

PARTNERSHIP



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

**NUMBER 01 - 10**

**June 2010**

**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**

- **Pharmacy Procedure Manual**
- **Pharmacy 2010 Formulary Guide**
- **Treatment Authorization Request (TAR)/ Coverage Determination Form (CDF) processing**
- **Provider DEA/NPI #**
- **Pharmacy Focus Group Meeting**
- **Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy**
- **Formulary Additions/Changes**

## **PHARMACY PROCEDURE MANUAL**

The PHC Pharmacy Procedure Manual was updated July 2009 and distributed to all in-network PHC pharmacy providers. The Manual provides complete information and procedure on the administration of the PHC Pharmacy Management Program. If you do not have a copy, you may download it from the PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or contact PHC Pharmacy Department at (707) 863-4414 to request a copy.

## **PHC FORMULARY GUIDE JANUARY 2010**

The **2010 PHC Formulary** has recently been updated and is being distributed to all PHC Pharmacy and physician providers. The current formulary has been updated to reflect additions, deletions and changes that were approved by the Pharmacy & Therapeutics Committee up to January 7, 2010.

## **Treatment Authorization Request (TAR)/ Coverage Determination Form (CDF) processing.**

As a reminder, please include the 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 (at least 10 digits) as the patient Identification number.

## **Provider DEA/NPI #:**

PHC's Pharmacy Benefits Manager (MedImpact) processes and pays for prescriptions written by valid prescribers. MedImpact is required to process prescriptions by using the prescriber DEA or NPI submitted

and to validate against the MedImpact physician database. Some claims may reject with reason as "non-valid prescriber". This may occur with the mid level prescribers (nurse practitioners and physician assistants) since they may not be included in the physician database registries that MedImpact uses. In these instances, the immediate solution is to obtain the supervising physician's DEA/NPI #. PHC Pharmacy Service Department can work with the mid level prescriber to get them added to the MedImpact physician database.

## **Pharmacy Focus Group Meeting:**

As a result of last year's September 22, 2009 PHC Pharmacy Focus Group meeting the following proposals were suggested:

1. Hold a Pharmacy work group to review and analyze reasons for dissatisfaction with PHC's TAR/CDF deferral process.
2. Consider a work group to review issues related to electronic COB processing. (note: in April 2009 PHC and MedImpact initiated an electronic COB process for our pharmacy network, many pharmacies experienced difficulty utilizing the process.)

PHC Pharmacy Service appreciates input regarding the TAR processing and MedImpact billing processes and would like to invite representatives from your pharmacy to attend a Focus Group meeting scheduled for Wednesday morning, June 30, 2010. Look for the flyers announcing this meeting.

## **Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy**

Since April 2009, the PHC Pharmacy and Therapeutics (P&T) committee has adopted and recommended formulary drug therapy changes consistent with the American Diabetes

Association and the European Association for the Study of Diabetes consensus statement published in Diabetes Care, December 2008. The statement entitled Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy presented A1C goals, Tier 1 -well validated core therapies which include initial therapy with lifestyle interventions and metformin, rapid addition of medications and transitions to alternatives regimens and the addition of insulin therapy in those patients who do not meet target goals. Initiation of insulin therapy should be done after failure of metformin and before use of thiazolidinediones (TZDs) which are considered as a Tier 2 -less well validated therapy. The consensus group members for these ADA 2008 guidelines advised against using rosiglitazone. Rosiglitazone is non-formulary and prior authorization will be needed for initial starts. Pioglitazone and pioglitazone combination products will be formulary with Step therapy requiring prior use of metformin and insulin within the last 120 days. Effective January 2010, PHC also added an insulin training benefit for Medi-Cal members allowing re-imburement to the provider who provides training.

## Summary of Formulary Changes (effective June 1, 2010):

### NEW FORMULARY ADDITIONS AND CHANGES

The following formulary additions and changes were recently approved by the PHC Pharmacy and Therapeutics (P&T) Committee. Please refer to your PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or visit the ePocrates website at [www.epocrates.com](http://www.epocrates.com) for a complete listing of all formulary additions and changes.

### Additions Effective 3/01/2010:

*Topamax (topiramate)*: Sprinkle caps: 15, 25 mg.  
Tablets 25, 50, 100, 200 mg

*Lamictal (lamotrigine)*: Chewable tablets: 5mg,  
25 mg. Tablets: 25, 100, 150, 200 mg

*Lansoprazole 15 mg (OTC) (Prevacid 24HR)*

### Addition Effective 6/01/2010

*Aprepitant (Emend) 80 mg, 125 mg*: Code 1 processing associated with chemotherapy use. Limit 3 tablets/fill.

*Labetolol (Trandate) 100 mg, 200 mg, 300 mg*

*Nifedipine IR 10mg, 20 mg*

### Deletion Effective 6/1/2010

*Acyclovir (Zovirax) ointment 5%*

### Changes Effective 6/1/2010:

*Tramadol (Ultram) 50 mg*: Quantity limit changed to #240/month

*Zolpidem (Ambien) 5mg, 10 mg*: Quantity limit of #120/year removed. No limit.

*Actos (pioglitazone)*: **formulary, step therapy**: prior use of metformin and insulin within the last 120 days.

*Actoplus Met (pioglitazone/metformin)*: **formulary, step therapy**: prior use of metformin and insulin within the last 120 days.

*Duetact (pioglitazone/glimepiride)*: **formulary, step therapy**: prior use of metformin and insulin within the last 120 days.

*Avandia (rosiglitazone)*: **non-formulary**, prior authorization criteria is changed to trial and failure of, or contra-indication to, the use of Tier 1 treatment which includes metformin and insulin and 2<sup>nd</sup> line therapy with pioglitazone.

*Avandamet (rosiglitazone/metformin):*  
**formulary, step therapy:** prior use of metformin and insulin and 2<sup>nd</sup> line therapy with pioglitazone or pioglitazone combinations within the last 120 days.

*Avandaryl (rosiglitazone/glimepiride):* **formulary, step therapy:** prior use of metformin and insulin and 2<sup>nd</sup> line therapy with pioglitazone or pioglitazone combinations within the last 120 days.

### **Prior Authorization Criteria Addition/Changes (effective June 1, 2009)**

The complete prior authorization criteria guideline for all lines of PHC business is available on the website:  
<http://www.partnershiphp.org/Pharmacy/Formularies.htm>

**PHC FORMULARY: ADDITIONS / CHANGES (Medi-Cal and HK)  
Effective 6-01-2010**

<b>DRUG</b>	<b>CLASS</b>	<b>FORMULARY STATUS</b>	<b>RESTRICTIONS / LIMITS</b>
<b>Additions</b>			
Aprepitant(Emend) 80 mg , 125 mg /Merck	Antiemetic	<b>F, Code 1, Limit</b>	<b>Code 1- associated with chemotherapy. Quantity limit 3 doses/fill</b>
Nabumetone (Relafen) 500mg, 750 mg/ various	NonSteroidal Anti-inflammatory agent	<b>F</b>	
Oxaprozin(Daypro) 600 mg/ various	NonSteroidal Anti-inflammatory agent	<b>F</b>	
Ketoprofen (Orudis)(immediate release) 50mg, 75 mg/ Various	NonSteroidal Anti-inflammatory agent	<b>F</b>	
Flurbiprofen (Ansaid) 50 mg , 100 mg/ Various	NonSteroidal Anti-inflammatory agent	<b>F</b>	
Labetolol (Trandate)100 mg, 200 mg, 300 mg/ various	Anti-andrenergic/Sympatholytics- Alpha/beta adrenergic blocker	<b>F</b>	
Nifedipine IR 10mg, 20 mg/ various	Calcium channel blocker	<b>F</b>	
<b>Deletions</b>			
Acyclovir (Zovirax) ointment 5%/ BTA Pharm	Anti-infective – antiviral	<b>NF</b>	
<b>Changes</b>			
Tramadol (Ultram) 50 mg /various	Opioid analgesic	<b>F, limit</b>	<b>Change quantity limit to #240/month</b>
Zolpidem (Ambien) 5mg, 10 mg/various	Sedative/Hypnotic	<b>F</b>	<b>Remove previous quantity limit of #120/year. No limit</b>
Citalopram ( Celexa)10 mg, 20 mg, 40 mg/various	Antidepressant -SSRI	<b>F</b>	<b>Remove limit for ½ tablet substitution</b>
Ropinirole (Requip)/ 0.25 mg, 0.5 mg, 1mg, 2 mg. Various	Antiparkinson Agent-dopaminergic	<b>F, Limit</b>	<b>Add Quantity limit of #30/fill for each dose strength</b>
Tretinoin (Retin A) gel 0.01%, 0.025% and cream 0.025%, 0.05%, 0.1%,/ various	Retinoids	<b>F, Limit</b>	<b>Change Age restriction to &gt; 40 years of age</b>
<b>Changes: STEP THERAPY</b>			
Pioglitazone ((Actos)/Takeda	Antidiabetic agent-thiazolidinedione	<b>F, Step</b>	For Step therapy: Prior use of metformin and insulin within the last 120 days
Pioglitazone/Metformin (Actoplus Met)/Takeda	Antidiabetic combination	<b>F, Step</b>	For Step therapy: Prior use of metformin and insulin within the last 120 days
Pioglitazone/Glimepiride (Duetact)/Takeda	Antidiabetic combination	<b>F, Step</b>	For Step therapy: Prior use of metformin and insulin within the last 120 days
Rosiglitazone/Metformin (Avandamet)/GSK	Antidiabetic combination	<b>F, Step</b>	For Step therapy: Prior use of metformin and

**PHC FORMULARY: ADDITIONS / CHANGES (Medi-Cal and HK)  
Effective 6-01-2010**

			insulin and 2 <sup>nd</sup> line therapy with pioglitazone or pioglitazone combination products within the last 120 days
Rosiglitazone/glimepiride (Avandaryl)	Antidiabetic combination	<b>F, step</b>	For Step therapy: Prior use of metformin and insulin and 2 <sup>nd</sup> line therapy with pioglitazone or pioglitazone combination products within the last 120 days
Sitagliptin (Januvia)/Merck	Antidiabetic agent-dipeptidyl peptidase-4 inhibitor	<b>F, Step</b>	For Step therapy: Prior use of metformin and insulin within the last 120 day
Sitagliptin/metformin (Janumet)/Merck	Antidiabetic combination	<b>F, Step</b>	For Step therapy: Prior use of metformin and insulin within the last 120 days