

PARTNERSHIP



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

NUMBER 02 - 10

September 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 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 - new FAX number.**

Please use this new FAX number when processing TAR/CDF. The new number is **(707) 419-7900**

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.

**Pharmacy Focus Group Meeting:
Pharmacy Focus Work Group Meeting
(June 30, 2010):**

As a result of last year's September 22, 2009 PHC Pharmacy Focus Group meeting, a pharmacy focus workgroup was held on June 30, 2010 from 7:30 – 10AM to review/discuss PHC's TAR/CDF and MedImpact's electronic COB processing concerns. Participants from the following retail pharmacies were in attendance: Family Drugs, Walgreen Fairfield; CVS Vacaville; Safeway, Dixon; Lucky, Napa; Raleys Suisun. Attendees from the Plan included Member Services Complaints/Grievance and PHC Pharmacy Service. Summary highlights are as follows:

1. Pharmacies stated that deferred TARs do create more work for them; however, it was positive to be able to speak with individuals at the Plan
2. Pharmacies wanted to know if processes are in place to educate members to not insist on TAR processing. Member services will look into the process.
3. Group asked if POS messaging can include formulary alternatives.
4. Some pharmacies have issues with their software and MI compatibility when using the eCOB process.
5. 30 day billing window was reviewed and although the group felt there were

isolated instances of not making the window, the pharmacies realized that TAR could be submitted and considered.

6. Pharmacies asked if Multivitamins and Vitamin D could be added to formulary to avoid the TAR processing.

PHC Pharmacy Service appreciates the input regarding the TAR processing and MedImpact billing processes. Some of the suggestions are currently being implemented and the followup action on this work group's activities will be shared at the next Pharmacy Group Focus meeting scheduled for October 5, 2010.

Look for the invitation flyers and notice announcing the next Pharmacy Group Focus meeting scheduled for Tuesday, October 5, 2010 at the Garden Hilton. The program will start at 6 PM (buffet dinner served at 6:30 PM). Pharmacists, pharmacy technicians and pharmacy clerks are all invited. Please RSVP by September 29, 2010 letting us know how many from your pharmacy can attend.

**SEASONAL INFLUENZA VACCINE
2010-2011**

The 2010-2011 flu vaccine will protect against three different flu viruses.

- an A/California/7/2009 (H1N1)–like virus (a pandemic 2009 H1N1 virus and is the same vaccine virus as was used in the 2009 H1N1 monovalent vaccine)
- an A/Perth/16/2009 (H3N2)–like virus
- B/Brisbane/60/2008–like virus.

People who got the 2009 H1N1 (pandemic) influenza vaccine, or had pandemic flu in 2009, should still get the 2010-2011 seasonal influenza vaccine.

Annual vaccination of all people aged 6 months and older should begin as soon as the 2010-2011 influenza vaccine is available.

Updated information about influenza vaccine is available at the following websites:

-Centers for Disease Control and Prevention Influenza Homepage:
www.cdc.gov/flu/about/season/index.htm

-FDA Web Page on Influenza Vaccine Safety & Availability
<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm110288.htm>

Healthy Families Program:

Effective October 1, 2010, PHC will be adding a Healthy Families program benefit. The drug formulary will be similar to the Healthy Kids program. Program benefits specifics will be shared by MedImpact over the next two weeks.

Summary of Formulary Changes (effective September 1, 2010):

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 or visit the ePocrates website at www.epocrates.com for a complete listing of all formulary additions and changes.

Additions Effective 9-01-10:

Losartan: 25, 50, 100 mg tablets. Step therapy: prior use of ACE inhibitor, ARB within a look back period of 365 days. Limit: #15 for 25 mg and 50 mg tablets.

Pancreatic enzyme product (PEP): (Creon 6,000, 12,000, 24,000)

Pancreatic enzyme product (PEP): (Zenpep 5,000, 10,000, 15,000, 20,000)

Changes Effective 9/1/2010:

Benicar (Olmesartan) 5mg, 20 mg, 40 mg:
Formulary, Step Therapy, Limit: Prior use of

ACE inhibitors, ARB within a look back period of 365 days. Limit: #15 for 20 mg tablet

Benicar HCT (Olmesartan HCT) 20-12.5 mg, 40-12.5 mg: **Formulary, Step Therapy, Limit:** Prior use of ACE inhibitors, ARB within a look back period of 365 days. Limit: #15 for 20-12.5 mg tablet

Nicotine transdermal patches 7mg/24hr, 14 mg/24hr, 21 mg/24 hr: **Formulary, Limit** of maximum of #180 /year. Limit each prescription fill to #42/dose strength.

Ondansetron (Zofran) 4, 8 mg: **Formulary, Code 1, Limit:** Code 1 = treatment of nausea and vomiting caused by cancer chemotherapy or radiation. Limit; quantity increase to #30 tabs/month

Atomoxetine (Strattera) 10, 18, 25, 40, 60, 80, 100mg: **Formulary, Age Limit: age 17 and older, Quantity Limit #30/capsule strength.**

Prior Authorization Criteria Addition/Changes (effective September 1, 2010)

Please refer complete prior authorization changes made for the following: Filgrastim, Pegfilgrastim and IV Iron products.

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 09-01-10

DRUG	CLASS	FORMULARY STATUS	RESTRICTIONS / LIMITS
Additions			
Losartan (Cozaar) 25 mg, 50 mg, 100 mg / various	Renin Angiotension System Antagonist	F, Step, limit	Step: Prior use of ACE inhibitors, ARB within look back 365 days. Limit: #15 on 25 mg and 50mg tablets
Pancreatic Enzyme Product (PEP) (Creon 6,000; 12,000; 24,000)	Digestive Enzyme	F	
Pancreatic Enzyme Product (PEP) (Zenpep) 5,000; 10,000; 15,000; 20,000 /Eurand Pharm	Digestive Enzyme	F	
Changes:			
Olmesartan (Benicar) 5mg, 20 mg, 40 mg/ Sankyo	Renin Angiotension System Antagonist	F, Step, limit	Step: Prior use of ACE inhibitors, ARB within look back 365 days. Limit: #15 on 20mg
Olmesartan (Benicar HCT) 20-12.5 mg, 40- 12.5 mg/ Sankyo	Renin Angiotension System Antagonist	F, Step, limit	Step: Prior use of ACE inhibitors, ARB within look back 365 days. Limit: #15 20-12.5 mg
Nicotine transdermal patches 7 mg./24hr;14 mg/24hr; 21 mg/24hr	Smoking cessation-nicotine	F, Limit	Limit of maximum #180/year. Limit each prescription fill to #42/dose strength
Ondansetron (Zofran) 4mg, 8 mg/various	Anti-emetic	F, Code 1, Limit	Code 1 = treatment of N/V caused by cancer chemo or radiation. Increase Limit to #30 tabs/month.
Atomoxetine (Strattera) 10mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg	Misc, Psychotherapeutic agent	F, Limit	Limit: age 17 and older. Limit: #30 quantity limit/capsule strength.