

PARTNERSHIP



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

**NUMBER 04 - 08**

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

**Contents**

- **Cough and cold remedies in children under 2 years of age**
- **TAR/CDF processing reminders: MD phone and FAX numbers, use of CIN numbers**
- **TAR processing changes: Physician /pharmacy communications**
- **30 day Brand Maximum Limit**
- **PHC Formulary Reminders:**
  - **Prior Authorization Criteria addition/changes (Effective 1/1/2009)**
  - **Addition/Changes (Effective 1/1/2009)**

## **COUGH AND COLD REMEDIES IN CHILDREN UNDER 2 YEARS OF AGE**

On January 17, 2008, The U.S. Food and Drug Administration issued a Public Health Advisory for parents and caregivers, recommending that over the counter (OTC) cough and cold products should not be used to treat infants and children less than 2 years of age because risks for serious and potentially life threatening side effects can occur when used in this age group. OTC cough and cold products include decongestants, expectorants, antihistamines and antitussives for treatment of cold.

PHC's Pharmacy and Therapeutics committee made a decision on 1/31/2008 and added a restriction limit to members age 2 and older. Currently prior authorizations will be required for patients under the age of 2.

Recently leading makers of over-the-counter pediatric cough and cold drugs have voluntarily placed the message "Don't use over-the-counter pediatric cough and cold drugs in kids younger than 4" on their products' labels. According to Consumer Healthcare Products Association (CPHA), a trade group for makers of over the counter drugs, the goal of the label change is to encourage "the appropriate use of these medications".

Alternatives to cough and cold remedies:

- To relieve stuffy nose, thin the mucus using saline nose drops, clear your baby's nose with a suction bulb, or use a cool-mist humidifier.
- To relieve fever give your child acetaminophen or ibuprofen.
- To prevent dehydration make sure your child drinks a lot of fluids.

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

As a reminder, please include the correct prescribing physician's 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.

We continue to discourage the use of Social Security ID Number as the patient identification number for TAR/CDF requests. Please use the CIN as the patient Identification number.

TAR/CDF processing by pharmacy will continue to need the diagnosis, medical justification, appropriate NDC and quantity requested. Physicians are encouraged to write and supply the necessary clinical information anywhere on the prescription including the back side.

## **TREATMENT AUTHORIZATION REQUEST (TAR) PROCESSING CHANGES:**

PHC is in the process of enhancing the current TAR communication process between a prescribing physician, dispensing pharmacy and PHC. When appropriate, PHC has communicated directly with physicians to clarify requests and suggest formulary alternatives. Orders changes communicated only to PHC are not considered valid orders even if PHC forwards the physician's FAX response to the dispensing pharmacy. Effective 1/1/09, prescribers who decide to make changes (e.g. switching to formulary alternatives) to an original TAR will be reminded to communicate those orders directly to the dispensing pharmacy. PHC will continue to forward physician response communications to the dispensing pharmacy and to remind the pharmacy that if they not hear from the prescriber within 2- 3 days to contact physician for orders. PHC will send out periodic FAX Blast reminding prescribers and pharmacies of this change.

## **NEW 30-DAY BRAND MAXIMUM LIMIT FOR MEDI-CAL AND HEALTHY KIDS**

Effective December 8, 2008, brand products will have a maximum fill of up to a 30 day supply. The Point of Sale (POS) message will read as follows: Brand Medications are limited to a 30 day supply. This restriction is limited to the Medi-Cal and Healthy Kids lines of businesses. The Medi-Care (Partnership *Advantage*) Part D formulary branded prescriptions can be filled up to a 90 day supply. Previously approved TARs for quantities greater than 30 day supply will reject. If a supply greater than 30 days is needed, please submit a TAR to Partnership's Pharmacy Service Department at (707) 863-4330.

## **FORMULARY REMINDERS:**

### **Prior Authorization Criteria Addition/Changes: Depakote ER**

Use of Depakote ER (divalproex sodium extended release) will require prior authorization and be limited to behavioral health indications, trial/failure of

Depakote DR (divalproex) or documented contraindication to trial use of DR formulation by prescribing physician.

**Effective 1/1/09.**

**Restoril (temazepam 7.5 mg)**

Restoril 7.5 mg will be non-formulary effective 1/1/09. Prior authorization will be required documenting trial and failure of non-drug treatment of chronic insomnia and formulary agents Ambien (zolpidem) or benzodiazepines.

**Sonata (zaleplon)**

Prior authorization will be required documenting trial and failure of non-drug treatment of chronic insomnia and formulary agents Ambien (zolpidem) or benzodiazepines.

**Actonel (risendronate); Boniva (ibandronate)**

Trial/failure of formulary Fosamax (alendronate) or documented contra-indication to use of alendronate.

**Evista (raloxifene)**

For osteoporosis, Trial/ failure of formulary Fosamax (alendronate) or documented contra-indication to use of alendronate. Prior authorization for FDA approved indication of reduction in risk of invasive breast cancer in postmenopausal women with osteoporosis or in postmenopausal women at high risk of invasive breast cancer.

The complete prior authorization criteria guideline for all lines of PHC business is available on the website: [http://www.partnershiphp.org/Pharmacy/Guidelines\\_08.pdf](http://www.partnershiphp.org/Pharmacy/Guidelines_08.pdf)

**FORMULARY ADDITIONS/CHANGES:**

As a result of the October 2, 2008 Pharmacy & Therapeutics (P&T) Committee meeting, the attached formulary additions and changes were accepted. Effective date for these additions and changes will be January 1, 2009.

**PHC FORMULARY: ADDITIONS / CHANGES**  
**Effective 01-01-09**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>ADDITIONS:</b>			
Vitamin D 50,000 IU (ergocalciferol- various manufacturers)	Vitamin, fat soluble	<b>F</b>	Limit #4/month
Glucophage XR 500 mg, 750 mg, 1000 mg (metformin sustained/extended release- various manufacturers)	Antidiabetic- biguanide	<b>F</b>	
<b>CHANGES</b>			
Ambien 5mg, 10 mg (zolpidem)	Hypnotic	<b>F, Limit</b>	<b>Limit #120/year</b>
<b>DELETIONS</b>			
Depakote ER (divalproex sodium, extended release) 250 mg, 500 mg (Abbott)	Anticonvulsant	<b>NF</b>	
Restoril ( temazepam) 7.5 mg (Mallinckrodt)	Sedative-Hypnotic	<b>NF</b>	
Sonata (zaleplon) 5 mg, 10 mg (Wyeth-Ayerst)	Hypnotic	<b>NF</b>	
Actonel (risedronate) 5mg, 30 mg, 35 mg , 75mg, 150 mg ( P&G)	Endocrine- bisphosphonate	<b>NF</b>	
Evista (raloxifine) 60 mg (Eli Lilly)	Endocrine- selective estrogen modulator	<b>NF</b>	