



Provider Issue Briefing

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Contra Costa Health Plan Pharmacy and Therapeutics Committee

Pharmacy and Therapeutics NewsNotes

Preferred Drug List (PDL) changes should be effective around October 15, 2013

The CCHP Pharmacy and Therapeutics committee approved **addition** of the following agents to the Preferred Drug List. These agents **will not require Prior Authorization**:

- Vitamin B-12 100mcg, 250mcg, 500mcg, 1000mcg tablets
- Magnesium Oxide 400mg tablets

Other formulary changes:

- Quantity limits of 240ml (8 oz) per fill of promethazine/codeine syrup

In response to the national epidemic of narcotic abuse, DEA has begun scrutinizing pharmacists' role in dispensing controlled substances. DEA wants to ensure prescriptions are issued for a legitimate medical purpose. Pharmacies and pharmacists are requiring more information including but not limited to: diagnosis, previous medications tried, and length of expected treatment. They will apply more scrutiny to narcotics prescriptions which exceed 120mg/day of morphine equivalent. Prescribers should be aware that they may be informed should a pharmacy discover possible issues during a CURES lookup of the patient.

A printable copy of the CCHP preferred drug list can be found here:
<http://cchealth.org/healthplan/pdf/pdl.pdf>

A searchable CCHP preferred drug list can be found here:
<http://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC>

EPOCRATES – *free* mobile & online formulary resource

How to add the CCHP formulary to your epocrates user profile:

1. Go to www.epocrates.com.
2. Click on "My Account" in the top right.
3. Sign in with your Epocrates username and password, if needed.
4. Click on "Edit Formularies."
5. Follow the on screen instructions to select and download formularies or to remove formularies.
 - For the 'Select State' filter, click **California**
 - For the 'Select Category' filter, click **Health Plan**
 - Choose the **Contra Costa Healthplan** formulary; click the 'Add' button
 - Click the "Done" button when you've finished.
6. Update your device, and the formularies on your mobile device will be changed accordingly.



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.

CCHP Proposal to Increase Threshold Limits for Early Refill of Controlled Substance Schedules 2 thru 4 (C2-C4 or CII-CIV)

Controlled substances are medications with potential for abuse and diversion. Federally regulated by Controlled Substance Act and enforced by Drug Enforcement Administration. Individual drugs are listed on specific “schedules” depending upon their potential for harm. Lower schedule numbers have greater potential harm and more severe penalties for trafficking.

Examples of drugs in various schedules follow (list not comprehensive):

- Schedule I: (No medically accepted use): LSD, marijuana, mescaline, heroin
- Schedule II: codeine, hydrocodone (pure), hydromorphone, oxycodone, oxymorphone, methadone, methylphenidate, amphetamine, methamphetamine
- Schedule III: phendimetrazine, anabolic steroids, hydrocodone/APAP mixtures, buprenorphine
- Schedule IV: benzodiazepines, zolpidem, zaleplon, modafinil, phentermine
- Schedule V: codeine cough syrups (not affected by this proposal)

Currently CCHP’s pharmacy claims processor allows refills once 80% of submitted days supply has elapsed. When a pharmacy fills a prescription they submit estimated days supply based upon the quantity and directions issued by the prescriber. The days supply is used to calculate when the prescription may be refilled. For example, a prescription for fluoxetine 20mg qd, #30 would have an estimated 30 day supply. Therefore, using an 80% threshold, that prescription may be refilled 24 days later.

If CCHP increases the threshold to 90% or uses a T-minus-4-day method, then members could refill medication before running out but would curtail members obtaining additional medication beyond prescribers’ intent by taking advantage of the early refill threshold.

CCHP would also like to implement a max of 60 days supply to limit the amount of controlled substances a member may possess at any time. The following table shows the days that must elapse between refills using the current 80% threshold, a proposed 90% threshold or a proposed T-minus-4-days threshold.

	80% threshold (currently)	90% threshold (proposed)	T-minus 4 days (proposed)
30-day supply	24 days	27 days	26 days
60-day supply	48 days	54 days	56 days
90-day supply	72 days	81 days	86 days

The question for you to ask as a prescriber is, “Do I want my patients whom I’ve prescribed a 30 day supply of Norco to be able to get refills from the pharmacy every 24 days?”

This would potentially affect around 100-500 members.

There are two issues CCHP would like you to consider regarding controlled substances CII-CIV:

1. Changing the early refill threshold to either 90% of days supply or T-minus 4 days of days supply.
2. Changing the max days supply from 90-days to 60-days.

Please send comments, responses, and suggestions to luke.lim@hsd.cccounty.us