

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

The CCHP P&T committee met on 7/7/2017. Updates from the meetings are outlined below:

****Changes to the PDL will be effective by August 1st 2017****

The committee approved the following changes to the Preferred Drug List (PDL):

- **Addition of GLP-1 agonists Victoza (liraglutide) and Tanzeum (albiglutide) to the formulary**
 - CCHP has removed prior authorization requirements for GLP-1 agonists Victoza and Tanzeum.
 - Use of a GLP-1 agonist will be linked to metformin step therapy (if a member has been prescribed a 30 day supply of metformin within the past 120 days, claims will process WITHOUT PRIOR AUTHORIZATION).
 - Victoza should be started at 0.6mg daily x 7 days, then titrated to 1.2mg daily. Maximum allowable dose will be 1.8mg daily; claims will be limited to 3 x 3mL pens per 30 days.



- Tanzeum should be started at 30mg weekly. Maximum allowable dose will be 50mg weekly; claims will be limited to #4 pens per 30 days. **Note:** Tanzeum requires patient education on how to operate the pen device. CCHP will be working with the Epic team to place a hard-stop in the EMR to alert providers that education is required. For reference, a link to the video tutorial available on the manufacturer's website: <http://www.tanzeum.com/how-to-use.html>



- **Addition of generic Prometrium (micronized progesterone) to the formulary**
 - CCHP has removed prior authorization requirements for generic Prometrium (micronized progesterone).
 - Micronized progesterone 100mg and 200mg capsules have been added to the CCHP formulary as an alternate to medroxyprogesterone. Quantity limit will be #30 per month. **Note:** generic Prometrium capsules can be used orally or vaginally.
- **Addition of Vivelle Dot (estradiol patch) to the formulary**
 - CCHP has removed prior authorization requirements for Vivelle Dot (estradiol) patch.
 - Vivelle Dot patches have been added to the formulary with equivalent status to Climara patch. **Note:** Climara patch is dosed once weekly, and Vivelle Dot is dosed twice weekly.
- **Addition of topical Voltaren (diclofenac) gel to the formulary**
 - CCHP has removed prior authorization requirements for topical Voltaren (diclofenac) 1% gel.
 - Quantity limit will be #100gm per 30 days.
- **Addition of Crestor (rosuvastatin) and Pravachol (pravastatin) to the formulary**
 - CCHP has removed prior authorization requirements for generic Crestor and Pravachol.
- **Addition of Lialda (mesalamine) to the formulary**
 - Lialda has been added to the CCHP formulary with equivalent status to other formulary mesalamine products (Asacol, Delzicol, and Pentasa).

- **Addition of Vitamin D (cholecalciferol) 400 units/mL drops to the formulary**
- **Addition of Seasonale (levonorgestrel/ethinyl estradiol) to the formulary**
 - CCHP has removed prior authorization requirements for Seasonale.
- **Addition of artificial tears (drops and ointment) to the formulary**
 - Artificial tears drops will be limited to 30mL per 30 days (2 bottles).
 - Artificial tears ointment will be limited to 7gm per 30 days (2 tubes).
- **Updates to quantity limits for diabetes test strips**
 - Members who are not currently using insulin are allowed up to #100 strips per 90 days.
 - Members currently using insulin are allowed up to #150 strips per 30 days.
 - Members who are pregnant or may become pregnant (defined as females between the ages of 15 and 45) are allowed up to #150 strips per 30 days.
 - Type 1 diabetes patients who are pregnant are allowed up to #250 strips per 30 days during pregnancy (PRIOR AUTHORIZATION REQUIRED).
- **Modification of Xiidra (ophthalmic lifitegrast) PA criteria:**
 - Authorization of Xiidra will require ALL of the following:
 - Prescription must be written by an ophthalmologist or optometrist
 - Diagnosis of tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca or dry eye.
 - Trial and failure of at least 4 weeks of both an ophthalmic solution AND gel/ointment formulation of artificial tears.

Reminder regarding CCHP Sample Policy:

- The practice of dispensing samples that have not been reviewed by the plan's Pharmacy and Therapeutics (P&T) Committee undermines the purpose of having a Preferred Drug List.
- Dispensing samples of drugs that have not been reviewed by the P&T Committee or are not preferred drugs listed on the PDL creates an expectation for the member that CCHP will cover the provided medication without having the medication reviewed.

Providing samples of non-preferred medications is strictly prohibited by CCHP policy.

AND

For purposes of prior authorization (PA) processing, providing samples does not constitute continuation of therapy – the continuation rules do not apply in these cases.



Upcoming changes to the CCHP PDL & Online Searchable Formulary

- CCHP is currently working with the PBM (PerformRx) to update the online searchable formulary to more accurately reflect actual drug coverage. Once the online searchable formulary has been completely updated, it will be used as the source to produce a printable PDL that will replace the current document (this will eliminate human errors in data transposition).
- Current online searchable formulary will remain unchanged (available via the CCHP website at <https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC> and through a link in Epic toolbar):

Drug Search [Main Content](#)

You may search the **Contra Costa Health Plan** Preferred Drug List in several ways:

- You can use the alphabetical list to search by the first letter of your medication.
- You can search by typing part of the generic (chemical) or brand (trade) names.
- You can search by selecting the therapeutic class of the medication you are looking for.

If you have questions about your prescription drug coverage, please call Member Services at 1-877-661-6230 (Press 2) Monday - Friday, 8:00 a.m. - 5:00 p.m.

Alphabetical Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

- The current PDL will be replaced by an auto-created version that will conform to all of the CMS requirements, including among other things: printed in ≥ 12 pt. font, be 'machine readable', and contain tier levels for all drugs.
- Excerpt from current PDL below:

CONTRA COSTA HEALTH PLAN PREFERRED DRUG LIST		
GENERIC NAME	BRAND NAME	NOTES
Sennosides-docusate	SENNA-S	
Sulfasalazine	AZULFIDINE	
GENITOURINARY TRACT MEDICATIONS		
• Gall Stone Stabilizing Agents		
Ursodiol	ACTIGALL	
• Medications For The Urinary Tract		
Alfuzosin ER	UROXATRAL	PA: Tried and failed or contraindicated to alpha-adrenergic antagonists
Bethanechol	URECHOLINE	5mg, 10mg, 25mg formulary PA: 50mg strength only
Doxazosin Mesylate	CARDURA	
Methenamine/Methylene Blue Atropine	URISED	

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:
 - Go to www.epocrates.com and click on "My Account" in the top right.
 - Sign in with your Epocrates username and password, if needed.
 - Click on "Edit Formularies."
 - Follow the on screen instructions to select and download formularies or to remove formularies (plan name in Epocrates is Contra Costa Health Plan).
 - 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.

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 x2, or via the email listed below:

P&T updates 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