

FamilPACT

Pharmacy Related Benefits

March 24, 2010

Parminder Kaur, MSN, FNP-BC
Nurse Consultant III

Lillian de los Santos, PHN, MS
Nurse Consultant III

Office of Family Planning


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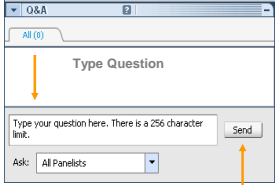
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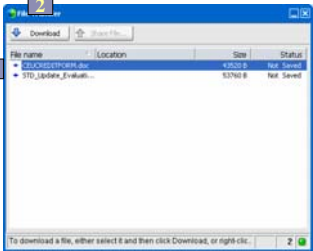
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Objectives

- Identify the drugs and contraceptive supplies covered under the Family PACT program
- Become familiar with the policies regarding the pharmacy and clinic dispensing of drugs and contraceptive supplies.



Family PACT Scope of Benefits

- Benefits package is organized into:
 - Primary family planning benefits
 - contraceptive drugs and supplies
 - Secondary benefits for related reproductive health:
 - STI, UTI for females, management of cervical abnormalities
 - limited formulary of prescription drugs
 - Services to manage preselected complications that may arise from the primary or secondary benefits services
 - specified drugs for pre-selected complication



Pharmacy Benefits

Drugs and contraceptive supplies reimbursable under Family PACT:

- Located in the *Family PACT Pharmacy and Clinic Formulary* section of the PPBI (“Pharmacy” locator key).
- Dispensed by
 - On-site (clinics)
 - Pharmacies



Pharmacy and Clinic Formulary

- Lists the drugs and contraceptive supplies reimbursable through Family PACT.
- Identifies the dispensing restrictions.
- Reimbursable regimens are listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section of the PPBI (locator key “ben grid” 11-13).



Pharmacy and Clinic Formulary

- Pharmacy dispensed drugs marked with a symbol (*) are Family PACT’s Code 1 drugs (locator key “Pharmacy” in the PPBI).
 - Payable only for the conditions specified
 - Use of the drugs outside of the specified conditions are not reimbursable
 - Family PACT’s Code 1 drugs include: Imiquimod, Cephalexin, Clindamycin, and Tinidazole



Pharmacy and Clinic Formulary

- Example: **Imiquimod**

** Restricted to use in the treatment of external genital warts. Restricted to a maximum quantity of 12 packets per 30 days. Limited to 48 packets per treatment and 96 packets (two treatments) per 365 days.*



Pharmacy and Clinic Formulary

- Drugs marked with a symbol (+) require a TAR for use in the treatment of the specified complications.

- Example: Cephalexin

+ A TAR is required for use in the treatment of skin infection as complication from implant insertion and surgical sterilization. Restricted to a maximum quantity of 56 capsules (500 mg) per dispensing, for a maximum 15 days supply.



Pharmacy and Clinic Formulary

Drugs For Complication Management

- Surgical site infection (including implant site)
 - Cephalexin – up to 14 day course (500 mg, 4 times daily)
 - Clindamycin – up to 14 day course (450 mg TID or 300 mg QID)
- DVT or pulmonary embolism related to hormonal contraceptive use – 6 month maximum duration
 - Heparin
 - Warfarin (Coumadin)



Clinic Dispensed Drugs

- Most of the covered drugs and contraceptive supplies can be dispensed onsite (except for Seasonale/Seasonique) (locator key “drug” in the PPBI).
- Categories of drug codes
 - Z7610: “miscellaneous drugs”
 - X1500: contraceptive supplies
 - X- and J-codes: other drugs and contraceptives



Z7610 (Miscellaneous) Drugs

- Includes most antibiotics, all anti-viral and anti-fungal drugs, and oral estradiol
- The *Drugs: Onsite Dispensing Price Guide* (PPBI) specifies
 - Maximum billing units per claim
 - Family PACT rate per unit
 - Maximum drug cost (max units *times* rate)
 - Clinic dispensing fee (CDF)
 - Upper payment limit (max drug cost + CDF)
 - Fill frequency (days)



X1500 Contraceptive Supplies

- Includes male/female condoms, spermicides, lubricants, basal body thermometer, diaphragm and cervical cap
- Family PACT rates - listed in the *Drugs: Onsite Dispensing Price Guide* (PPBI).
- Claim limit - \$14.99 for all contraceptive supplies dispensed on a single date of service.

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X- and J-codes Other Drugs and Contraceptives

- **X-codes** (partial list)
 - X7716 azithromycin 250mg tablets
 - X5856 cefoxitin 1gm injection
 - X7706 oral contraceptives
 - X7722 emergency contraception
- **J-codes**
 - J0696 Ceftriaxone 250mg injection
 - J7307 etonogestrel implant (Implanon)
- Reimbursements for these codes are based on the Medi- Rates table

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NDC Requirements

- Claims for onsite dispensed drugs and contraceptives require the corresponding National Drug Code (NDC)
- Exception: X1500 and Z7610

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Clinic Dispensing Limits (locator key “ben grid 13”)

BC Method	Unit limit	Fill Frequency
OCs (X7706)	13 cycles	14 days/cycle
Patch (X7728)	4 boxes/12 patches	90 days
Ring (X7730)	4 rings	90 days
Plan B (X7722)	2 units/event	6 units/year
DMPA (X6051)	1 injection	70 days
IUC (X1522, X1532)	1 IUC	1 year

Familia PACT

Pharmacy Dispensing Limits (locator key "ben grid 13")

Method	Unit limit	Fill Frequency
OCs	3 cycles	75 days
Patch	3 boxes/9 patches	75 days
Ring	3 rings	75 days
Oral EC	1 unit/event	6 units/year
DMPA	N/A	N/A
IUC	N/A	N/A

Familia PACT

Clinic vs. Pharmacy Dispensing (locator key "ben grid 13")

Product	Clinic Limits	Pharmacy Limits
OC cycles	1 – 13	1, 3*
Seasonale Seasonique	Not Available	1 (91 day cycle)
Emergency contraception	2 per dispensing 6 per year	1 per dispensing 6 per year

* Pharmacies must dispense 3 cycles, except at the initial prescription

Familia PACT

Contraceptive Supplies (locator key "ben grid 13")

	Clinic Dispensed		Pharmacy Dispensed	
	# Units	Earliest Refill	# Units	Earliest Refill
Diaphragm	1	1/year	1	1/year
Cervical Cap	1	2/year	1	2/year
BB Thermometer	1	15 days	1	1/year
Male Condoms	*	15 days	36	27 days
Female Condoms	*	15 days	6	27 days
All Spermicides/ Lubricants	*	15 days	As Rx'd	3 refills per 75 days

*\$14.99 limit for all contraceptive supplies given on single date of service

Family PACT
 Prescription Drug Coverage

Treatment and Dispensing Guidelines for Clinicians

Family PACT Secondary Reproductive Health Conditions Drug Regimens					
CONDITION	MEDICATION	DOSE/DOSE SIZE	REGIMENS *	NOTES	CLINC CODE
Bacterial Vaginosis	Metronidazole	200mg/500mg tabs	500mg PO BID X 7 days	Recommended regimen	Z710
		0.75% vaginal gel	5g P/V QHS X 5 days		
	Clindamycin	2% cream	5g P/V X 7 days	Recommended regimen	
		100mg capsules	300mg PO BID X 7 days	Alternative regimen	
		100mg ovules	100mg P/V QHS X 3 days		
	2% SR cream	1 applicator P/V X 1			
Chlamydia	Azithromycin	500mg tabs/1gm pH	1gm PO X 1	Recommended regimen	Z710
		250mg tabs	1gm PO X 1	Recommended regimen	Z716
	Doxycycline	100mg tabs	100mg PO BID X 7days	Recommended regimen	Z710
Epididymitis	Ceftriaxone	250mg injection	250mg IM X 1	Recommended regimen	Z636
	AND Doxycycline	100mg tabs	100mg PO BID X 10 days		Z710
External Genital Warts	Imiquimod	5% cream	3 days/week up to 16 weeks		Z710
	Podofilox	0.5% solution/gel	3 days/week X up to 4 weeks		

(PPBI, Benefits Grid section)

Family PACT
 Prescription Drug Coverage

Prescription Drug Coverage

Pharmacy benefits updates in January 2010 enforce Family PACT's limited formulary:

- Providers are reminded to adhere to the dispensing guidelines as published in the PPBI. (Family PACT Bulletin December 2009)
 - Pharmacy and Clinic Formulary section
 - "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section.
- Prescriptions written with extra doses or for longer courses than those listed in the PPBI will deny.

Family PACT
 Prescription Drug Coverage

Prescription Drug Coverage

- TARs are required for a few specified drugs listed in the PPBI to manage preselected complications.
- Any drug administered by a physician or clinic must be billed by the physician or clinic, not by the pharmacy providing the drug for such administration.

Family PACT
Family and Community Partnership for Children

Questions & Answers

Family PACT
Family and Community Partnership for Children

Thank you!

For questions contact:

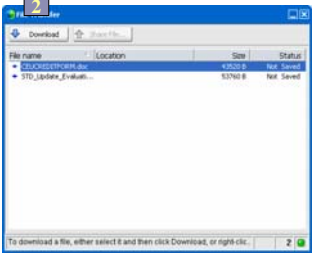
- Parminder Kaur and Lillian de los Santos at (916) 650-0414 or fampact@cdph.ca.gov
- Visit the Family PACT website at www.family pact.org

Family PACT
Family and Community Partnership for Children

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