



Health Plan
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November 28, 2007

Dear Healthcare Practitioner:

Presbyterian Health Plan and Presbyterian Insurance Company's Pharmacy and Therapeutics Committee (P&T Committee) met on September 19, 2007 to promote appropriate use of drugs in maintaining the formularies. We are dedicated to supporting our network of practitioners and would like to share with you the decisions made at that meeting that affect our formularies and pharmacy benefits. Please note that online versions of all Presbyterian formularies are available on our website at www.phs.org/pharmacy/index.htm, as well as on www.nm-formulary.com. All formularies may also be easily downloaded onto your handheld Palm device through the ePocrates Rx software.

P&T COMMITTEE DECISIONS ADDITIONS/CHANGES TO PRESBYTERIAN FORMULARIES/PDLs

Long-Acting Opioid Analgesics: Opana ER, Kadian, and Avinza, the newer long-acting opioid agents, were reviewed. They will now be available as treatment options either by prior authorization or by step edit requirement. The committee consulted with the Presbyterian Medical Group Pain and Spine physicians prior to the review and they are supportive of the decisions made by the committee. Other important changes in the long-acting opioid class include:

- A step edit will be instituted for fentanyl transdermal patches and Opana ER, so that a prior authorization will not be required if the patient has a pharmacy claim history of a prescription for morphine sulfate ER tablets within the past 90 days.
- A step edit will also be instituted for Kadian and Avinza, so that a prior authorization will not be required if patient has a pharmacy claim history of a prescription for either fentanyl transdermal patches or Opana ER within the past 90 days.
- OxyContin (oxycodone ER) will not be offered as a treatment option due to the availability on the formulary of the above therapeutically equivalent alternatives.
- Prescriptions for OxyContin (oxycodone ER), currently written for less than or equal to 160mg/day with a maximum quantity of 60 tablets per month, will be grandfathered. Prescriptions for OxyContin (oxycodone ER), in doses greater than 160mg/day, will be available only by Medical Exception. A 90-day extension will be granted to existing prior authorizations for OxyContin (oxycodone ER) prescriptions, when they expire, to allow time for the Medical Exception process to be completed, or to allow time for the transition to a recommended treatment alternative.
- Medical Exception is allowed when all therapeutic options have been exhausted. Medical Exception will require completion and submission of the Plan of Treatment form (this form is available at www.phs.org), which will include a detailed diagnosis, reasoning for the requirement of a high dose, description of titration or tapering schedule if applicable, and any other non-narcotic treatments that are being utilized. Also, a Board of Pharmacy controlled

substance report, a physician-patient narcotic contract, a urine drug screen, and a physical functioning screening test (e.g. Oswestry, SOAPP tests) are required.

- Oncologists will be exempt from the Medical Exception process for authorization for OxyContin (oxycodone ER) prescriptions but will still be required to submit a prior authorization form.

The New Mexico Board of Pharmacy Prescription Monitoring Program is available to all practitioners with a DEA number and to all pharmacies with a NABP (NCPDP) number within the state of New Mexico. Once a patient is entered into the program a detailed list of controlled substances prescriptions filled by that patient will be returned electronically usually within the same day. Registration is required. The link to their website is <https://www.pmp.state.nm.us/> or contact Larry Loring R.Ph at (505) 222-9839 or e-mail at Larry.loring@state.nm.us.

Topical Testosterone Products: The topical products reviewed were Androgel Packets, Androgel Pump, Androderm transdermal system, and Testim topical gel. Pharmacy exception criteria was voted on and approved by the committee.

Pharmacy Exception Criteria for the topical testosterone products:

1. Patient is male and has primary or secondary hypogonadism.
2. Laboratory confirmation of low testosterone levels for patients' naïve to testosterone replacement therapy.

Maximum quantities allowed per month:

Drug name	Quantity limit
Androgel (25mg) 2.5gm packets	#30 packets
Androgel (50mg) 5gm packets	#60 packets
Androgel pump	#2 pump
Androderm 2.5mg patches	#30 patches
Androderm 5mg patches	#60 patches
Testim gel 5gm packets	#60 packets

Albuterol HFA inhalers: As a reminder, the FDA has announced that the production and sale of albuterol CFC (chlorofluorocarbons) MDI's must stop by 12/31/2008. ProAir HFA was the only available formulary option. The committee voted and approved to add Ventolin HFA MDI inhaler to be covered on all plans at the same formulary status as ProAir HFA. Patients currently on Proventil HFA will be grandfathered. Ventolin HFA offers an actuation counter and is approved for ages ≥ 4 years.

Summary of Additions/Changes to the Presbyterian Formularies/PDLs

Drug Name	Commercial 2-Tier	Commercial 4-Tier	Salud/NMRx	Medicare
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Opana ER (Oxymorphone ER tablets)	Step-Edit or PA required	3 rd Tier Step-Edit or PA required	Step-Edit or PA required	3 rd Tier Step-Edit or PA required
Kadian (morphine sulfate ER capsules)	Step-Edit or PA required	3 rd Tier Step-Edit or PA required	Step-Edit or PA required	3 rd Tier Step-Edit or PA required
Avinza (morphine sulfate ER capsules)	Step-Edit or PA required	3 rd Tier Step-Edit or PA required	Step-Edit or PA required	3 rd Tier Step-Edit or PA required
Fentanyl Transdermal Patches	Step-Edit or PA required	3 rd Tier Step-Edit or PA required	Step-Edit or PA required	3 rd Tier Step-Edit or PA required
ProAir HFA	Formulary – Brand Copay	2 nd tier	Formulary	2 nd Tier
Ventolin HFA	Formulary – Brand Copay	2 nd tier	Formulary	2 nd Tier
Proventil HFA	Non formulary	Non formulary*	Non formulary	Non formulary

*Patients currently on Proventil HFA will be grandfathered.

Summary of Brand to Generic formulary decisions

Drug Name	Commercial 2-Tier	Commercial 4-Tier	Salud/NMRx	Medicare
Metoprolol Succinate ER (Generic Toprol XL)	Formulary – Generic Copay	1 st Tier	Formulary	1 st Tier
Carvedilol (generic Coreg)	Formulary – Generic Copay	1 st Tier	Formulary	1 st Tier

*Generic substitution is mandatory for drugs that have generic “AB-rated” equivalents available. All drugs are subject to generic substitution when an approved generic becomes available. If the member or provider requests the brand name in place of the generic, the member will be responsible for the generic co-payment plus the difference in cost (if any) between the generic and brand drug for most plans.

The changes to the formularies, as outlined above, are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact Larry Georgopoulos, R.Ph, by e-mail at **lgeorgop@phs.org** or by phone at (505) 923-5530, or Julie DiTucci-Reiter, R.Ph, by e-mail at **jditucci@phs.org** or by phone at (505) 923-5404. We can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. As always, thank you for partnering with us to improve the health of individuals, families and communities.

In addition to the formulary changes, we would like to remind you that our phone numbers have changed. The new numbers are (505) 923-5757 (in the Albuquerque area) or 1-888-923-5757 (outside the Albuquerque area). Pharmacy department hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Pres Online is also available for you to verify eligibility and submit prior authorizations. Please visit the Provider page of www.phs.org for more information.

Sincerely,



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Equianalgesic Dosing of Opioids for Pain Management

Equianalgesic doses contained in this chart are approximate, and should be used only as a guideline. Dosing must be titrated to individual response. There is often incomplete cross-tolerance among these drugs. It is, therefore, typically necessary to begin with a dose lower than the equianalgesic dose when changing drugs and then titrate to an effective response. Dosing adjustments for renal or hepatic insufficiency and other conditions that affect drug metabolism and kinetics may also be necessary.

Some websites with equianalgesic dose calculators: <http://www.globalrph.com/narcoticonv.htm>, <http://www.hopweb.org>

Drug	Equianalgesic Doses (mg)		Approximate Equianalgesic 24hr Dose (Assumes Around-the-Clock Dosing)		Usual Starting Dose (Adults >50kg) (Doses NOT Equianalgesic)	
	Parenteral ¹	Oral	Parenteral	Oral/Other	Parenteral	Oral/Other
Morphine (<i>Roxanol</i>)	10	30	3-5 mg q 4 h	10 mg q 4 h	2.5-5 mg q 4 h	5-10 mg q 4 h
Controlled-release morphine (<i>MS Contin, Oramorph SR, Kadian</i>)	NA	30	NA	30 mg q 12 h (<i>Kadian</i> may be given as 60 mg q 24 h)	NA	15 mg q 12 h (<i>Kadian</i> may be started at 20 mg q 24 h)
Extended-release morphine (<i>Avinza</i>)	NA	30	NA	60 mg q 24 h	NA	30 mg q 24 h
Hydromorphone (<i>Dilaudid</i>)	1.5	7.5	1 mg q 4 h	2-4 mg q 4 h	0.5-1 mg q 4 h	1-2 mg q 4 h
Oxycodone (<i>Roxicodone, OxyIR</i> , also in <i>Percocet, Percodan, Tylox</i> , others)	NA	20	NA	5-7.5 mg q 4 h	NA	5 mg q 4 h
Controlled-release oxycodone (<i>Oxycontin</i>)	NA	20	NA	15-20 mg q 12 h	NA	10 mg q 12 h
Oxymorphone (<i>Opana</i>)	1	10	0.3-0.5 mg q4h	5 mg q 6 h	0.5 mg q 4 h	5-10 mg q 4-6 h
Extended-release oxymorphone (<i>Opana ER</i>)	NA	10	NA	10 mg q 12 h	NA	5 mg q 12 h
Hydrocodone (in <i>Lorcet, Lortab, Vicodin</i> , others)	NA	30	NA	10 mg q 4 h	NA	5-10 mg q 4 h
Codeine	130	200	30-65 mg q 4 h	60 mg q 4 h	10-60 mg q 4 h	30-60 mg q 4 h
Methadone (<i>Dolophine</i>)	Variable	Variable	The conversion ratio of methadone is highly variable depending on factors such as patient tolerance, morphine dose, and length of dosing (short term versus chronic dosing). Because the analgesic duration of action is shorter than the half-life, toxicity due to drug accumulation can occur within 3-5 days.			
Fentanyl (<i>Sublimaze, Duragesic</i> (patch))	0.1	NA	Transdermal patch (for opioid-tolerant patients only): See conversion charts in product information. No one conversion factor when switching from transmucosal (<i>Actiq</i>) to buccal (<i>Fentora</i>)-see product information for conversion dosing recommendations.			



**Plan of Treatment Form
for controlled substances**

**Please complete all the below sections
for this request to be considered for approval.**

Please Print

SS# _____ - _____ - _____ ID# _____
Member Name _____ Date of Birth: _____
Drug: _____ Strength: _____ Brand Name Required _____
Dosing & Quantity/month _____ Requestor: _____
Requesting Physician: _____ Physician Signature: _____
Specialty: _____ Physician Phone #: _____ Physician Fax #: _____

EXPLAIN medical condition/diagnosis and reasoning for requirement of high dose, long-term use, and increased frequency of controlled substance.

PLAN for treatment with controlled substance – please include expected duration of therapy, combination therapy if any, tapering or titration schedule if applicable and any other treatment modalities.

**** Please submit all of the following for the initial request and for any subsequent requests.****

- Patient-Physician narcotic contract
- New Mexico Board of Pharmacy controlled substance report
- Urine Drug Screen (UDS)
- Functionality screening test (e.g. Oswestry, SOAPP tests)

Please fax this completed form along with the prior authorization request to **(505) 923-5540**. If you need assistance with this form, please call (505) 923-5757 or 1-888-923-5757 and select option 3 for pharmacy.