

PARTNERSHIP



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

NUMBER 02 - 08

May 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.partnershiphp.org or contact the Pharmacy Department at (707) 863-4414 to request a copy.

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Cost-Effective Medications in the PHC Formulary

Cost containment is a top priority for PHC Pharmacy and use of generic medications continues to be a major factor in helping to control drug costs. The enclosed article was previously written by Dr. Mark Glickstein, PHC Associate Medical Director, for the Provider Newsletter, Spring 2008 Edition to remind our prescribers of choices for cost effective and/or generic medications available for common medical conditions.

May 15, 2008

Dear Providers:

As you all know, Governor Schwarzenegger has recommended dramatic cuts to most areas of State spending including Medi-Cal and Partnership HealthPlan of California. Thus, PHC needs to cut its expenses. One major expense, pharmaceuticals, accounts for about 10% of our budget. The more effective we are at decreasing our drug costs, the more money we will have for physician reimbursement. A major strategy is to maximize the use of generics when available.

The following are suggested as cost effective and/or generic medications available on the PHC Formulary for common problems:

Hypertension:

Ace Inhibitors: Captopril (Capoten), Lisinopril (Zestril), Enalapril (Vasotec), Benazepril (Lotensin)

Beta Blockers: Atenolol (Tenormin), Metoprolol (Lopressor)

Diuretics: HCTZ, Triamterene/HCTZ (Maxzide), Furosemide

Calcium Channel Blockers: Verapamil, Diltiazem

Alpha Adrenergic Blockers: Doxazosin (Cardura), Terazosin (Hytrin) especially in men with BPH

BPH:

Terazosin (Hytrin), Doxazosin (Cardura)

Type II Diabetes:

Biguanide: Metformin (start at low dose and increase over 1-2 weeks to desired dose)

Sulfonylureas: Glyburide (Micronase), Glipizide (Glucotrol)

GERD:

H2 Antagonists: Cimetidine (Tagamet), Ranitidine (Zantac), Famotidine (Pepcid)

PPI's: Prilosec OTC (Omeprazole)

Cholesterol lowering:

Simvastatin (Zocor)

NSAIDS: In general avoid Celecoxib (Celebrex) due to its increased cardiac side effects and prescribe formulary

NSAIDS such as Ibuprofen (Motrin), Naproxen (Naprosyn), Piroxicam (Feldene)

Asthma:

Inhaled Steroids: Mometasone (Asmanex 220), Fluticasone (Flovent 220mcg), Budesonide (Pulmicort Flexhaler), Beclomethasone (QVAR 80mcg)

Allergic rhinitis:

Oral: Chlorpheniramine, Loratadine (Claritin), Cetirizine (Zyrtec)

Nasal steroids: Fluticasone (Flonase)

At PHC we want our patients to receive excellent, cost effective care. Thank you for all you do.

Sincerely,

Mark Glickstein, Associate Medical Director,
Partnership HealthPlan of CA

Pharmacy Survey

We have enclosed our annual Pharmacy Provider Satisfaction Survey. Please take a few minutes to complete and fax back to PHC Pharmacy Department at (707) 863-4330. Your responses are of great value to PHC as we depend on feedback from our providers to help us identify areas of improvement.

Focus Group Meeting

PHC is in the process of finalizing the 2008 Pharmacy Focus Group meeting which will be held on August 19, 2008 at the Garden Hilton Hotel in Fairfield. Notices for the meeting will be sent out 30 days prior to the meeting. The intent of the focus group meeting will be to discuss the results of the survey and to help PHC better understand our pharmacy provider issues.

HealthyKids (HK)/California Children Services (CCS) therapeutic category prior authorization process

As a reminder effective 4-01-08, a therapeutic category prior authorization process was approved by the Pharmacy and Therapeutics committee. The purpose of this TAR process for HK is to identify potential and eligible CCS conditions, make appropriate referrals to CCS and direct pharmacies to appropriate billing sources.

As a result, pharmacies may see HK prescriptions claims for usual formulary items (e.g. medications for diabetes, thyroid, seizure, cardiovascular disease,

behavioral health and/or GERD) rejected and receive messaging to “Submit TAR to PHC to determine CCS eligibility”. Pharmacies only need to document on the TAR submission “TAR for CCS eligibility determination”. In these situations only, there will not be a need for extensive documentation of diagnosis or medical justification on the TAR form.

If a HK member has an appropriate CCS eligible condition, pharmacies will be instructed to bill CCS directly. For those members who do not have a determination for an eligible condition, PHC will authorize fills up to 3 months to allow time for CCS processing for eligibility determination. PHC/ CCS Liaison will work with member to seek eligibility determination.

Drug Samples

PHC Pharmacy would like to remind physicians that free drug samples may serve as a marketing tool rather than a benefit to the safety net. The availability of drug samples may increase subsequent prescriptions of sampled drugs and may lead physicians to deviate from optimally utilizing the evidence based guidelines or prescribing products on PHC’s formulary. Drug samples may be newer more expensive and often unproven. Drug samples should not be used for PHC members because of these issues. With very few exceptions, all FDA approved drugs are potentially covered benefit for PHC members. Those drugs not listed in the formulary are covered with an approved Treatment Authorization Request (TAR) or Coverage Determination Form (CDF).

PHC non-formulary drug requests indicating “used drug samples with success” are not considered to be adequate documentation of medical justification for use. To assist the practitioner with the TAR/CDF process PHC has added a Prior Authorization Criteria Guideline section in the published 2008 Formulary (pages 72 to 91). The specific criteria is based on FDA approved indications and a review of the medical literature and will be used by PHC staff when considering approval of a submitted TAR/CDF. If providers have any questions regarding the prescription drug benefit, formulary status of a drug or the pharmacy TAR/CDF process, they may call the PHC Pharmacy Services Department at (800) 863-4144.

National Provider Identifier (NPI) and MedImpact electronic claims submission requirements

Effective May 23, 2008, NPI numbers should be sent as the identifier on all standard transaction for both pharmacies and physicians. MedImpact had previously informed its pharmacy network providers that NPI submissions and related qualifiers will be required on electronic claims submissions. PHC has asked MedImpact to minimize member disruption and temporarily allow both the NPI “01” qualifier and the DEA “12” qualifier to be used on a claim as a valid physician identifier. By doing so, if a pharmacy submits no NPI number, and MedImpact does not have the providers’s NPI on file in MedAccess, the physician ID will not be captured in the claims file. In these instances, PHC has no way of being able to determine the prescribing physician without calling the dispensing pharmacy.

PHC requests that the prescribing physician name, phone number and Fax number be included on all TAR/CDF submitted to PHC. If we have need for clarification or specific questions, we can direct those to the appropriate prescribing physicians.

Medicare Part D: Non-formulary included/excluded drug

PHC is receiving requests via prior authorization process to cover a non-formulary “included” drug from other Part D plans. The confusion is further complicated when some plans give reason as “non formulary – excluded drug”. The official “excluded drug categories” have not changed and are as follows:

- Anorexia agent, weight loss agent and weight gain agents except megestrol acetate when used for AIDS wasting and cachexia
- Fertility agents
- Drugs for cosmetic purposes or hair growth
- Prescription vitamin and mineral products except prenatal vitamins and fluoride preparations
- Cough and cold agents
- Non-prescription drugs except insulin and associated supplies for injection of insulin (syringe)
- Barbiturates and benzodiazepines
- Smoking cessation drugs (OTC) except prescription drugs

When a Part D plan indicates that a drug is non-formulary- excluded drug it does not necessarily mean the drug is in the “excluded drug category”. PHC will administratively deny and return those

requests for “included drugs” explaining not an “excluded Part D drug”. If specific alternatives on that particular Part D PDP formulary can not be used, then a coverage determination process should be requested by the patient and/or prescribing physician. If the Part D PDP coverage determination process results in a denial, PHC will then review and consider the request on the basis of medical necessity.

FORMULARY ADDITIONS/CHANGES:

As a result of the April 3, 2008 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, 2008

Prior Authorization Criteria Addition/Changes (effective June 1, 2008)

Fluticasone/Salmeterol (Advair Diskus): changed to formulary step edit (see section formulary changes/additions). For new starts: Asthma: trial/failure of inhaled corticosteroids (ICS). COPD: stage summary treatment criteria:

- mild COPD: trial/failure short acting bronchodilator
- moderate COPD: trial/failure of long acting bronchodilator
- Severe COPD: trial/failure of above and ICS.

Budesonide/Formoterol (Symbicort): added to formulary with step edit (see section formulary changes/additions) for Asthma: trial/failure of ICS; for long term maintenance treatment in patients 12 and older (currently not approved for COPD)

Rosiglitazone (Avandia): prior authorization criteria changed to trial and failure or contra-indication to use of first line therapy of either sulfonylurea or metformin and second line therapy with pioglitazone. Use should be in combination with other agents.

Duloxetine (Cymbalta): prior authorization criteria changed to treatment of (1) depression for members who have had a trial & failure of two or more of the following: Fluoxetine, Paroxetine, Citalopram or Sertraline.

Atorvastatin (Lipitor): prior authorization criteria changed to trial and failure of two formulary statins (Simvastatin, Fluvastatin, Lovastatin, Rosuvastatin)

The complete Prior authorization criteria guideline is available on the website: [Prior Authorization Criteria Guidelines](#).

PHC FORMULARY: ADDITIONS / CHANGES
Effective 6-1-08

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
ADDITIONS:			
Symbicort (Budesonide/ Formoterol)/ AstraZeneca	Respiratory inhalant combination	STE	Limit 1 inhaler/month STE: Look back 6 months Trial/failure of Inhaled corticosteroids (ICS)
OTC Zyrtec, OTC Cetirizine	Antihistamine/Piperazine, selective	F-OTC	
CHANGES			
Advair (Fluticasone/ Salmeterol)/ GSK	Respiratory inhalant combination	STE	Limit 1 inhaler/month Grandfather STE: Look back 6 months Trial/failure of Inhaled corticosteroids (ICS)
Crestor/ (Rosuvastatin)	Antihyperlipidemic	STE	Limit :½ tablet Look back 6 months STE: trial/failure of formulary statin (lovastatin, simvastatin (40mg or 80 mg), fluvastatin)
Fexofenadine	Antihistamine/Piperazine, selective	STE	STE: Previous use of loratadine or OTC cetirizine or generic cetirizine in the last 120 days
DELETIONS			
NONE			