

PARTNERSHIP



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

**NUMBER 02 - 07**

**August 2007**

**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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## Cough and Cold Remedies in Children under 2 year of age

A Public Health Advisory on the use of nonprescription cough and cold medicine in children under age 2 was issued on August 15, 2007 by the Center for Disease Control. Based on this report the FDA announced that, in October, the Nonprescription Drugs Advisory Committee will discuss the safety and effectiveness of cough and cold drug product use in children. Questions have been raised about the safety of these products and whether the benefits justify any potential risks from the use of these products in children, especially in children under 2 years of age. Some reports of serious adverse events associated with the use of these products appear to be the result of giving too much of these medicines to children. An over-the-counter cough and cold medicine can be harmful if more than the recommended amount is used, if it is given too often, or if more than one cough and cold medicine containing the same active ingredient are being used. Pending the conclusion of the FDA here are some tips to share with parents of young children:

- Do not use cough and cold products in children under 2 years of age UNLESS given specific directions to do so by a healthcare provider.
- Do not give children medicine that is packaged and made for adults.
- Cough and cold medicines come in many different strengths. If you are unsure about the right product for your child, ask a healthcare provider.

### CII prescription reminder:

PHC has included a reminder in the latest Practitioner Bulletin ( August 2007) that patients should be instructed and given the written CII prescriptions to take to their pharmacies for prescription fills of Scheduled II control drugs. Our reminder did not make the distinction between hospice and non-hospice prescription

requirements. You may get questions regarding hospice CII prescriptions but those requirements have not changed.

### California Children Services (CCS)

Services for PHC members with CCS eligibility are paid by PHC. The CCS program approves members for eligibility for CCS services and issues Service Authorization Request ( SAR). All pharmacy claims for these members should be billed on-line to MedImpact. PHC Non-formulary medications will require a TAR with the SAR attached for Medical justification. Reminder that PHC will review the TAR in the event that CCS has denied SAR based on medical necessity.

### Partnership Advantage Part D formulary: Copays

Our Part D plan is currently structured so that members have “ Zero” copays for both generic and brands up to TROOP donut hole (\$1,601.25 - \$5,451.25). Above \$1,601.25 and up to \$5,451.25, our members will have a co-pay charge for medication. Although the standard copay rate is \$1.00 for generic or \$3.10 for Brand, you may see variations in rates charged which is less than the quoted rates due to a complicated Medicare formula that charges variable percentages as the TROOP cost passes in and out of this donut hole. CMS has indicated that in 2008 there will be a less complicated copay structure.

### Pharmacy Focus Meeting:

The 2007 Pharmacy Focus Meeting is scheduled to be held on September 13, 2007 at the Garden Hilton Hotel in Fairfield. The program will start at 6PM (buffet dinner served at 6:30 PM). You should be receiving invitation flyers by mail and Fax. Pharmacists, pharmacy technicians and pharmacy clerks are all invited. Please RSVP by Sept 6<sup>th</sup> letting us know how many from your pharmacy can attend. Along with review of the Pharmacy Survey results, we will discuss the

2007 Partnership Advantage (Medicare Part D) program and questions or issues that you may have. The results of the 2007 survey comparing to the 2006 survey are attached to this update.

As a result of the July 25, 2007 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, 2007**

## **Formulary Reminders:**

### **Partnership Advantage: Part B vs D coverage determination**

Immunosuppressive therapy associated with Part B approved transplant is a Part B covered item. Prednisone for our Partnership Advantage patients requires a coverage determination form (CDF) processing only to determine Part B vs D coverage. Prescribers have been reminded to continue writing prednisone prescriptions with the Dx so that pharmacies can forward that information to PHC with minimal delay.

### **Chantix (Varenicline).**

Effective 9/1/07, varenicline is approved for smoking cessation use limited to 12 weeks in duration. TAR will be needed for duration beyond 12 weeks.

### **Patanol (Olopatadine).**

Step therapy for this product has been revised to include prior use of Ketotifen (Zaditor OTC), cromolyn or other formulary NSAIDs eye drops within the last 120 days.

### **TrueTrack glucose system**

TrueTrack Smart System is the exclusive preferred glucose meters and test strips for PHC Members since March 2006. Recently, we have had a number of questions regarding batteries for these meters. Batteries do come with the meter and per manufacturer, last for about 1,200 tests. If replacement batteries are needed, they can be purchased or contact Home Diagnostics, Inc. (HDI) Technical Support service to get one at no charge. Call HDI Technical Support Department at 1-800-803-6025.

**Partnership HealthPlan of California  
Pharmacy Satisfaction Survey Results  
2007**

The 2007 Pharmacy Satisfaction Survey was sent to 78 pharmacy providers that are contracted with MedImpact. The surveys were first mailed to pharmacies in June and then faxed to those that did not respond in July. The results of the survey are based on a 52% response rate or 41 returned surveys. The following is a comparison of the responses from 2006 to 2007:

	2006	2006	2007	2007
1. I understand the PHC TAR process	Agree-100%	Disagree-0%	<b>Agree-95%</b>	<b>Disagree-5%</b>
2. It is not difficult for our pharmacy to obtain medical justification from the prescriber to adequately complete the TAR.	Agree – 35%	Disagree – 25% Neutral- 41%	<b>Agree- 38%</b>	<b>Disagree-28%</b> <b>Neutral-35%</b>
3. I feel it is reasonable when my TARs are deferred for more information.	Agree – 74%	Disagree – 11% Neutral -16%	<b>Agree-64%</b>	<b>Disagree-7%</b> <b>Neutral-28%</b>
4. I am satisfied with PHC’s turnaround time for TAR processing.	Agree – 90%	Disagree – 3% Neutral – 8%	<b>Agree-85%</b>	<b>Disagree-5%</b> <b>Neutral-10%</b>
5. If a TAR is deferred or denied, the reason is clearly communicated.	Agree – 76%	Disagree – 8% Neutral – 16%	<b>Agree-85%</b>	<b>Disagree-7%</b> <b>Neutral-8%</b>
6. PHC communicates changes to the formulary effectively & timely.	Agree – 95% (rating good to excellent)	Disagree – 6% (rating fair to poor)	<b>Agree-90%</b> <b>(rating good to excellent)</b>	<b>Disagree-10%</b> <b>(rating fair to poor)</b>
7. I find the information in the quarterly Pharmacy Update useful.	Agree – 100% (rating good to excellent)	Disagree – 0% (rating fair to poor)	<b>Agree-90%</b> <b>(rating good to excellent)</b>	<b>Disagree-10%</b> <b>(rating fair to poor)</b>
8. I find the Pharmacy Procedure Manual useful.	Agree – 97% (rating good to excellent)	Disagree – 3% (rating fair to poor)	<b>Agree-92%</b> <b>(good to excellent)</b>	<b>Disagree-7%</b> <b>(rating fair to poor)</b>

	2006	2006	2007	2007
9. I understand how to bill MedImpact for the copay when a member has other primary care insurance.	Agree – 82% (rating good to excellent)	Disagree – 18% (rating fair to poor)	<b>Agree-74%</b> <b>(rating good to excellent)</b>	<b>Disagree-27%</b> <b>(rating fair to poor)</b>
10. I understand when to call MedImpact for assistance and when to call PHC.	Agree – 92% (rating good to excellent)	Disagree – 8% (rating fair to poor)	<b>Agree-89%</b> <b>(good to excellent)</b>	<b>Disagree-10%</b> <b>(rating poor to fair)</b>
11. When I call MedImpact for assistance the staff is helpful and friendly.	Agree – 94% (rating good to excellent)	Disagree – 6% (rating fair to poor)	<b>Agree-87%</b> <b>(good to excellent)</b>	<b>Disagree-12%</b> <b>(rating fair to poor)</b>
12. When I call PHC for assistance the staff is helpful and friendly.	Agree – 100% (rating good to excellent)	Disagree – 0%	<b>Agree-95%</b> <b>(rating good to excellent)</b>	<b>Disagree-5%</b> <b>(rating poor)</b>
13. Compared to other Health Plans, I am more satisfied with PHC.	Agree – 93% (rating good to excellent)	Disagree – 8% (rating fair to poor)	<b>Agree-88%</b> <b>(rating good to excellent)</b>	<b>Disagree-13%</b> <b>(rating fair to poor)</b>
	2006	2006	2007	2007
14. Does your pharmacy site have internet access?	Yes – 63%	No – 37%	<b>Yes- 71%</b>	<b>No- 29%</b>
15. Does pharmacy participate in ePrescribing?			<b>Yes- 75%</b>	<b>No-25%</b>

**PHC FORMULARY: ADDITIONS / CHANGES**

**Effective 9-1-07**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Januvia (sitagliptin)/ (Merck) tablets: 25mg, 50mg, 100 mg	Antidiabetic (dipeptidyl Peptidase-4 inhibitor)	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
Janumet (sitagliptin/metformin)/ (Merck) tablets: 50mg/500mg; 50 mg/1,000 mg	Antidiabetic	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
Chantix (varenicline)/(Pfizer) tablets 0.5 mg, 1 mg	Smoking deterrents	<b>Formulary</b>	<b>Limit: 12 weeks treatment.</b>
Patanol (olopatadine)/(Alcon) ophthal solution 0.1%, 5 ml	Ophthalmic decongestant	<b>Formulary (STE)</b>	<b>Step: requires previous us of generic Ketotifen OTC, Zaditor (prescription), cromolyn, diclofenac, bromfenac in last 120 days</b>
Avandamet (rosiglitazone/metform)/ (GSK) tablets: 1mg/500 mg; 2mg/500mg; 2 mg/1000 mg; 4mg/500mg; 4mg/1000mg	Antidiabetic	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
Avandaryl (rosiglitazone/glimepiride)/(GSK) tablets: 4 mg/1mg; 4mg/2mg; 4mg/4mg; 8mg/2mg; 8 mg /4mg	Antidiabetic	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
ActosPlus Met (pioglitazone/metformin)/(Takeda) tablets: 15 mg/500 mg; 15 mg/850 mg	Antidiabetic	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
DueTact (pioglitazone/glimepiride)/(Takeda) tablets: 30 mg/2mg; 30 mg/4mg	Antidiabetic	<b>Formulary (STE)</b>	Step: previous use of metformin, thiazolidinediones /and or combinations or insulin therapy in the last 120 days
Zaditor OTC (ketotifen OTC)/(various) ophthal solution 0.025%	Ophthalmic decongestant	<b>Formulary</b>	
<b>DELETIONS</b>			
Zaditor 0.025% 5ml, 7.5 ml (Ciba Vision)	Ophthalmic Decongestant	<b>Non-formulary</b>	<b>POS: use Zaditor OTC</b>
Flomax (tamsulosin)/ (Abbott)	Antiadrenergics	<b>Non-formulary</b>	<b>POS: consider doxazosin or terazosin</b>
Tigan (trimethobenzamide) suppositories only	Anti-emetic	<b>Non-formulary</b>	<b>POS: DC off market</b>