

PARTNERSHIP



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

NUMBER 02 - 09

May 2009

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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Treatment Authorization Request (TAR)/ Coverage Determination Form (CDF) processing reminders

We continue to discourage the use of Social Security ID Number as the patient identification number for TAR/CDF requests. Please use the CIN (at least 10 digits) as the patient Identification number.

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.

ELECTRONIC PRESCRIBING (e-prescribing)

The Medicare Modernization Act began the Medicare Part D drug program and directed Health Plans sponsoring Part D drug programs to begin supporting e-prescribing by May of 2009. Health Plans that participate in Medicare are required to make their formularies and medication histories available to physicians using e-prescribing. PHC has arranged with its Pharmacy Benefits Manager (MedImpact), to have its formulary, medication history and eligibility available through Rx Hub effective 4/1/09. Rx Hub is the switching station for all of the electronic prescribing companies. This information will be available for both Partnership *Advantage* and Medi-Cal members.

Electronic COB

The online electronic coordination of benefit (COB) program started April 1, 2009. If you have any issues with the actual processing of these claims, please contact MedImpact for information or resolution of issues. Inquiries/issues can be routed through MedImpact's Pharmacy Help Desk at 1-800-788-2949. The majority of the issues, such as immediate pharmacy claim processing, eligibility, benefits and contracting will be resolved at the time of the call. If you prefer to seek assistance through the web, contact them at https://www.medimpact.com/contact_pno.asp.

California Children Services (CCS) Claim Procedure

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). Prescription claims from retail pharmacies for CCS members should be billed on-line to MedImpact for payment. If a Healthy Kids member has an approved CCS covered conditions, pharmacy should bill CCS directly. PHC formulary medications do not require CCS authorization and should be submitted on-line to MedImpact. PHC non-formulary medications require a TAR and the TAR should be submitted to PHC as follows:

- 1) Medication with CCS Authorization:**
Pharmacy faxes TAR to PHC with CCS Authorization attached. In lieu of completing the Diagnosis and Medical Justification pharmacy writes "CCS Authorization Attached". Remainder of TAR is completed as usual.
- 2) Medication with CCS Denial:**
Pharmacy faxes TAR to PHC with CCS Denial attached. Remainder of TAR is completed as usual.
- 3) Medication without CCS Authorization or Denial:**
Pharmacy faxes completed TAR to PHC, inclusive of diagnosis and medical justification.

Formulary Reminders:

The **2009 PHC Formulary** has recently been updated to reflect additions, deletions and changes that were approved by the Pharmacy & Therapeutics Committee through the year 2008. The printed formulary is currently being distributed to all PHC providers and is available on the PHC web site www.partnershiphp.org/Pharmacy/Formulary_2009.pdf. Please access our website for all formulary additions and changes: [www.partnershiphp.org/Ph_Updates.htm](http://www.partnershiphp.org/Pharmacy/Ph_Updates.htm)

Prior Authorization Criteria Addition/Changes:

- Atypical Antipsychotic agents (Healthy Kids)**
- Zyprexa (olanzapine)
 - Seroquel (quetiapine)
 - Invega (paliperidone)
 - Risperidone (Risperdal)
 - Geodon (ziprasidone)
 - Abilify (aripiprazole)

New starts only: Limited to FDA approved indications: schizophrenia and bipolar disorder, dementia or other

conditions when trial and failure of first line therapy has been demonstrated

- Actiq (fentanyl transmucosal)
- Duragesic (fentanyl patch)
- Oxycontin (Oxycodone)
- Norco (Hydrocodone/APAP)

The changes in Attachment A update prior authorization criteria for fentanyl transmucosal, fentanyl patch, oxycodone and hydrocodone/APAP (10/325 mg) to include documentation of an appropriate evaluation and management plan in the medical record. Consultation with pain management consultant may be required.

FORMULARY ADDITIONS/CHANGES:

As a result of the April 2, 2009 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be May 15, 2009.



Partnership HealthPlan of California
 Pharmacy Provider Satisfaction
 Survey
 2009

Please take a few minutes to complete this survey.

Response Definition: SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA=Strongly Agree

	SD	D	N	A	SA
1. I understand the PHC Treatment Authorization Request (TAR) or Coverage Determination Form (CDF) process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is not difficult for our pharmacy to obtain medical justification from the prescriber to adequately complete the TAR/CDF.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is reasonable when my TARs/CDFs are deferred for more information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If a TAR/CDF is deferred or denied, the reason is clearly communicated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am satisfied with PHC's turnaround time for TAR/CDF processing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. PHC communicates changes to the formulary effectively and timely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I find the information in the quarterly Pharmacy Update useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I find the Pharmacy Procedure Manual useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I understand how to bill MedImpact online for the copay when a member has primary health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I understand when to call MedImpact for assistance and when to call PHC.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I call MedImpact for assistance, the staff is helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I call PHC for assistance, the staff is helpful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Compared to other Health Plans, I am more satisfied with PHC.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Response Definition: Y=Yes N=No

	Y	N
14. Does your pharmacy site have internet access?.....	<input type="radio"/>	<input type="radio"/>
15. Does your pharmacy site participate in ePrescribing?	<input type="radio"/>	<input type="radio"/>
16. Would you be interested in piloting ePrescribing?	<input type="radio"/>	<input type="radio"/>
17. I no longer have problems using the member's CIN (first 10 digits of the member's BIC) or PHC ID number for billing MedImpact.	<input type="radio"/>	<input type="radio"/>
18. Does your pharmacy charge PHC members who have primary insurance copays?	<input type="radio"/>	<input type="radio"/>
19. Please list one thing that PHC could do to increase your level of satisfaction.		

PLEASE FAX COMPLETED SURVEY TO THE PHC PHARMACY DEPARTMENT AT (707) 863-4330

THANK-YOU!

**PRIOR AUTHORIZATION
CRITERIA GUIDELINES: Medi-Cal
ADDITIONS/CHANGES
Effective 5-15-2009**

Attachment A

BRAND NAME	GENERIC NAME	FORMULARY STATUS	PA CRITERIA/ RESTRICTIONS/LIMITS
Actiq	Fentanyl transmucosal system	Non-Formulary	Treatment for the management of break-through cancer pain in members with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying cancer pain. There must also be documented evidence that other more appropriate and cost effective short-acting opioids have tried and failed. Limit of 4 doses per day. Requests must be accompanied by documentation of an appropriate evaluation and management plan in the medical record. Consultation with pain management consultant may be required.
Duragesic patch	Fentanyl	Non-Formulary	Treatment of severe pain for members with cancer or those members with demonstrated needs for a non-oral route of administration. Other conditions require prescribing by a pain management specialist. Requests must be accompanied by documentation of an appropriate evaluation and management plan in the medical record. Consultation with pain management consultant may be required.
Oxycontin	Oxycodone	Non-Formulary	Treatment of moderate to severe chronic pain for members who have a demonstrated ineffectiveness to maximum doses of long acting (LA) morphine and methadone; or for members who have a demonstrated intolerance (defined as hallucinations, delirium, nausea/vomiting or excessive sedation) to LA morphine or methadone. Requests must be accompanied by documentation of an appropriate evaluation and management plan in the medical record. Consultation with pain management consultant may be required.
Vicodin	Hydrocodone/ APAP (5/500 mg)	Formulary, QL	Quantity Limit #240/month.

Norco	Hydrocodone/ APAP (10/325 mg)	Formulary, QL	TAR processing required when Quantity Limit #120/month exceeded. Requests must be accompanied by documentation of an appropriate evaluation and management plan in the medical record. Consultation with pain management consultant may be required.
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PHC FORMULARY: ADDITIONS / CHANGES
Effective 5-15-09

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
CHANGES			
Omeprazole 10 mg, 20 mg capsules/ various manufacturers	Proton pump inhibitors	F	
TrueTrack (Blood Glucose test strips)/HDI	Self monitoring diagnostics	F, QL, STEP	STEP: if on Insulin, Quantity limit (QL) is #102/month. If not on Insulin, Quantity limit (QL) is #50/month
DELETIONS (Healthy Kids)			
Zyprexa (olanzapine)	Antipsychotic, atypical	NF	
Seroquel (quetiapine)	Antipsychotic, atypical	NF	
Invega (paliperidone)	Antipsychotic, atypical	NF	
Risperidone (risperidone)	Antipsychotic, atypical	NF	
Geodon (ziprasidone)	Antipsychotic, atypical	NF	
Abilify (aripiprazole)	Antipsychotic, atypical	NF	