



Provider Issue Briefing

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

The CCHP P&T committee met on 6/4/2020. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-July 2020****

Updates/Announcements:

1. Fee-For-Service Medi-Cal Carve-Out:

a. An excerpt from CA governor’s Executive Order N-019-01 (dated 1/1/2019) states the following:
“IT IS HEREBY ORDERED THAT:

...The Department of Health Care Services shall take all necessary steps to transition all pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 2021 in order to create significant negotiating leverage on behalf of over 13 million Californians and generate substantial annual savings...”

b. What does this mean?

Effective 1/1/2021, CCHP will no longer manage the pharmacy benefit for Medi-Cal members.

c. CCHP will still manage the medical benefit for Medi-Cal members after 1/1/2021, and will also retain responsibility for care-coordination, inpatient drugs, long-term care drugs, physician administered drugs, etc. after the carve-out occurs. CCHP will also maintain responsibility for the entirety of the Commercial pharmacy & medical benefit.

d. DHCS is planning on educating/notifying providers and members of the change, and CCHP is tentatively planning some provider education and member outreach over the next few months as well. Please direct all questions to the CCHP pharmacy department at 925-957-7260 x1 or cchp_pharmacy_director@cchealth.org.

2. CCHP Operational Modifications Due To COVID-19:

a. The CCHP pharmacy department continues to make every attempt to comply with all COVID-19 related regulatory requirements. To that end, the department has ensured that:

- 90 day supplies of maintenance medications are available to all CCHP members.
- Members have access to pharmacy delivery services.
- Refill-too-soon (RTS) logic was modified to allow early fills of chronic medications.
- Addition of certain drugs and items to the formulary as required by regulation such as gloves, sanitizing solutions, subcutaneous Depo Provera, etc.

b. CCHP pharmacy staff have been working from home for the past 12+ weeks and will continue to work remotely until definitive guidance is received from county leadership regarding a transition back into the office.

c. The day to day operations of the department remain unchanged due to the pandemic, and the department continues to meet all regulatory, clinical, and operational goals. Please direct all questions to the CCHP pharmacy unit at 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):

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Rectiv (nitroglycerin) Nurtec ODT (rimegepant) Reyvow (lasmiditan)

	Ubrelvy (urbogepant)
Modified PA criteria:	Entresto (sacubitril/valsartan)
ADDED to the CCHP formulary:	Ozempic (semaglutide injection) Rybelsus (semaglutide oral) Farxiga (dapagliflozin) Lidocaine 5% ointment EMLA (lidocaine/prilocaine) cream Durolane (hyaluronic acid)

- **Creation of new criteria for Rectiv (nitroglycerin):**
 - Prior authorization requests for Rectiv must meet the following criteria for approval:
 - Diagnosis of moderate to severe chronic anal fissure pain for at least 6 weeks
 - The member is not taking a PDE-5 inhibitor (e.g. sildenafil, vardenafil, tadalafil).
 - Prescriber attestation that the member has tried and failed, or has a reason not to use (within past 60 days) at least two conservative treatments for the underlying cause of the anal fissure:
 - High-fiber diet or fiber supplements
 - Sitz baths
 - Topical analgesia/medicated creams (e.g. Anusol HC, zinc oxide)
 - Laxative or stool softeners (e.g. psyllium, docusate)
 - AND
 - Pramoxone (hydrocortisone/pramoxine) cream or ointment
 - If all conditions are met, the request will be approved for a one-time coverage duration of up to 3 weeks.
- **Creation of new criteria for Nurtec ODT (rimegepant), Reyvow (lasmiditan), & Ubrelvy (ubrogepant):**
 - Prior authorization requests for the above agents must meet the following criteria for approval:
 - Criteria for Initial Authorization:
 - Prescribed by a neurologist with a diagnosis of migraine headache
 - Requested dose is within FDA approved dosing guidelines
 - Documented trial and failure of (or medical justification for not using) an analgesic medication and two triptan products
 - One preferred 1st line triptan and one preferred 2nd line triptan
 - Attestation the patient was counseled regarding not driving or operating machinery until at least 8 hours after taking each dose (Reyvow only)
 - Criteria for Re-Authorization:
 - Documentation of improvement in pain and symptom(s) (e.g., photophobia, nausea, phonophobia)
- **Modification of criteria for Entresto (sacubitril/valsartan):**
 - Requirement to use spironolactone (or justify why it cannot be used) has been removed from the criteria. Prior authorization requests for Entresto must meet the following updated criteria for approval:
 - Must be clinically diagnosed with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction ($\leq 40\%$)
 - Must have tried and found to be tolerant to an ACE Inhibitor or an ARB (tolerability defined as a 4 week trial at any dose)
 - Must have tried or currently taking maximum tolerated dose of beta blocker
- **Addition of Ozempic (semaglutide injection) to the CCHP formulary:**
 - Ozempic 0.25mg, 0.5mg, and 1mg/injection have been added to the CCHP formulary as tier 2 products with metformin step therapy and a quantity limit of 4 injections per 28 days for all members.

- **Addition of Rybelsus (semaglutide oral) to the CCHP formulary:**
 - Rybelsus 3mg, 7mg, and 14mg tablets have been added to the CCHP formulary as tier 2 products with metformin step therapy and a quantity limit of 30 tablets per 30 days for all members.
- **Addition of Farxiga (dapagliflozin) to the CCHP formulary:**
 - Farxiga 5mg and 10mg tablets have been added to the CCHP formulary as tier 2 medications with a quantity limit of 30 tablets per 30 days for all members.
- **Addition of lidocaine 5% ointment to the CCHP formulary:**
 - Lidocaine 5% ointment has been added to the CCHP formulary as a tier 2 medication with a quantity limit of 60gm per 30 days for all members.
- **Addition of Emla (lidocaine/prilocaine) 2.5%/2.5% cream to the CCHP formulary:**
 - Lidocaine/prilocaine 2.5%/2.5% cream has been added to the CCHP formulary as a tier 2 medication with a quantity limit of 60gm per 30 days for all members.
- **Addition of Durolane (hyaluronic acid) to the CCHP no-authorization-required list:**
 - Durolane (intra-articular hyaluronic acid) has been added to the CCHP no-auth list with equivalent status to Hyalgan/Supartz. Contracted providers may use these products as the preferred hyaluronic acid agents without obtaining prior authorization. Note: these products MUST be billed through the medical benefit using the appropriate J code (Hyalgan/Supartz = J7321, Durolane = J7318).
 - To see a full list of procedures and codes that can be billed to CCHP by network/contracted providers without prior authorization, please visit the provider section of the CCHP website at: <https://cchealth.org/healthplan/providers/>.

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@cchealth.org