

PARTNERSHIP



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

**NUMBER 01 - 08**

**March 2008**

**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.partnershipphp.org](http://www.partnershipphp.org) or contact the Pharmacy Department at (707) 863-4414 to request a copy.

**Contents**

- **Emergency TAR Authorizations**
- **Treatment Authorization Request (TAR)/ Coverage Determination Form (CDF) processing.**
- **PartnershipAdvantage(PA) transition Prescription Fills**
- **Lost, Stolen, Spilled Medications and Vacation Supply**
- **Medication Therapy Management (MTM) for PartnershipAdvantage (PA) members: Outcomes Targeted Intervention Program (TIP™)**
- **PHC Formulary Reminders:**
  - **Prior Authorization Criteria (Effective 4/1/2008)**
  - **Addition/Changes (Effective 4/1/2008)**

### EMERGENCY TAR AUTHORIZATIONS

If you have a member who requires a non-formulary drug in an emergency situation, you may follow the following procedure:

- a. During PHC's normal business hours (M-F 8 AM to 5 PM), pharmacies may call the PHC Pharmacy Department for an emergency 5 day fill. The pharmacy department may authorize up to a 5-day supply of medication, pending further authorization by PHC if the Pharmacy Department is not able to determine the medical necessity of the full prescription.
- b. Outside of PHC's normal business hours PHC's contracted Pharmacy Benefit Manager (PBM) (MedImpact at 800 – 788-2949) is authorized to respond to emergency TAR's outside of PHC's normal business hours, including weekends and holidays. The PBM may authorize up to a 5-day supply of medications, pending further authorization by PHC.
- c. When both PHC and MedImpact are unavailable, PHC will authorize a retroactive TAR allowing the pharmacy to dispense up to a 5-day supply of a non-formulary drug in an emergency situation.

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

### TREATMENT AUTHORIZATION REQUEST (TAR)/ COVERAGE DETERMINATION FORM (CDF) PROCESSING.

PHC utilizes the TAR Form 50-2 (which is the same form used by State Medi-Cal) for the Medi-Cal line of business and Medicare Part D members only. PHC does not supply TAR forms to providers. Providers may obtain TAR forms by contacting the EDS Provider Support Center at (800) 541-5555. A new TAR form with an assigned TAR Control Sequence Number is required for each submitted request. Copies of TAR forms with a TAR Control Sequence Number that have been previously submitted will not be accepted.

Please submit *Coverage Determination Form (CDF)* for *Partnership Advantage* members only. These forms are supplied by PHC and PHC will assign a tracking sequence number therefore you may make copies of this form. A CDF is attached with this newsletter.

The TAR completion procedure is the same as it is for State Medi-Cal, except that PHC requires only **one** drug per TAR/CDF form to be submitted.

For Medi-Cal identification number PHC requires the 10 digit Client Identification Number (CIN #) for example 12345678A9.

Please fill in the 11 digit National Drug Code (NDC) # and quantity before submitting TAR/CDF.

As a reminder, please include the prescribing physicians name, telephone and **FAX** number when submitting the TAR/CDF. If PHC defers the TAR/CDF for more

information, we can direct those requests to the appropriate prescribing physician.

### PARTNERSHIP ADVANTAGE (PA): TRANSITION PRESCRIPTION FILLS

#### New PA enrollees

Newly enrolled PA members are entitled to transition fills of their medications within the first 90 days of enrollment. During this time period, PHC pharmacy department will review and determine if transition letter member notification are needed. Members who receive transition letters will be instructed that if their physician determines that the drug is to be continued beyond their initial 90 day enrollment period, a Coverage Determination Form (CDF) will need to be submitted for PHC pharmacy review.

#### Atorvastatin (Lipitor) formulary deletion

Effective January 1, 2008, Atorvastatin (Lipitor) has been deleted from the PA formulary with the approval of Centers for Medicare and Medicaid (CMS).

Primary Care Physicians have been asked to transition their PA members from atorvastatin to the preferred statin simvastatin. However, existing patients on atorvastatin seeking a refill will still be able to receive the medication through March 2008. In this situation, the Pharmacy Provider can submit a Coverage Determination Form (CDF) to PHC documenting "continuing care from Dec 2007". After March 2008, unless the atorvastatin was prior authorized for maximum dose of 80 mg or previous trial and failure of simvastatin, we will ask physicians if their patients can use the preferred statin simvastatin.

#### Multisource Branded products

For Calendar Year 2008 formulary, CMS allowed our formulary to delete selected multi-source branded products when generics were available. CMS also allowed PHC to inform PA members via the Annual Notice of Change (ANOC) from 2007 to 2008 indicating that Tier 1 level drugs types include only generics. Multisource branded products are only in Tier 2 if there are not available generics in Tier 1. If a Tier 1 generic can not be dispensed, the pharmacy can submit a CDF indicating "continuing care from 2007". PHC pharmacy department will allow transition fills only through March 2008. Further refill consideration will need prior authorization request (use CDF) documenting why patient needs the Branded product.

### LOST, STOLEN, SPILLED MEDICATIONS AND VACATION SUPPLY:

Pharmacies may call MedImpact to request a one time override per non controlled medication within a one- year time frame for lost, stolen or spilled medications. If the medication is controlled, a TAR must be submitted to PHC for authorization review.

MedImpact may also be contacted to request a one-time override per non-controlled medication (Formulary Drug

only) within a one year time frame for a vacation supply up to 60 days. If the medication is controlled, a TAR must be submitted to PHC for authorization review. PHC will not authorize vacation supplies beyond a 60 day supply as eligibility for Medi-Cal is questionable when the member is absent from the area for more than 2 months

**MEDICATION THERAPY MANAGEMENT (MTM) FOR PARTNERSHIP ADVANTAGE (PA) MEMBERS: OUTCOMES TARGETED INTERVENTION PROGRAM (TIP™)**

In the November edition of Pharmacy Update, we reviewed the Outcomes Targeted Intervention Program (TIP).

Through the TIP, Outcomes works to assist pharmacists with the identification of potential MTM services that can be delivered to eligible PA members. These interventions may focus on use of potentially inappropriate medications in the elderly or therapeutic duplication. In addition, interventions targeting chronic diseases such as diabetes, COPD, and cardiovascular disease are focused on guideline-recommended therapy and quality metrics defined by HEDIS and NCQA initiatives.

On at least a quarterly basis, Outcomes distributes TIPs to the dispensing pharmacy network via mail and/or fax. Targeted interventions if successfully completed will be reimbursed the stated fees on the TIPs. No contract is required to participate in the TIP program. In addition, pharmacists are also not required to complete the training program to participate in TIPs.

If your pharmacy has received a TIP via fax or mail, please review the intervention which outlines one or more patient-specific potential drug therapy problems. Follow the stepwise instructions for completing the form and fax or mail the completed form(s) back to Outcomes at:

**BY MAIL:**

OUTCOMES PHARMACEUTICAL HEALTH CARE  
601 E LOCUST, SUITE 200  
DES MOINES, IA 50309-1946

**BY FAX:** 515-237-0002

Outcomes will be contacting local pharmacies to provide training opportunities through which qualified pharmacies may also bill for a number of additional MTM services such as patient education & monitoring, comprehensive medication reviews and OTC consultations.

If you are interested in participating in the full MTM program, please visit the Outcomes website at [www.getoutcomes.com](http://www.getoutcomes.com) and go to Pharmacist section and select "Pharmacy Contracting or Pharmacist Training" sections or contact an Outcomes representative at 515.237.0001.

**FORMULARY REMINDERS:**

**Prior Authorization (PA) Criteria Addition/Changes (effective 4/1/08):**

**Neupogen (filgrastim) and Neulasta (pegfilgrastim):** prior authorization criteria was changed to include prophylaxis treatment in chemotherapy regimens and patient factors that are associated with a high risk of febrile neutropenia (>20%) as summarized by the National Comprehensive Cancer Network (NCCN) Practice guidelines in Oncology- v.1.2007

**DDAVP intranasal (desmopressin):** Intranasal formulation no longer indicated for treatment of primary nocturnal enuresis (PNE). For PNE, trial and failure of bedwetting alarm and desmopressin tablet use.

**Proton pump inhibitors (rabeprazole, lansoprazole, omeprazole (Rx)):** prior authorization criteria addition of clinical indications for treatment in erosive esophagitis, duodenal ulcer associated with H. pylori infection and pathological hypersecretory conditions including ZE syndrome

**Blood pressure monitoring devices/cuff:** Prior authorization needed for fully automated BP monitors indicating reasons why the semi automated can not be used

A complete Prior Authorization criteria is included in the 2008 formulary.

**FORMULARY ADDITIONS/CHANGES:**

As a result of the January 31, 2008 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, 2008



Partnership Advantage

A Partnership HealthPlan of California Medicare Plan

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

360 Campus Lane, Suite 100

Fairfield, CA 94534

(707) 863-4414 or (800) 863-4155

# COVERAGE DETERMINATION FORM (CDF)

## (707) 863-4330 FAX

(FOR PROVIDER USE)

REQUEST IS RETROACTIVE?

YES  NO

PROVIDER PHONE NO.

( )

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

PLEASE TYPE YOUR NAME AND ADDRESS HERE

PROVIDER NAME AND ADDRESS

- 
- 
- 
- 
- 

MEDICARE PROVIDER NO.

FOR PHC USE ONLY

PROVIDER: YOUR REQUEST IS:

APPROVED AS REQUESTED  DENIED  DEFERRED   
APPROVED AS MODIFIED

BY: \_\_\_\_\_ PHC CONSULTANT'S NAME

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

IDENTIFICATION NO.

STREET ADDRESS

SEX

AGE

DATE OF BIRTH

CITY, STATE, ZIP CODE

HOME

ACUTE HOSPITAL

PHONE NUMBER  
AREA ( )

DIAGNOSIS DESCRIPTION:

CURRENT ICD-9CM CODE

MEDICAL JUSTIFICATION:

Comments and explanation area with multiple lines for text entry.

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"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			

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.

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

FROM DATE

TO DATE

TAR CONTROL NUMBER

SIGNATURE OF PHYSICIAN OR PROVIDER

TITLE

DATE

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.

**PRIOR AUTHORIZATION  
CRITERIA GUIDELINES  
ADDITIONS/CHANGES  
January 31, 2008**

BRAND NAME	GENERIC NAME	CURRENT PA CRITERIA	RECOMMENDED PA CRITERIA
Cymbalta	Duloxetine	New starts only: Treatment of 1) depression for members who have had a trial and failure of fluoxetine, paroxetine, citalopram, bupropion, mirtazapine or Effexor/Effexor XR; 2) diabetic neuropathy for members who have tried and failed gabapentin. Quantity limit of #60/month for the 20 mg and #30/month for the 30 mg and 60 mg strengths	Medicare only: New starts only: Treatment of 1) depression for members who have had a trial and failure of fluoxetine, paroxetine, citalopram, bupropion, mirtazapine or Effexor/Effexor XR; 2) diabetic neuropathy for members who have tried and failed gabapentin. Quantity limit of #60/month for the 20 mg and #30/month for the 30 mg and 60 mg strengths
Lyrica	Pregabalin	New starts: trial and failure with gabapentin	Medicare only: New starts only : seizure  Fibromyalgia/neuralgia: T/F of gabapentin
Requip	(ropinirole)	None	For moderate to severe Restless leg syndrome (RLS): T/F of formulary agent Sinemet (Carbidopa/levodopa)
Mirapex	(pramipexole)	None	For moderate to severe Restless leg syndrome (RLS): T/F of formulary agent Sinemet (Carbidopa/levodopa) 4
Neupogen	(filgrastim)	Treatment in members with documented history of neutropenia secondary to cancer chemotherapy when prescribed by an oncologist and in members with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.	Treatment in members with documented history of neutropenia secondary to cancer chemotherapy when prescribed by an oncologist, prophylaxis treatment in chemotherapy regimens and patient factors that are associated with a high risk of febrile neutropenia (>20%) as summarized in NCCN Practice Guidelines in Oncology – v.1.2007 and in members with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.

Neulasta	(pegfilgrastim)	Treatment in members with documented history of neutropenia secondary to cancer chemotherapy when prescribed by an oncologist	Treatment in members with documented history of neutropenia secondary to cancer chemotherapy when prescribed by an oncologist, prophylaxis treatment in chemotherapy regimens and patient factors that are associated with a high risk of febrile neutropenia (>20%) as summarized in NCCN Practice Guidelines in Oncology – v.1.2007 and in members with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.
Acthar (Aventis)	Repository corticotropin injections	None	Diagnostic testing use trial/failure of cosyntropin. Situations responsive to corticosteroids where trial and failure to formulary corticosteroids (e.g cortisone, hydrocortisone, dexamethasone or prednisone)
Soma	Carisoprodol	None	Trial and failure of formulary muscle relaxants (baclofen, cyclobenzaprine ,methocarbamol,)
Avandia	(rosiglitazone)	None	Trial and failure/contra-indication to use of first line therapy of both sulfonylurea or metformin and second line therapy with pioglitazone. TZD use should be used in combination with other oral agents.
Vytorin		None	Trial and failure , contraindication to formulary statins (lovastatin, simvastatin, rosuvastatin)
DDAVP (intra-nasal)	(desmopressin)	Treatment in members with diabetes insipidus or members age 7 to 14 with primary nocturnal enuresis who have failed treatment with or have a contra-indication to using a bedwetting alarm. Continuation of therapy allowed for members on current treatment.	Intranasal formulation no longer indicated for treatment of primary nocturnal enuresis (PNE)icated for Central cranial diabetes insipidus, Hemophilia A, vonWillebrand’s disease. For PNE, trial and failure of bedwetting alarm and desmopressin tablet use.
Aciphex	Rabeprazole	Treatment of GERD related conditions unresponsive to OTC Prilosec	Treatment of erosive esophagitis, duodenal ulcer associated with H. pylori infection and pathological hypersecretory conditions including ZE syndrome. Treatment of GERD related conditions unresponsive to OTC Prilosec.

Prevacid	Lansoprazole	Treatment of GERD related conditions unresponsive to OTC Prilosec and Prevacid Solutabs.	Treatment of erosive esophagitis, duodenal ulcer associated with H. pylori infection and pathological hypersecretory conditions including ZE syndrome. Treatment of GERD related conditions unresponsive to OTC Prilosec.
Prilosec (Rx)	Omeprazole	Treatment of GERD related conditions unresponsive to OTC Prilosec and Prevacid Solutabs.	Treatment of erosive esophagitis, duodenal ulcer associated with H. pylori infection and pathological hypersecretory conditions including ZE syndrome. Treatment of GERD related conditions unresponsive to OTC Prilosec.
Pegasys	Peginterferon Alfa-2A	Combination treatment with ribavirin for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature.	Combination treatment with ribavirin for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist and/or HIV specialist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature.
PegIntron	Peginterferon Alfa-2B	Combination treatment with ribavirin for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature.	Combination treatment with ribavirin for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist and/or HIV specialist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature.

Rebetron	Ribavirin/ Interferon alfa-2b	Treatment of Chronic Hepatitis C for members who have been evaluated by a gastroenterologist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature. Medical justification must also be provided supporting why member cannot be treated with the current 1 <sup>st</sup> line therapy of peginterferon alfa 2-a plus ribavirin.	Treatment of Chronic Hepatitis C for members who have been evaluated by a gastroenterologist and/or HIV specialist. Baseline labs/reports required. Treatment beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Maximum duration of therapy is limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. Treatment for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified and supported by documentation from current medical literature. Medical justification must also be provided supporting why member cannot be treated with the current 1 <sup>st</sup> line therapy of peginterferon alfa 2-a plus ribavirin.
Rebetrol; Copegus	Ribavirin	Combination treatment with interferon for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist and have met the peginterferon Prior Authorization criteria. Maximum dose is 800 mg daily for members with genotype 2 and 3 and 120 mg daily for genotype 1. Doses exceeding these limits must be clinically justified and supported by documentation from current medical literature. Medical justification must also be provided supporting why member cannot be treated with the preferred Copegus brand of ribavirin.	Combination treatment with interferon for Chronic Hepatitis C in members who have been evaluated by a gastroenterologist and/or HIV specialist and have met the peginterferon Prior Authorization criteria. Maximum dose is 800 mg daily for members with genotype 2 and 3 and 120 mg daily for genotype 1. Doses exceeding these limits must be clinically justified and supported by documentation from current medical literature. Medical justification must also be provided supporting why member cannot be treated with the preferred Copegus brand of ribavirin.
Blood pressure monitoring devices/cuffs	Same	For use by members with severe hypertension	For use in hypertensive patients to evaluate response to antihypertensive medications, improve patient adherence with therapy and to evaluate “white-coat” hypertension. Automated BP: reasons why the manual can not be used.
Erythropoiesis Stimulating Agents (ESA) (Epogen, Procrit, Aranesp)	Same	See Policy MPR4048: Epoetin Alfa for Dialysis patients Administered in a Dialysis Facility	See changes to MPR4048: erythropoiesis Stimulating Agents (ESA) for Dialysis Patients Administered in a Dialysis Facility.

**HEALTHY KIDS PRIOR AUTHORIZATION  
CRITERIA GUIDELINES  
ADDITIONS/CHANGES  
January 31, 2008**

<b>CCS ELIGIBLE CONDITION</b>	<b>GENERIC NAME</b>	<b>CURRENT PA CRITERIA</b>	<b>CRITERIA if met: identifies CCS eligible conditions and to alert PHC</b>
Infectious disease	<b>Intravenous anti-infectives</b> (e.g. Ampicillin, Azithromycin, clindamycin, vancomycin, cefazolin, ceftriaxone, ceftiofloxacin, ciprofloxacin)	None	Treatment of severe infections
Neoplasm	Ondansetron (Zofran)	None	Nausea and vomiting conditions related to Neoplasm
Endocrine, Nutritional, Metabolic, Immune	Levothyroxine	None	Treatment of thyroid condition
	Thyroid hormones	None	Treatment of thyroid condition
	Liothyronine	None	Treatment of thyroid condition
	SSKI	None	Treatment of thyroid condition
	Methimazole	None	Treatment of thyroid condition
	Propylthiouracil	None	Treatment of thyroid condition
	Fludrocortisone	None	Tx of adrenal insufficiency ( Addison)
	Insulin ( all)	None	Tx of diabetes
	Glucose monitor	None	Tx of diabetes
	Glucose test strips	None	Tx of diabetes
	Lancets	None	Tx of diabetes
	Pancrelipase	None	Tx of pancreatic disorder

Mental Disorder/Retardation (only if disorder complicates a CCS eligible condition)	<b>Psychotherapeutic agents (antipsychotic:</b> chlorpromazine, clozapine, olanzapine (Zyprexa), risperidone (Risperdal), aripiprazole (Abilify); Ziprasidone (Geodon)	None	When used to treat conditions of this nature not CCS eligible unless disorder complicates a CCS – eligible condition
Disease of Nervous System	<b>Anticonvulsants:</b> phenytoin, lamotrigine, topiramate, levetiracetam (Keppra), valproic acid, gabapentin	None	Treatment of uncontrolled seizures (e.g. idiopathic epilepsy). Treatment of Seizure due to underlying organic disease (cerebral palsy, brain tumor)
Disease of Circulatory	<b>Cardiovascular drugs:</b> Procainamide, quinidine, digoxin, clonidine, hydralazine, calcium channel blockers, beta blockers, diuretics	None	Conditions involving heart, blood vessels and lymphatic systems are eligible
Disease of Digestive System	<b>GERD: PPI</b>	None	Medications for treatment of diseases of liver, chronic inflammatory disease of GI tract. Gastroesophageal reflux.
GU	<b>Ion- removing (Phoslo)</b>	None	Treatment of Chronic genitourinary conditions and renal failure.
Disease of Skin/Subcutaneous		None	Treatment of dermatological conditions which are disfiguring, disabling and/or requiring prolonged and frequent multidisciplinary intervention
Musculoskeletal Disease		None	Treatment of chronic diseases of musculoskeletal system and connective tissues

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective 4-1-08**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Blood pressure monitoring devices	Durable Medical equipment	<b>F (Code 1)</b>	Code 1: Hypertension Reimbursement limits: \$35 Semi-automatic, normal cuff \$55 Semi-automatic, large cuff
<b>CHANGES:</b>			
OTC cough and cold	Cough and Cold	<b>F (Limit)</b>	<b>Limit: Limited to members age 2 and older.</b> <b>NF: for members under 2 years of age</b>
<b>DELETIONS:</b>			
Soma (carisoprodol)	Skeletal muscle relaxant	<b>NF</b>	
Vytorin (ezetimibe/simvastatin)	Antihyperlipidemic	<b>NF</b>	
DDAVP (intranasal desmopressin)	Posterior pituitary hormone	<b>NF</b>	
Avandia (rosiglitazone)	Antidiabetic	<b>NF</b>	
Acthar HP (repository corticotropin)	Adrenocortical Steroid	<b>NF</b>	