



# Provider Issue Briefing

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

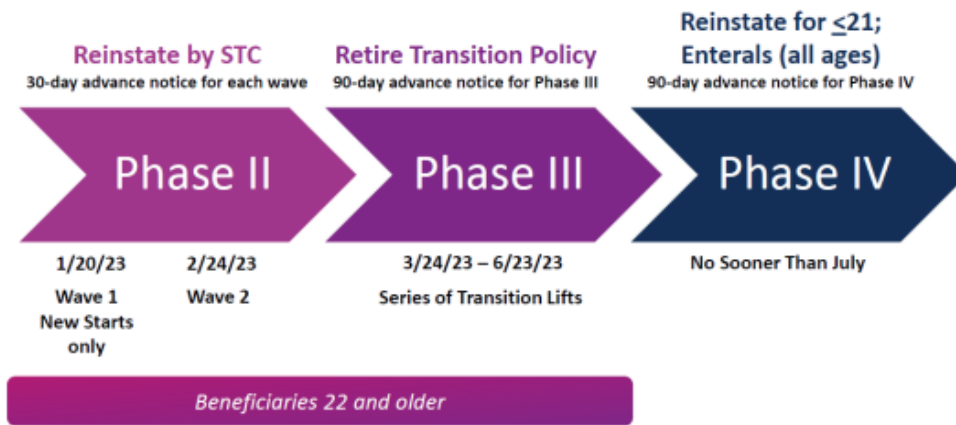
The CCHP P&T committee met on 3/2/2023. Updates from the meeting are outlined below:

**\*\*Changes to the PDL will be effective by mid-April 2023\*\***

### Updates/Announcements:

- Schedule for Medi-Cal Rx Reinstatement of Prior Authorization Requirements:

## Reinstatement Phase II – Phase IV



On May 19, 2023, Phase III, Lift 3 (P3/L3) will be implemented, lifting the Transition Policy for 22 Standard Therapeutic Classes (STCs). This is the third in a series of lifts to retire or phase out the grandfathering of historical prior authorizations (PAs) and claims by lifting the override of **NCPDP Reject Code 75 – Prior Authorization Required**.

The following 22 STCs will be impacted with implementation of P3/L3 on May 19, 2023:

Phase III, Lift 3 (P3/L3) Drug Classes *		
Anti-Ulcer Preps/ Gastrointestinal Preps (STC 01)	Other Antibiotics (STC 27)	Antiarthritics (STC 42)
Muscle Relaxants (STC 08)	Urinary Antibacterials (STC 28)	Fat Soluble Vitamins (STC 80)
Tetracyclines (STC 21)	Antiparasitics (STC 31)	Multivitamins (STC 82)
Penicillins (STC 22)	Antimalarials (STC 32)	Folic Acid Preparations (STC 83)
Streptomycins (STC 23)	Antivirals (STC 33)	Vitamin K (STC 85)

Phase III, Lift 3 (P3/L3) Drug Classes *		
Sulfonamides (STC 24)	TB Preparations (STC 34)	Antifungals (STC 94)
Erythromycins (STC 25)	General Antibacterials and Antiseptics (STC 38)	
Cephalosporins (STC 26)	Non-Opioid Analgesics (STC 41)	

\* STC refers to the Standard Therapeutic Classification number.

For additional details including the specific medications in each phase, please go to the DHCS Medi-Cal Rx website at <https://www.medi-calrx.dhcs.ca.gov/home/education/> or contact CCHP Pharmacy Department for more details.

2. Medi-Cal Rx Formulary Changes:

Medi-Cal Rx has been updating their Contract Drug List (CDL) on a monthly basis. These updates can be found on the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news> or contact the CCHP Pharmacy Department for additional details.

3. CURES (Controlled Substance Utilization Review and Evaluation System):

CCHP would like to remind providers authorized to prescribe controlled substances of their obligation to consult the CURES database to review a patient's controlled substance history when prescribing a controlled substance to a patient.

**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 or contact the CCHP Pharmacy Department):**

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Akynzeo (netupitant/palonosetron) Oxbryta (voxelotor) Siklos (hydroxyurea)
Modified PA criteria:	Anti-obesity medications Repatha (evolocumab) Praluent (alirocumab) Pulmonary Arterial Hypertention Agents
ADDED to the CCHP formulary:	Vimpat (lacosamide) oral tablets
Removed from CCHP formulary:	Caduet (amlodipine/atorvastatin)

- **New Pharmacy Criteria for Akynzeo (netupitant/palonosetron):** Member must be undergoing moderately or highly emetogenic chemotherapy, documentation that Akynzeo will be given along with dexamethasone AND documentation that the member has experienced inadequate response or contraindication to aprepitant/fosaprepitant and ondansetron or granisetron with dexamethasone.

- **New Pharmacy Criteria for Oxbryta (voxelotor):** Prescriber must be a hematologist or sickle cell specialist, member must have a diagnosis of sickle cell disease and the member must have previously taken hydroxyurea at the maximum tolerated dosage and was compliant within the last 6 months as evidenced by paid pharmacy claims (or a medical reason was provided why the member is unable to use hydroxyurea).
- **New Pharmacy Criteria for Siklos (hydroxyurea):** Prescriber must be a hematologist or sickle cell specialist, member must have a diagnosis of sickle cell disease, member must be 2 years old or older and the member must have a documented trial and failure of hydroxyurea at the maximum tolerated dosage (or a medical reason was provided why the member is unable to use hydroxyurea).
- **Modification of pharmacy criteria for anti-obesity medications:** Added that documentation of trial of lifestyle modifications such as diet and exercise must include: A consultation has taken place between the member and a physician (or dietician or nutritionist or weight management expert, etc) during which a reduced calorie diet plan (~500 Kcal or more) and exercise plan (~150mins/week activity) has been discussed. Dated medical chart notes must be submitted to demonstrate consultation AND Documentation of compliance to the diet and physical activity plan for a minimum of 3 months must include a follow-up consultation. Dated medical chart notes must be submitted to demonstrate consultation.
- **Modification of pharmacy criteria for Repatha (evolocumab):** added that member must try and fail ezetimibe in combination with the highest tolerated intensity statin for 3 months OR has a LDL that is at least 25% above goal LDL while adherent to treatment with highest tolerated intensity statin for 3 months.
- **Modification of pharmacy criteria for Praluent (alirocumab):** added that member must try and fail ezetimibe in combination with the highest tolerated intensity statin for 3 months OR has a LDL that is at least 25% above goal LDL while adherent to treatment with highest tolerated intensity statin for 3 months.
- **Modification of pharmacy criteria for Pulmonary Arterial Hypertension Agents:** modified criteria to require trial and failure of tadalafil tablet to approve tadalafil suspension. Modified criteria to require trial and failure of ambrisentan and bosentan to approve Opsumit or Tacleer tabs for suspension.

**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:

<https://cchealth.org/healthplan/formulary.php>



- **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](mailto: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>

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Questions and comments may be directed to CCHP Pharmacy by emailing  
[joseph.cardinalli@cchealth.org](mailto:joseph.cardinalli@cchealth.org)

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