal non-formulary drug listings. Additional Partnership *Advantage* formulary items with prior authorization criteria are included in this newsletter. (See attached)

Formulary Reminders

1. PHC had reviewed the TAR processing for ARB requests since Valsartan (Diovan) was made non-formulary in October 2005. Provided that criteria for ARB use (trial and failure of ACE inhibitor and ½ tablet limit are met) olmesartan (Benicar) is Code 1 and does not need a TAR. Note that PHC will continue to monitor usage of this drug category and review the implication of this Code 1 status.

2. California Children Services (CCS): please submit an updated Service Authorization Request (SAR) with the TARs to PHC. Many times pharmacies document that previous SARs from CCS were denied. Important to request an updated one, past denials may have been based on incomplete information or paperwork. Reminder that PHC will review TAR in the event that CCS has denied based on medical necessity.
3. Topiramate (Topamax) and lamotrigine (Lamictal) were made non-formulary with no "grandfathering" effective October 1, 2006. TARs will now be required for all prescriptions fills. As a reminder, if topiramate is being used for any condition other than its FDA approved use for seizure or migraines be sure to document whether first line formulary items have been tried or considered. (e.g. for bipolar disorder: trial and failure of lithium, carbamazepine or valproic acid)
4. Albuterol supply status. We are aware of spot shortages issues associated with albuterol CFC inhalers. The FDA indicates that the CFC and HFA albuterol inhalers are not therapeutic equivalents and therefore not interchangeable. If you are having difficulty getting supplies of CFC inhalers and delays are not possible, submit a TAR to PHC and we will review each individual requests.

PHC formulary: Additions/Changes

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

Partnership HealthPlan of California
PHARMACY FOCUS GROUP
Meeting Minutes
8/24/2006

Attendees:

Monica Lisec, Pharm. D.; Lisa Erickson; Tariah Davis Pamela Dennis; Zita Schmitt; Helen Dangtran R.Ph; Lily Nguyen; Jason; Mai R.Ph; Holly Awarez; Daljit Kaur; Diane Wong ; Pamela Dennis; Tariah Davis; Linda Dangtran R.Ph; Mindy Guardado; Irene Trujillo; Patty Guijosa; Pam Roy; Bill Barre; Greg Umeda; Chris Beckman; Leah Jones

PHC Employees – Jack Horn; Chris Cammisa, M.D.; Debbie Shafer; Gary Louie, Pharm D.; Linda Melsheimer; Patricia Kerr; Peggy Hoover; Terrie Stanley; Trina Buehrer; Carol Parker; Amrit Singh.

I. Introduction and Objectives

The meeting started at 7:00 pm with Gary Louie, the Pharmacy Director for Partnership HealthPlan of California (PHC) welcoming every one and having them introduce themselves. Objectives of the meeting included reviewing the PHC Pharmacy Benefit, describing PHC/MedImpact/Provider interaction, reviewing Medicare Part D prescription program and Partnership *Advantage* Opportunity, discussing the results of the Pharmacy Provider Survey and discussing improvement opportunities.

II. PHC Pharmacy Benefit

Mr. Louie gave a brief overview of the pharmacy benefits. He informed the group that formulary management is guided through our Pharmacy & Therapeutics Committee. Mandatory generic substitution was addressed as well as availability of cost-effective choices within major drug categories such as ACE Inhibitors/ARB, SSRIs and Statins. Prior Authorization Criteria for Plavix, Erythropoietin and Pain management (e.g. Lidocaine patch, fentanyl patch and transmucosal) was briefly reviewed.

III. MedImpact

Bill Barre – Vice President, Strategic Development and Greg Umeda, Account Executive, representatives from MedImpact were present. Mr. Barre briefly informed the group on how MedImpact interacts with pharmacies at the corporate level and at the retail level. He informed that electronic Coordination of Benefits (COB) is in process of pilot testing and should be available by end of September to PHC's network pharmacies. He also talked about the credentialing and the auditing process.

IV. Medicare Part D Prescription Program

Dr. Chris Cammisa, PHC Medical Director reviewed the Medicare Part D Prescription Program and the Partnership *Advantage* program. He informed the group that PHC has applied for a Special Needs Plan where PHC will be responsible for Medicare and Medi-

Cal coverage for eligible PHC members. PHC will review non-formulary drugs using the same PA process but using a different PA form. Target date of the program is January 1, 2007.

V. Pharmacy Provider Survey

The 3 highest and 3 lowest scoring responses to questions of the Pharmacy Satisfaction Survey were discussed at the meeting. See attached Pharmacy Satisfaction Survey Results. Next survey is due in April 2007.

VI. Open Discussion.

The following questions were addressed/discussed by the group and were resolved with an answer in italics:

1. On-Line COB?
PHC should be set for on-line billing by end of Fall 2006.
2. Are members having problems with Medicare Part D?
Yes, members are confused, it was suggested that members receive printed material verses computer access only material.
3. Deferred TAR's comments/explanations are difficult to read.
It was suggested to attach typed written comments with lengthy questions.
4. Can Social Security Numbers (SSN) be submitted on line and on TAR?
Debbie Shafer, Member Services Director, informed the group that Pharmacy's are still able to process claims with either SSN or the 10 digit Medi-Cal number. The 10 digit Medi-Cal number should be submitted on PHC TARs.
5. ID #'s do not match Medi-Cal #'s issued on the card.
If the State changes the #, then PHC is not aware of change, pharmacies were instructed to call PHC member services department.
6. Are the PA criteria available to prescribers?
Yes, PHC website and formulary.
7. NDC # and Point of Service (POS) messaging – non-formulary – MedImpact is no longer able to give out NDC#'s.
Pharmacies should contact wholesaler/distributor and then could call MedImpact customer service with NDC #'s and ask if it is covered or not.
8. What should pharmacies do if member is eligible on AEVS but not showing in MedImpact?
Pharmacies should call PHC member services department to update member.
9. It was suggested that a POS message should be added to Plavix prescriptions, after the initial 2 fills alerting the pharmacies that the doctor needs to be contacted for prior authorization.
MedImpact will follow up and response to PHC.
10. Gary informed the group that MedImpact is able to authorize up to a 5 day supply of medication for an emergency situation (upon the pharmacist's discretion) when PHC is unavailable.

Meeting Adjourned at 8:30 p.m.

Minutes by: Amrit Singh

**PARTNERSHIPADVANTAGE FORMULARY
PRIOR AUTHORIZATION
CRITERIA GUIDELINES**

(These are additions to formulary. CMS allows formulary with prior authorization criteria)
Effective 1/2007

GENERIC NAME	BRAND NAME	Formulary Tier *	CURRENT PA CRITERIA	RECOMMENDED PA CRITERIA
Alosetron	Lotronex	2	None	Trial and failure of antispasmodic agent; bulking agent
Balsalazide	Colazal	2	None	Trial and failure of sulfasalazine
Bosentan	Tracleer	2	None	Limited to use in pulmonary arterial hypertension
Certirizine	Zyrtec	2	None	Trial and failure of loratadine
Colestipol	Colestid	2	None	Trial and failure of cholestyramine
Cyclosporin	Restasis	2	None	For patients with keratoconjunctivitis sicca or dry eyes disease who have failed a trial of artificial tears and/or Lacrisert
Eplerenone	Inspra	2	None	Treatment of CHF (Post MI). Trial and failure of formulary antihypertensives.
Estrogen, conjugated synthetic	Enjuvia	2	None	Treatment trial and failure of estradiol
Exenatide	Byetta	2	None	Adjunct to oral agents used in Type 2 DM without adequate control. Trial and failure of insulin.
Galantamine	Razadyne	2	Treatment of Alzheimer's disease or related dementia with a baseline MMSE score of between 10 and 26. An updated MMSE is required every 12 months	Same. Brand name change from Reminyl to Razadyne
Insulin Detemir	Levemir	2	None	Trial and failure with long acting insulin glargine
Insulin Glulisine	Apidra	2	None	Trial and failure of short acting insulins (Lispro, Aspart)
Insulin, inhaled	Exubera	2	None	Treatment of Type 2 DM with trial and failure on 2 or more oral hypoglycemic agents and/or injectable insulin
Linezolid	Zyvox	2	None	Use limited to VRE
Mecasermin	Increlex	2	None	For treatment of severe primary IGF-1 deficiency or growth hormone gene depletion with neutralizing antibodies in a person <18 years old confirmed by pediatric endocrinologist or nephrologist

Metformin SR	Metformin (SR)	2	None	Trial and failure of metformin (plain- non SR)
Methylphenidate Transdermal	Daytrana	2	None	Trial and failure with oral methylphenidate or other oral agents for ADHD. Age limit: children over 6 years of age
Muromonab-CD3	Orthoclone	2	None	Trial and failure of first line therapy (cyclosporin, methotrexate) for acute graft vs host reaction in allogenic bone marrow transplantation
Nandrolone decanoate	Nandrolone decanoate	0	None	Use limited to management of anemia of renal insufficiency
Nefazodone	Serzone	1	Treatment of depression in members who do not have liver disease or elevated LFTs; have been evaluated by a psychiatrist; and have failed or have a contraindication to fluoxetine, paroxetine or citalopram	New starts only: Treatment of depression in members who do not have liver disease or elevated LFTs; have been evaluated by a psychiatrist; and have failed or have a contraindication to fluoxetine, paroxetine or citalopram
Niacin Extended release/Lovastatin	Advicor	0	None	Trial and failure on Lovastatin, Niacin, Fluvastatin or Atorvastatin
Nicotine spray/cartridge	Nicotine, spray/cartridge	1	None	Trial and failure of nicotine gum and nicotine patch
Oxandrolone	Oxandrin	2	None	Trial and failure of megesterol for appetite stimulation
Paroxetine controlled release	Paxil CR	2	For treatment in members who have failed or contra-indicated to 2 formulary SSRI's, one of which must have been paroxetine	New Starts only: For treatment in members who have failed or contra-indicated to 2 agents: fluoxetine, paroxetine or citalopram
Pravastatin	Pravastatin	1	None	Trial and failure of fluvastatin, atorvastatin with ½ tablet substitution; rosuvastatin ½ tablet substitution
Prenatal Vitamins	Prenatal vitamins	1	None; Code 1: restricted to women who are pregnant or lactating	Restricted to women who are pregnant or lactating
Ranolazine	Ranexa	2	None	Trial and failure in patients with angina who have not responded to other antianginal drugs (nitroglycerin, isosorbide dinitrate)
Selegiline transdermal	Emsam	2	None	New starts only: Only for moderate severe depression. Trial and failure of first line antidepressant therapy

Sertraline	Zoloft	1	Treatment of members who have failed therapy with or have a contraindication to fluoxetine, paroxetine or citalopram. Step therapy edit- member must have had a trial of fluoxetine, paroxetine or citalopram within the last 120 days	New starts only: Treatment of members who have failed therapy with or have a contraindication to fluoxetine, paroxetine or citalopram. Step therapy edit- member must have had a trial of fluoxetine, paroxetine or citalopram within the last 120 days
Simvastatin	Simvastatin	1	None	Trial and failure of fluvastatin, atorvastatin with ½ tablet substitution, rosuvastatin with ½ tablet substitution
Tacrolimus	Prograf	2	None; \$500 TAR exemption	New starts only: limited to organ rejection prophylaxis
Trientine	Syprine	2	None	Trial and failure of penicillamine
Vancomycin, oral	Vancomycin, oral	1	None	Trial and failure of metronidazole in treatment for c. difficile
Varenicline	Chantix	2	None	Trial and failure of bupropion-SR or Nicotine replacement treatment. Patient should be enrolled in smoking cessation program
Venlafaxine	Effexor	2	Treatment of members who have failed therapy with or have a contraindication to fluoxetine, paroxetine or citalopram. Step therapy edit- member must have had a trial of fluoxetine, paroxetine or citalopram within the last 120 days	New Starts only: Treatment of members who have failed therapy with or have a contraindication to fluoxetine, paroxetine or citalopram. Step therapy edit- member must have had a trial of fluoxetine, paroxetine or citalopram within the last 120 days

* 0=Non-formulary; 1-Formulary (generic/multisource brand); 2=Formulary (single source)

PHC FORMULARY: ADDITIONS / CHANGES
Effective December 1, 2006

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Cromolyn Sodium 4%; 10 ml (various manufacturers)	Ophthalmic Decongestant	FORMULARY	
NIASPAN (Niacin Extended Release) 500 mg, 750 mg, 1000 mg tablets(Kos Pharmaceutical)	Antihyperlipidemic Agent	FORMULARY	
Metformin (extended release) 500 mg, 750 mg, 1000 mg tablets (Various manufacturers)	Antidiabetic-biguanides	FORMULARY - STEP THERAPY EDIT(STE)	STE: Requires trial and failure of Metformin (Plain – non SR) in the last 120 days.
Clopidogrel (generic) 75 mg tablets	Antiplatelet	FORMULARY WITH LIMIT	LIMIT: Limited to a maximum of 100 tablets in 12 months.
LEVEMIR (Insulin Detemir) 100 units/ml (3ml Penfill cartridges, 3 ml prefilled syringe and 10 ml vials) (Novo Nordisk)	Insulin	FORMULARY WITH LIMIT	LIMIT: Limited to a maximum of 4 vials per month.
APIDRA (Insulin Glulisine) 100 units/ml; 10 ml vials (Aventis)	Insulin	FORMULARY WITH LIMIT	LIMIT: Limited to a maximum of 4 vials per month.