

PARTNERSHIP



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

**NUMBER 01 - 07**

**May 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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## **RESTRICTED DRUG STATUS**

PHC can establish a specific patient restricted drug status requirements when a physician may have concern with use of controlled medications (or other specific drugs). A restricted status can mean limiting the patient to a single prescriber, a single pharmacy and/or having the PHC Health Service Department review and approve all control drugs (or specific drug) before they are filled. Physicians interested in placing members on a restricted drug status may send a request to PHC Pharmacy department or calling (707) 863-4414.

## **CURES PROGRAM-PATIENT ACTIVITY REPORTS (PARs)**

As a reminder the Patient Activity Reports (PARs) through the Controlled Substance Utilization Review and Evaluation Systems (CURES) program are available to pharmacist providing care or services to the individual, in order to prevent the inappropriate, improper or illegal use of a Schedule II and III controlled substances. The report contains all Schedule II and III prescription information gathered for a patient (whether the drug was paid for by cash or a 3<sup>rd</sup> party payer such as PHC).

If you would like to have a PAR run on any of your patients from the CURES data, you may fax a PAR request form to the DOJ at (916) 319-9448. The request form can be found on the internet at: <http://ag.ca.gov/bne/trips.htm>. If you have any questions regarding the PARs, you may contact the CURES Program at (916) 319-9062.

## **PHARMACY FAQs ON MEDICARE PART D**

PartnershipAdvantage (PA) which started on January 1, 2007 is a new program from Partnership HealthPlan of California (PHC) which combines the Medicare and Medi-Cal into one single plan. Members will have one card to obtain coverage for health care including prescription drugs. The following issues may be of concern to you:

1. **A member claims that they are with the new PartnershipAdvantage (PA) plan but does not have any identifying card or verification.** Answer: All enrolling members will have been sent a letter from PHC indicating enrollment or they will have a PartnershipAdvantage Card indicating their Member # (which is the CIN). If patient has none of these, call Member Services to confirm eligibility (866) 264-3626
2. **I don't know the PartnershipAdvantage Carrier Name to enter into our pharmacy computer. What is it?** Answer: Each individual pharmacy or corporate entity has defined alpha codes for carrier name, plan name identifier or "send to codes". Please refer to your corporate department to identify these alpha codes to use. PartnershipAdvantage is beginning to compile common codes from various pharmacies however, as a reminder the PA processor control # is 56260 and Bin # is 003585
3. **Why am I getting rejections for my PA claims in MedImpact screen?** Answer: If you entered the SSN for our PA member, you will access the PHC Medi-Cal record screen which shows a terminated eligibility status. The Client Identification Number (CIN) should be used to access the MedImpact system to adjudicate PA claims.
4. **New PA members are getting their prescriptions filled; why are some of them are getting letters that indicate unless they get a prior authorization or a formulary exception that the drug will no longer be covered?** Answer: All new PA enrollees are allowed a minimum fill of 30 days supply of their existing medication regardless of formulary status within their first 90 days of enrollment. PartnershipAdvantage is required to alert the member via letter regarding any prescription fill for non-formulary meds,

medications requiring prior authorizations, formulary items with step edits or quantity limits. Some of these members may have fulfilled the PA formulary criteria and we are reviewing the process for over-ride edits so that those members may continue without having to go through the TAR process for a medication that they may have been on since Dec 2005. Patient with no PHC history of current medication use back to Dec 2005 may have to go through the formulary exclusion process.

Attached is a Coverage Determination Form (CDF) for non-formulary drugs for PA members.

## **FORMULARY**

### **2007 Formulary.**

The 2007 PHC Formulary will be distributed to all pharmacy providers beginning this week. If you have not received your copy of the Formulary or need additional copies you may download it from the PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or contact the PHC Pharmacy Department at (707) 863-4414 to request a copy or additional copies.

### **Prior Authorization Criteria for Erythropoietin and Darbepoetin:**

As a reminder, prior authorization will be needed in all clinical situations with exception of administration for Chronic Kidney Disease (CKD) in dialysis centers. The following changes were made for Erythropoietin and darbepoetin in a past P&T (July 7, 2006) meeting.

#### **Guidelines:**

#### **Erythropoietin and Darbepoetin**

-Chronic Kidney Disease (CKD) in dialysis centers – No PA required – documentation must be submitted on the Clinical Justification Worksheet.

-CKD - Erythropoietin not administered in dialysis center – PA required

- Maintain Hgb/Hct between 11 and 13 g/dL (33% and 39%) based on a recent measurement within the last month or a

rolling average for 37.5 or greater in the past 3 months.

- Appropriate indications for administering Epoetin alfa if the Hgb/Hct is >13/39 include:
  - Reduction of the dose by 25%
  - A dose of 1000 units or less.Or
  - Co-Morbid conditions such as CHF/Pulmonary Disease

-Oncology – Anemia associated with malignancy, chemotherapy or myelodysplastic syndrome – PA required

- For pts receiving cancer chemotherapy and for pts with low grade myelodysplasia not

receiving chemotherapy - Hgb/Hct less than 12 g/dl (36%) within the previous month

- For pts with anemia associated with other hematologic malignancies in the absence of chemotherapy – trial and failure of conventional therapy for anemia
- Starting dosage – 150 U/kg three times per week.

-Elective, noncardiac, nonvascular surgery when patient is unable or unwilling to donate autologous blood – PA required

- Hgb/Hct between 10 and 13 g/dl (30-39%) and pt is unwilling or unable to donate autologous blood; the recommended dose of recombinant human erythropoietin is 300 units/kg/day subcutaneously for 10 days prior to, on the day of, and for four days post-surgery. An alternate dose schedule is 600 units/kg of recombinant human erythropoietin subcutaneously in once-a-week doses (21, 14 and 7 days prior to surgery) plus a fourth dose given on the day of surgery

-Anti-retroviral therapy for HIV infected patients – PA required

- Case by case review. Co-morbid conditions.
- Hgb/Hct between 10 and 12 g/dl (30-36%) and a serum erythropoietin of less than 500 mU/ml.

**Note** – In all cases the cause of the anemia is not due to correctable/treatable factors such as:

- Iron deficiency (it is recognized that patients on EPO may still require supplemental iron therapy.)
- Underlying infectious or inflammatory processes.
- Occult blood loss.
- Underlying hematologic diseases (i.e., thalassemia)
- Vitamin deficiencies: (i.e., folic acid or vitamin B12)
- Hemolysis

#### **ADDITIONS/CHANGES:**

##### **“Statin” Formulary Changes**

On April 5<sup>th</sup>, 2007, the PHC Pharmacy and Therapeutics (P&T) Committee made a decision to remove atorvastatin from the PHC formulary and add simvastatin to the formulary.

The use of the statins for the treatment of hyperlipidemia and the prevention of atherosclerosis has become a standard of practice well accepted by PHC providers and members. In fact, one of the medications in that group, atorvastatin, is PHC’s number one drug in terms of cost. Recently, another medication in that group, simvastatin, has gone off patent and become available in the generic form. This makes simvastatin the pharmacoeconomic drug of choice to treat hyperlipidemia.

As a reminder, Lescol (fluvastatin) and Mevacor (lovastatin) are on the formulary while Pravachol (pravastatin) is non-formulary.

We have attached a standing order form which you can fax to the prescriber to facilitate the conversion.

##### **Albuterol CFC and HFA inhalers:**

Currently there is spot supply shortages associated with albuterol CFC inhalers. Pharmacies are currently authorized to run Code 1 due to spot shortages for albuterol HFA inhalers (Proair HFA or Ventolin HFA only). This process will allow a one time fill and limited to 2

inhalers per month. All other brands will require a TAR authorization from PHC. Note also that the FDA indicates that the CFC and HFA albuterol inhalers are not therapeutic equivalents. Physicians may be using a standing order protocol and forwarding to the dispensing pharmacies. See enclosed sample form.

As a result of the January 18, 2007 and April 5, 2007 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be **March 15, 2007 for the January 18<sup>th</sup> meeting and May 1, 2007 for the April 5<sup>th</sup> meeting.**

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective 3-15-07**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Avandaryl (rosiglitazone/glimepiride) 4-1mg; 4-2 mg, 4-4 mg/ GSK	Antidiabetic combination (thiazolidinediones/ sulfonyleurea)	<b>Formulary</b>	
Avandamet (rosiglitazone/metformin) 2-500mg, 2-1000mg, 4-500mg, 4- 1000mg/ GSK	Antidiabetic combination (thiazolidinediones/ metformin)	<b>Formulary</b>	
<b>DELETIONS</b>			
Strattera (atomoxetine) 10 mg, 18 mg, 25 mg, 40 mg, 80mg, 100 mg	Misc, psychotherapeutic	<b>Non-Formulary</b>	

**PHC FORMULARY: ADDITIONS / CHANGES**

**Effective 05-01-2007**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Zocor (simvastatin)	Lipid lowering agent	<b>Formulary</b>	
Flonase (fluticasone)	Nasal anti-inflammatory steroid	<b>Formulary</b>	
Nasarel (flunisolide)	Nasal anti-inflammatory steroid	<b>Formulary</b>	
Zoloft (sertraline)	Antidepressant	<b>Formulary w/ Limit</b>	<b>Limit: ½ tablet substitution required.</b>
Detrol LA (tolterodine extended release)	Anticholinergic	<b>Formulary w/ Limit</b>	<b>Limited to members age 65 or greater.</b>
Ditropan XL (oxybutynin extended release)	Anticholinergic	<b>Formulary w/ Limit</b>	<b>Limited to members age 65 or greater.</b>
Advair Discus(fluticasone/salmeterol)	Beta adrenergic/glucocorticoid combination	<b>Formulary Remove Step Therapy Edit (STE)</b>	
Proair HFA (albuterol)	Beta adrenergic agent	<b>Code 1</b>	
Ventolin HFA (albuterol)	Beta adrenergic agent	<b>Code 1</b>	
<b>DELETIONS</b>			
Lipitor (atorvastatin)	Lipid lowering agent	<b>Non-Formulary</b>	
Nasacort AQ (triamcinolone)	Nasal anti-inflammatory steroid	<b>Non-Formulary</b>	
Nasonex (mometasone)	Nasal anti-inflammatory steroid	<b>Non-Formulary</b>	
Rhinocort Aqua (budesonide)	Nasal anti-inflammatory steroid	<b>Non-Formulary</b>	
Beconase AQ (beclomethasone)	Nasal anti-inflammatory steroid	<b>Non-Formulary</b>	