

PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

Info-Link

Summer/Fall 2012

 **Inter Valley Health Plan**
For health. Not for profit.

Reach for the Stars



**A five star rating for
Inter Valley Health Plan
benefits everyone.**

Can you name the mystery condition?

**Mature female caught her foot in the carpet,
fell and sustained A fracture. See page 3**

MEDICATION REJECT MESSAGES



Inter Valley Health Plan maintains an extensive formulary which is continually being evaluated and enhanced based on new therapies, changing treatment guidelines and the introduction of new generics into the market. Inter Valley institutes additional formulary management activities, such as prior authorizations, step therapies, quantity limitations, and other drug utilization measures to ensure appropriate access to drug therapy. For a complete description of the formulary and the related utilization management tools in place for Inter Valley Health Plan please visit our website at www.ivhp.com.

After a prescription is written and presented to the pharmacy the patient may encounter a formulary management edit. Below is a brief summary of several of the more common reject messages that the pharmacy may encounter and what can be done to address these rejects.

Reject Message: DRUG NON-MATCHED WITH FDA

EXPLANATION – Effective January 1, 2010 Medicare only allows those medications that are properly listed with the FDA to be filled. Several companies may sell versions of a certain drug and some may be properly licensed while others may not. Those NDCs that are not properly licensed with the FDA will encounter this reject message.

ACTION – Medicare has encouraged pharmacies to only stock versions that are properly licensed. The pharmacy would need to submit a prescription claim with a different NDC that is FDA approved. If the pharmacy is unable to stock a FDA approved version then the patient may attempt to obtain the medication at a different network pharmacy. Inter Valley's pharmacy network consists of over 65,000 different pharmacies. You may also contact Inter Valley's pharmacy benefits manager, National Pharmaceutical Services for more information on the FDA Non-matched status of a medication (800-546-5677).

Reject Message: NON-FORMULARY

EXPLANATION – Prescribed medication is not currently covered by Inter Valley Health Plan.

ACTION – Consider prescribing a suitable formulary alternative or contact Inter Valley Health Plan to request a formulary exception (800-523-3142).



Reject Message: REFILL TOO SOON

EXPLANATION – Prescription refill occurs before the days' supply of the previous fill should have been exhausted.

ACTION – Reject message pharmacy receives includes a date when the prescription will be able to be refilled.

Reject Message: PRIOR AUTH REQUIRED

EXPLANATION – Prescription requires prior approval from Inter Valley before coverage can be granted.

ACTION – Contact Inter Valley Health Plan to request a prior authorization for the prescribed therapy (800-523-3142).

Reject Message: STEP THERAPY REQUIRED

EXPLANATION – Prescription requires prior failure to a formulary alternative (step 1 medication) prior to coverage of the requested therapy (step 2 medication).

ACTION – Consider prescribing a step 1 medication or contact Inter Valley Health Plan to request a formulary exception (800-523-3142).

Reject Message: QUANTITY PER DAY NOT ALLOWED

EXPLANATION – Prescription is being submitted for a quantity which exceeds the limits set by Inter Valley Health Plan.

ACTION – Consider prescribing a lower quantity of medication or contact Inter Valley Health Plan to request a formulary exception (800-523-3142).

CAN YOU NAME THIS CONDITION?

A 69 year old female caught her foot in the carpet, fell and sustained a fracture: She is hospitalized and has an ORIN by an ortho surgeon. She follows up with her PCP. What should be done on the first visit?

- A. Order Dexamethasone
- B. Start Bisphosphonates like Fosamax
- C. None of the above
- D. Both

Mystery Condition from Winter/Spring 2012 InfoLink winners:

Dr. Mark H. Barak, Pomona ■ Dr. Nadim Dagher, Covina ■ Dr. Lester Holstein, Monrovia
Dr. Ramesh Karody, Riverside ■ Dr. Patrick Gonzales, Menifee

MEDICATION ADHERENCE RATES

The Centers for Medicare and Medicaid Services (CMS) has developed quality performance measures to help Medicare beneficiaries make informed decisions about health and prescription drug plans. As part of this effort, the CMS currently calculates and publicizes the following patient safety measures.

- High Risk Medication (HRM)
- Diabetes Treatment (DT)
- Drug-Drug Interaction (DDI)
- Diabetes Medication Dosage (DMD)
- Adherence (ADH) for four therapeutic areas:
 - RAS Antagonist Hypertension Medications
 - Oral Diabetes Medications
 - Statin Cholesterol Medications
 - Antiretroviral HIV/AIDS Medications



Because of their importance, it's critical that each of the measures listed above be expounded upon. In that light, an article explaining each of those measures will be included in future InfoLink issues, beginning with the adherence measures.

The CMS Part D adherence measures are made up of four separate submeasures that look at patient adherence to RAS antagonist hypertension, oral diabetes, statins and antiretroviral HIV/AIDS medications. Patients with at least two fills for drugs in any of the four categories will be counted in the denominator. Patients who are continuously treated for 80% of the covered days in the year will be counted in the numerator as well.

What does this really mean?

If a patient filled a prescription for Lisinopril on January 1 and was treated with Lisinopril for the rest of the year, the total days of supply for all Lisinopril fills in the year should add up to at least 292 days, or 80% of the total days in the year. If a patient's first fill in the year was in February 1, then the total days of supply should add up to at least 267 days, or 80% of the number of days from February 1 to December 31.

The following medications count in the adherence measures:

- RAS Antagonist Hypertension Medications
(List of covered drugs on page 5)
 - All ACE Inhibitors and ACE Inhibitor combination products
 - All ARBs and combination ARB products
 - All Direct Renin Inhibitors and Direct Renin Inhibitor combination products
- Oral Diabetes Medications
 - All oral hypoglycemic products
- Statin Cholesterol Medications
 - All Statins and Statin combination products
- Antiretroviral HIV/AIDS Medications
 - All Antiretroviral products used for the treatment of HIV and AIDS

RAS ANTAGONIST HYPERTENSION MEDICATIONS

Covered Drug Name	Alternate Drug Name	Tier Description	Utilization Limit
DIRECT RENIN INHIBITOR MEDICATIONS			
Tekturna aliskiren	aliskiren	Non-Preferred Brand	
ARB MEDICATIONS			
losartan	losartan	Preferred Generic	QL (30 tabs per 30 days)
DIOVAN	valsartan	Preferred Brand	QL (30 per 30 days)
ACE INHIBITOR MEDICATIONS			
benazepril	benazepril	Preferred Generic	
captopril	captopril	Preferred Generic	
enalapril	enalapril	Preferred Generic	
fosinopril	fosinopril	Preferred Generic	
lisinopril	lisinopril	Preferred Generic	
moexipril	moexipril	Preferred Generic	
perindopril	perindopril	Preferred Generic	
quinapril	quinapril	Preferred Generic	
ramipril	ramipril	Non-Preferred Generic	QL 1.25, 2.5 & 5mg (30 per 30 days) QL 10mg (60 per 30 days)
trandolapril	trandolapril	Preferred Generic	
ACE INHIBITOR COMBINATION PRODUCTS			
amlodipine & benazepril	amlodipine & benazepril	Preferred Generic	
benazepril & HCTZ	benazepril & HCTZ	Preferred Generic	
captopril & HCTZ	captopril & HCTZ	Preferred Generic	
enalapril & HCTZ	enalapril & HCTZ	Preferred Generic	
fosinopril & HCTZ	fosinopril & HCTZ	Preferred Generic	
lisinopril & HCTZ	lisinopril & HCTZ	Preferred Generic	
moexipril & HCTZ	moexipril & HCTZ	Preferred Generic	
quinapril & HCTZ	quinapril & HCTZ	Preferred Generic	
ARB COMBINATION PRODUCTS			
DIOVAN HCT	valsartan & HCTZ	Preferred Brand	QL (30 per 30 days)
EXFORGE losartan & HCTZ EXFORGE HCT	amlodipine & valsartan losartan & HCTZ amlodipine & valsartan & HCTZ	Non-Preferred Brand Preferred Generic Non-Preferred Brand	QL (30 per 30 days) QL (30 per 30 days) QL (30 per 30 days)
DIRECT RENIN INHIBITOR COMBINATION PRODUCTS			
TEKA MLO	aliskiren & amlodipine	Non-Preferred Brand	QL (30 per 30 days)
TEKTURNA HCT	aliskiren & HCTZ	Non-Preferred Brand	QL (30 per 30 days)



GETTING TO THE HEART OF DIABETES

For people with diabetes, problems with the heart and blood vessels can prove fatal. The two main conditions that are putting your diabetes patients at risk are high blood pressure and high cholesterol. As a health care provider, it is your responsibility to do everything you can to help your patients gain control of these potentially life threatening conditions.

How can you help patients who need to control their blood pressure?

- If you have patients with diabetes who are taking medicine for blood pressure but are not on an **ACE** or an **ARB**, consider why not and determine if they should be. ACEs and ARBs can uniquely benefit the heart and kidneys in people with diabetes.
- Remind your patients that no matter what medication they may be taking, their blood pressure needs to be controlled to **140/90** or lower.
- Advise them to check their potassium and creatinine levels every year.

How can you help patients who need to control their cholesterol?

- If you have any diabetes patients that are not on a **Statin** medication, determine if it would be beneficial for them to be.
- Advise your patients that keeping a low level of LDL, or “bad cholesterol,” can be crucial in preventing heart attacks.
- Remind your patients to get their LDL checked every year.

MEDWATCH REPORT: *The FDA Safety Information and Adverse Event Reporting Program*

Celexa (citalopram hydrobromide): The FDA has clarified dosing & warning recommendations for Celexa. Caution should be used with patients who have underlying heart conditions and those predisposed to having low serum potassium and magnesium levels. Celexa can cause QT prolongation; patients taking Celexa need regular EKG tests and blood tests for magnesium & potassium. Therefore, the maximum recommended Celexa dose is 40 mg/day, and for patients older than 60 years of age, the maximum Celexa dose is 20mg/day. Additionally, Celexa is not recommended for use in patients with current congenital long QT syndrome, bradycardia, hypokalemia, hypomagnesemia, recent acute MI, uncompensated heart failure, or concurrent QT-prolongation medication use.

Statin update: The FDA has recently stated that protease inhibitors and Statins taken together may raise serum Statin levels and increase the risk for myopathy and rhabdomyolysis. Patients taking these medications concurrently should be frequently monitored for signs of muscle injury.

Additionally, the FDA has removed the need for routine monitoring of liver enzymes from Statin drug labels; liver enzyme tests should be performed prior to starting Statin therapy and as clinically indicated thereafter. The FDA has added safety information regarding the potential for non-serious and reversible cognitive side effects as well as potential increased blood sugar and HbA1c levels with Statin use.

Proton Pump Inhibitors: The FDA has stated that PPI use may be associated with increased risk of C.diff-associated diarrhea. A diagnosis of CDAD should be considered in patients taking PPIs who develop unresolved diarrhea.

INTER VALLEY NAMES NEW CHIEF MEDICAL OFFICER

Inter Valley Health Plan is proud to announce that Zeinab Dabbah, MD, JD has accepted the position of Chief Medical Officer. IVHP is a non-profit, federally qualified, Medicare Advantage health plan contracted with Medicare. In her new role, Dr. Dabbah will be responsible for oversight of the Health Plan's clinical programs and initiatives to continuously improve the quality of patient care provided to members.

"We're very pleased that Dr. Dabbah has joined us as chief medical officer," said Ronald H. Bolding, president and CEO, Inter Valley Health Plan. "Her distinguished career in medicine will make her an excellent contributor on our management team and integral to our growth as we continue to expand our service offerings and the delivery of value to our customers."

Dr. Dabbah's work in medical management, in both the health plan and provider group worlds, spans nearly two decades. She previously spent four years at Anthem Blue Cross/Blue Cross of California in the roles of Chief Medical Officer, Regional Vice President/Senior Medical Director and Managing Medical Director of Clinical Effectiveness and Quality, where she managed all aspects of medical cost management relating to clinical affordability for the plan's six million commercial members. Dr. Dabbah began her career at HealthCare Partners Medical Group as a Senior Partner, Primary Care Physician and Regional Medical Director for Utilization Management, and oversaw quality improvement for inpatient and outpatient physicians for Region 1, covering 110,000 patients, 100 employed and IPA physicians and 300 consultants.

A resident of Pasadena, Dr. Dabbah is a graduate of Cairo University School of Medicine. She completed her residency in internal medicine at LAC + USC Medical Centers and is Board Certified and certified in Internal Medicine. In addition, she recently obtained a Juris Doctorae from Chapman University Law School, graduating with honors in the top 10 percent of the class. Dr. Dabbah completed an emphasis in Advocacy and Alternate Resolution at Chapman, and is also a Certified Health Insurance Executive from the American Health Insurance Plan. Dr. Dabbah is married to Dr. Daniel Temianka and has two children, Basil and Yasmine.



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EDITOR'S NOTE:

We value your opinion. If you have any comments on this issue or have a topic suggestion for future issues, please contact Cyndie O'Brien at 909-623-6333 or cobrien@ivhp.com.



Inter Valley Health Plan

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Inter Valley Health Plan is a not-for-profit company and a Medicare Advantage Organization with a Medicare contract.