



# Provider Issue Briefing

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## Contra Costa Health Plan Pharmacy and Therapeutics Committee

### Pharmacy and Therapeutics NewsNotes

#### Preferred Drug List (PDL) changes will be effective in August 2015

The CCHP Pharmacy and Therapeutics committee approved the **addition** of the following agent to the Preferred Drug List. This agent is **subject to some restrictions**:

- Bevacizumab (Avastin) - approved for the indication of diabetic macular edema. Monthly limit of 5mg.

The CCHP Pharmacy and Therapeutics committee approved the addition of the following **quantity limits** to the Preferred Drug List. These agents are subject to some restrictions:

- Rivaroxaban (Xarelto) - For the indication of post-operative DVT prophylaxis, quantity limit is reduced from 35 tablets/year to 21 tablets/year.
- Glucose Testing Strips - For non-insulin dependent diabetes patients (excluding gestational diabetes patients), the quantity limit is reduced from 150 strips/month to a maximum of 100 strips/90days

#### Information presented at the P&T committee included the following:

The California Department of Health Care Services (DHCS) released new guidance regarding the treatment of Chronic Hepatitis C, Effective July 1, 2015:

As of July 1, 2015, CCHP has implement changes laid out in the treatment policy; policy changes ease restrictions to Hepatitis C treatment eligibility. The most significant changes include eligible treatment candidates who have Stage 2 or greater hepatic fibrosis (i.e, F2+, Apri score >0.7), HIV or HepB co-infection, hepatocellular carcinoma, and Type 2 diabetes mellitus, to name a few. Evidence for policy changes are based on recent guidelines published by IDSA, AASLD, EASL, and the WHO. Nationwide, only a fraction of health plans are able to implement these changes, as guidelines specify that "recommendations are based on available resources". California health plans are strongly encouraged to comply with the guidelines to ensure reimbursement. The introduction of new, albeit costly hepatitis C treatments has prompted new guideline recommendations to cure hepatitis C and reduce transmission.

NEJM article compared Aflibercept, Bevacizumab and Ranibizumab for Diabetic Macular Edema:

Results of the study demonstrate that bevacizumab is equally as efficacious for mild diabetic macular edema when compared to other more costly VEGF inhibitors such as aflibercept or ranibizumab. CCHP has added Bevacizumab as a preferred formulary option for the indication of diabetic macular edema, with a maximum monthly dose of 5mg. Aflibercept and Ranibizumab continue to be non-formulary and require a prior authorization request.

*Reference: The Diabetic Retinopathy Clinical Research Network. Aflibercept, Bevacizumab, or Ranibizumab for Diabetic Macular Edema. New England Journal of Medicine, Feb 2015*

Medication Prior Authorization processing turnaround time clarification by the state:

The California Department of Health Care Services has clarified new regulations regarding Prior Authorization processing turnaround times; the recommendation is to review prior authorizations within 24 hours and to render a decision within 72 hours to allow time for weekends and holidays.

The 'Choosing Wisely' initiative by the Society of General Internal Medicine does not recommend daily home finger glucose testing in non-insulin dependent type 2 diabetes mellitus patients:

"Self-monitoring of blood glucose (SMBG) is an integral part of patient self-management in maintaining safe and target-driven glucose control in type 1 diabetes. However, there is no benefit to daily finger glucose testing in patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, and there is negative economic impact and potential negative clinical impact of daily glucose testing. SMBG should be reserved for patients during the titration of their medication doses or during periods of changes in patients' diet and exercise routines".

A literature review of multiple meta-analyses including non-insulin dependent diabetes patients reveals that little to no benefit is seen in this patient population with frequent daily glucose monitoring. A data report specific to CCHP members shows that a large portion of our non-insulin dependent patients are receiving quantities of 150 test strips per 30 days each quarter. Thus, CCHP quantity limits have been reduced to 100 strips per 90 days for non-insulin dependent patients who may not derive much benefit from glucose monitoring multiple times per day. (Pregnant patients with gestational diabetes are excluded from such quantity limitations.)

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

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>

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

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

1. Go to [www.epocrates.com](http://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](mailto:goldsupport@epocrates.com) or at (800)230-2150.

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Questions and comments may be directed to CCHP Pharmacy by emailing

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