



Provider Issue Briefing

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Contra Costa Health Plan Pharmacy and Therapeutics Committee (P&T)

The CCHP P&T committee met on 3/19/2020. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by 5/1/2020****

Updates/Announcements:

1. Updates to the CCHP Opiate Program:

- a. Effective in mid-to-late 2020, CCHP will be making the following changes to the Opiate Program (the exact dates will be announced prior to implementation):
 - i. **Decreasing the MME limit from 120mg to 90mg:** Just as was done at the onset of the CCHP opiate program in 2018, when a cumulative opiate dose exceeds the 90mg limit, prior authorization will be required. Initial 3 month approvals will be granted with the first prior authorization request – after that, taper plans or medical justification must be submitted to continue doses above the threshold.
 - ii. **Implementing a 7 day limit for immediate-release (IR) opiates for new-starts:** Edits will be put into place to limit all initial immediate release opioid prescriptions for opiate naïve members to a seven (7) day supply (using a lookback period of 180 days).
- b. As a reminder, the existing CCHP Opiate Program has 4 distinct elements:
 - i. A plan to reduce the number of CCHP members taking concurrent opioids and benzodiazepines. **Over the past 24 months, CCHP has measured a 53.4% reduction in co-prescribing across all membership.**
 - ii. A plan to reduce the number of CCHP members on opioid doses >120mg MME (morphine milligram equivalent). **Over the past 24 months, CCHP has measured a 48.2% reduction in the prescribing of opiate doses >120mg MME across all membership.**
 - iii. Soma (carisoprodol) has been removed from the CCHP formulary.
 - iv. A plan to reduce the duration of initial immediate release opioid prescriptions for opiate naïve members (new starts). This element of the program will go-live in mid-2020 (see item a(ii) above).

*****Reminder: Patients receiving chemotherapy, palliative care, hospice, or those managed by a pain specialist are exempt from the restrictions of the CCHP Opiate Program*****

2. COVID-19 Updates:

- a. In an effort to ensure that CCHP members are able to continue receiving adequate supplies of their medications during this time of emergency, the health plan has deactivated the RTS (refill-too-soon) logic within our pharmacy system. What this means is that members will be able to fill their prescriptions early if wanted/needed.
- b. CCHP also allows 90 day supplies to be filled at the pharmacy (for non-controlled substances).
- c. Additionally, the health plan has been directed to add gloves & disinfectant solutions to the formulary. We are working diligently to implement this change, and we anticipate that it will be available by 3/31/2020.
- d. Pharmacy delivery options: Walgreens, Rite Aid, and a number of independent pharmacies in the CCHP network are able to deliver and/or mail prescriptions to members' homes during this pandemic. Please call pharmacies directly with questions (or call CCHP at the number below).

- e. If you have any questions or concerns regarding anything pharmacy-related, please remember that the CCHP pharmacy unit remains open for business! We are here to answer your questions Monday – Friday from 8:00am to 5:00pm and our phone number is **925-957-7260 x1**.

Quick reference table for all changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria (for full details of each change, please see individual drugs listed below this table):	
Changes Made	Drug Name
Created new PA criteria:	Parsabiv (etelcalcetide) Vitamin B3 (nicotinamide) Generic compound medication policy
Modified PA criteria:	Dupixent (dupilumab) Rozerem (ramelteon)
ADDED to the CCHP formulary:	Lyrica (pregabalin) Xarelto 2.5mg (rivaroxaban) Onfi (clobazam) Novolog (insulin aspart) Pulmicort Respules (budesonide) Pulmicort Flexhaler (budesonide) Incruse Ellipta (umeclidinium) Stiolto Respimat (tiotropium/olodaterol) Baqsimi (glucagon intranasal)

- **Creation of new criteria for Parsabiv (etelcalcetide):**
 - Prior authorization requests for Parsabiv must meet the following criteria: member has a diagnosis that is FDA approved AND a serum calcium level ≥ 8.4 mg/dL AND the patient must have one of the following documented clinical conditions:
 - Hypercalcemia in patients with Parathyroid Carcinoma (PC)
OR
 - Hypercalcemia leading to symptoms or end organ damage in patients with primary HPT who are unable to undergo parathyroidectomy
OR
 - Secondary Hyperparathyroidism (HPT) in patients with chronic kidney disease (CKD) on dialysis-For this indication, the member must also meet all of the following conditions:
 - Patient must have tried and failed or been intolerant to, or have a medical reason not to use at least one phosphate binder
 - Patient must have tried and failed or been intolerant to, or have a medical reason not to use calcitriol or paricalcitol
 - iPTH level must be at least $< 2-9x$ the ULN for the PTH assay
 - AND
 - The member must have also tried and failed (or be found intolerant to) Sensipar tablets. An adequate trial would be defined as at least 90 consecutive days of Sensipar (as seen in claims data) within the past 120 days with adequate titration of dose.
- **Creation of new criteria for Vitamin B3 (nicotinamide):**
 - Prior authorization requests for nicotinamide must meet the following criteria for approval: member has a history of non-melanoma skin cancer and/or actinic keratosis.
- **Creation of new criteria for compounded medication:**
 - Prior authorization requests for compounded medications must meet the following criteria for approval: member has tried and failed commercially available FDA approved formulary alternatives for the prescribed condition, compound contains at least one active drug ingredient approved by the FDA, the compound is not a copy of a commercially available FDA approved product, and the prescribed indication is supported by FDA approval and/or adequate evidence in the medical literature.
- **Modification of criteria for Dupixent (dupilumab):**

- Additional indications were added to the criteria, including Asthma and Chronic Rhinosinusitis with Nasal Polyps.
- For asthma, members must have a diagnosis of moderate-to-severe eosinophilic asthma as defined by a baseline peripheral blood eosinophil level ≥ 150 cells/microL OR patient is currently dependent on oral corticosteroids, must be at least 12 years of age, and must have been using a high-dose inhaled corticosteroid (ICS)/long-acting beta2 agonist (LABA) such as Advair, Symbicort, or Breo Ellipta or a combination of ICS and LABA within the past 90 days (and will continue to be used in combination with dupilumab).
- For chronic rhinosinusitis with nasal polyps, members must be at least 18 years of age, have a diagnosis of chronic rhinosinusitis with nasal polyps with documentation of prior sino-nasal surgery OR dependency on systemic corticosteroids within the past year, and have tried and failed ALL of the following agents: nasal saline irrigations, at least 2 different intranasal corticosteroids, and montelukast. Dupixent is to be used as add-on therapy in combination with intranasal corticosteroids.
- **Modification of criteria for Rozerem (ramelteon):**
 - Rozerem remains a non-preferred product, but may be approved as an alternate first line agent if the member has a history of substance abuse OR is currently taking chronic opioids.
- **Addition of Lyrica (pregabalin) to the CCHP formulary:**
 - Lyrica 25mg, 50mg, 100mg, 150mg, 200mg, 225mg and 300mg capsules have been added to the CCHP formulary as tier 1 products for all members.
- **Addition of Xarelto 2.5mg (rivaroxaban) to the CCHP formulary:**
 - Xarelto 2.5mg tablets have been added to the CCHP formulary as a tier 2 product with a quantity limit of 60 tablets per 30 days for all members.
- **Addition of Onfi (clobazam) to the CCHP formulary:**
 - Onfi 10mg and 20mg tablets have been added to the CCHP formulary as tier 2 medications with a quantity limit of 60 tablets per 30 days for all members.
- **Addition of Novolog (insulin aspart) to the CCHP formulary:**
 - Insulin aspart vials & pens have been added to the CCHP formulary as tier 1 products for all members.
- **Addition of Pulmicort Respules (budesonide) to the CCHP formulary:**
 - Pulmicort Respules have been added to the CCHP formulary as a tier 2 product with a quantity limit of #120mL per 30 days for all members.
- **Addition of Pulmicort Flexhaler (budesonide) to the CCHP formulary:**
 - Pulmicort Flexhaler has been added to the CCHP formulary as a tier 1 product for all members.
- **Addition of Incruse Ellipta (umeclidinium) to the CCHP formulary:**
 - Incruse Ellipta has been added to the CCHP formulary as a tier 2 product with a quantity limit of #30 per 30 days for all members.
- **Addition of Stiolto Respimat (tiotropium/olodaterol) to the CCHP formulary:**
 - Stiolto Respimat has been added to the CCHP formulary as a tier 1 product for all members.
- **Addition of Baqsimi (glucagon intranasal) to the CCHP formulary:**
 - Baqsimi has been added to the CCHP formulary as a tier 1 product for all members.
- **Addition of Eliquis (apixaban) dose pack to the CCHP formulary:**
 - Eliquis dose pack has been added to the CCHP formulary as a tier 2 product with a quantity limit of #74 tablets per 30 days for all members.

There are numerous ways to view the CCHP Preferred Drug List:

CCHP updates the Preferred Drug List (PDL) after each quarterly Pharmacy & Therapeutics Committee meeting. CCHP invites and encourages practitioners to access each update through the following means:

- An interactive searchable formulary is available within Epic (contact the Epic team with any questions related to functionality).
- A printable copy of the CCHP PDL can be found here: <http://cchealth.org/healthplan/pdf/pdl.pdf>
- A searchable copy of the CCHP PDL can be found here: <http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>

- **EPOCRATES – free mobile & online formulary resource**



- CCHP providers may add the CCHP formulary to their mobile devices using the following steps:
 - Open the Epocrates application on your mobile device.
 - Click on the “formulary” button on the home screen.
 - Click “add new formulary” button on the bottom of the screen.
 - Use the search box to locate “Contra Costa Health Plan” Medi-Cal or Commercial formulary. Click on each formulary that you would like to add, and then click the “add formulary” button.

Epocrates mobile is supported on the iOS (iPhone, iTouch, iPad), Android, & BlackBerry platforms

If you have any questions about the installation or use of Epocrates, please contact Epocrates Customer Support at goldsupport@epocrates.com or at (800)230-2150.

Providers may request a copy of CCHP pharmacy management procedures or specific drug PA criteria by contacting the pharmacy unit directly at 925-957-7260 x1, or via the email listed below:

P&T updates and DUR educational bulletins can be viewed online at <http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

Questions and comments may be directed to CCHP Pharmacy by emailing cchp_pharmacy_director@hsd.cccounty.us
