CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

Provider Issue Briefing

CONTRA COSTA
HEALTH PLAN
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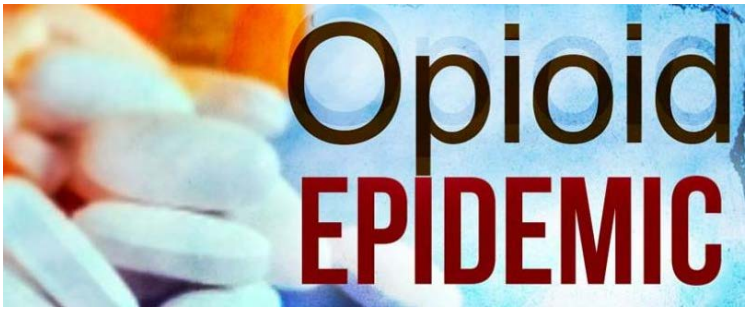
Contra Costa Health Plan Pharmacy and Therapeutics Committee (P&T)

The CCHP P&T committee held an ad hoc meeting on 3/23/2018 to discuss changes related to the CCHP opiate program, and also met on 4/20/2018 for the scheduled quarterly meeting. Updates from both meetings are outlined below:

In response to the opiate epidemic, the CCHP P&T committee held an ad hoc meeting on 3/23/2018 dedicated to discussing a health-plan based opiate program. Below are the details of a 3 part program that was approved by the committee. Note: changes related to the new opiate program will not be implemented until Q3 2018.



Quantifiable Goals of the CCHP opiate program include the following:

- Reducing the number of members on concurrent opioids and benzodiazepines.
- Reducing the duration of initial immediate release opioid prescriptions (new starts).
- Reducing the number of members on >120 morphine milligram equivalents (MME).
- Reducing the number of opioid users taking >120mg MME on an escalating dose.

The CCHP opiate program is made up of 3 main parts:

1. **A plan to reduce the co-prescribing of opioids and benzodiazepines:**
   a. CCHP will use a report to identify all members co-prescribed opioids, benzodiazepines ± Soma.
   b. A formal letter will be sent to providers on a monthly basis, clearly stating which of their CCHP patients is on this potentially deadly combination of drugs, and that the regimen should be re-considered immediately.
2. **A plan to reduce the duration of initial immediate release opioid prescriptions (new starts):**
   a. CCHP will limit all initial immediate release opioid prescriptions for acute pain treatment to a seven (7) day supply.
   b. Exceptions: patients with a paid claim for an opioid in the past 180 days (continuation of therapy), chronic pain patients, palliative care or hospice patients, and cancer patients.
3. **A plan to reduce the number of CCHP members on opioid doses >120mg MME:**
   a. CCHP will be placing quantity limits on all formulary opioids for each single-dose strength to a maximum of 120mg MME (single tablet doses that exceed 120mg MME will be removed from the CCHP formulary completely, such as MSER 200mg).
   b. CCHP will create a registry (managed by CCHP clinical pharmacist staff) of all high-dose opiate patients to track treatment plans. Continuation of therapy will require an explanation for all stable, high-dose opioids and/or a taper plan.
   c. Prior authorization requests for escalating doses >120 MME without valid medical justification will be denied.

d. No more than 3 months of opioids are approved under any single authorization request (requires follow-up every 3 months for patients on chronic high dose opiates).

****Note: exceptions will be made for cancer/hospice patients, patients supervised by a pain specialist, patients actively tapering or patients being treated for opioid addiction*****

The committee approved the following changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria during the 4/20/2018 quarterly meeting:

****Changes to the PDL will be effective by late May 2018****

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):	
Changes Made	**Drug Name**
Created new PA criteria:	Ingrezza (valbenazine) Trintellix (vortioxetine) Viibryd (vilazodone) Rexulti (brexipiprazole) Lysteda (tranexamic acid) Vimpat (lacosamide)
Removed PA criteria (added to the formulary):	Zetia (ezetimibe) – statin step therapy (ST) Brilinta (ticagrelor) – quantity & duration limits Naloxone nasal spray – Medi-Cal carve-out Jardiance (empagliflozin) – metformin ST Synjardy (empagliflozin/metformin) – metformin ST Renvela (sevelamer) – calcium acetate ST

- **Creation of new criteria for Ingrezza (valbenazine):**
  - Criteria for Ingrezza will require a diagnosis of moderate to severe tardive dyskinesia, an order written by a psychiatrist, an inadequate treatment response, intolerance or contraindication to a benzodiazepine (clonazepam) or a second generation antipsychotic, and documentation of baseline TD symptoms using either AIMS (Abnormal Involuntary Movement Scale) or ESRI (Extrapyramidal Symptom Rating Scale).
- **Creation of new criteria for Trintellix (vortioxetine):**
  - Criteria for Trintellix will require a clinical diagnosis of major depressive disorder, the order to be placed by a psychiatrist, and trial and failure of at least two among three of the following classes: SSRI (citalopram, fluoxetine, etc.), SNRI (venlafaxine, duloxetine), or one other anti-depressant from a different class (buproprion, trazodone, mirtazapine, nortriptyline, etc.).
- **Creation of new criteria for Viibryd (vilazodone):**
  - Criteria for Viibryd will require a clinical diagnosis of major depressive disorder, the order to be placed by a psychiatrist, and trial and failure of at least two among three of the following classes: SSRI (citalopram, fluoxetine, etc.), SNRI (venlafaxine, duloxetine), or one other anti-depressant from a different class (buproprion, trazodone, mirtazapine, nortriptyline, etc.).
- **Creation of new criteria for Rexulti (brexipiprazole):**
  - Criteria for Rexulti will require a clinical diagnosis of schizophrenia or major depressive disorder by a psychiatrist, and must have tried and failed or intolerant to at least 2 formulary atypical antipsychotic agents (such as olanzapine, quetiapine, risperidone, etc.). For MDD, must be used as adjunct treatment to ADT and not as monotherapy. Note: this is a Medi-Cal carve-out drug.
- **Creation of new criteria for Lysteda (tranexamic acid):**
  - Criteria for Lysteda will require a diagnosis of heavy menstrual bleeding and a trial and failure of hormonal therapy or the provider indicates clinical inappropriateness of hormonal therapy (hormonal therapy includes: oral contraceptives/hormone replacement products, IUDs, hormonal injections).

- **Creation of new criteria for Vimpat (lacosamide):**
  - Criteria for Vimpat will require that the member is at least 4 years of age, a diagnosis of partial seizures, and a trial and failure of at least 2 preferred formulary anti-convulsants.
- **Addition of Zetia (ezetemibe) to the formulary:**
  - Prior authorization criteria for Zetia has been retired, and this product has been added to the formulary with tier 2 status – claims will process if a member is currently taking a statin, or has taken a statin within the past 120 days.
- **Addition of Brilinta (ticagrelor) to the formulary:**
  - Prior authorization criteria for Brilinta 90mg has been retired, and this product has been added to the formulary with tier 2 status – quantity and duration limits apply (limited to #60 tablets per month, and a duration of 12 months of therapy). Brilinta 60mg remains non-formulary.
- **Addition of Adapt Pharma nasal Narcan (naloxone) to the formulary:**
  - Prior authorization criteria for Adapt Pharmac nasal naloxone (4mg/0.1mL) has been retired, and this product has been added to the formulary with tier 2 status – limited to 2 doses per 180 days. Note: this is a Medi-Cal carve-out drug.
- **Addition of Jardiance (empagliflozin) and Synjardy (empagliflozin/metformin) to the formulary:**
  - Prior authorization criteria for these drugs has been retired, and they have been added to the formulary with tier 2 status – claims will process if a member is currently taking metformin, or has taken metformin within the past 120 days.
- **Addition of Renvela (sevelamer) to the formulary:**
  - Prior authorization criteria for sevelamer 800mg has been retired, and this product has been added to the formulary with tier 2 status – claims will process if a member has used calcium acetate within the past 120 days. Renagel remains non-formulary.

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

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Questions and comments may be directed to CCHP Pharmacy by emailing
cchp_pharmacy_director@hsd.cccounty.us