



Provider Issue Briefing

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

The CCHP P&T committee met virtually on 3/12/2019. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-April 2019****

Updates/Announcements:

- a. DUR Board Activities: pursuant to APL 17-008 (Requirement to Participate in the Medi-Cal Drug Utilization Review (DUR) Program), CCHP is now participating in the state DUR program. As such, the CCHP P&T committee will be reviewing retrospective and prospective DUR criteria and will be making recommendations to change pharmacy programming as necessary. Additionally, in response to recommendations made by the state DUR board, CCHP will be notifying providers of certain DUR educational bulletins via the CCHP website, available under the "DUR Board" header via the following link:

<http://cchealth.org/healthplan/provider-pharmacy-therapeutics.php>

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):

<u>Changes Made</u>	<u>Drug Name</u>
Created new PA criteria:	Transderm Scop (scopolamine) patch
Modified PA criteria:	Kapvay (clonidine ER) tablets Baraclude (entecavir) 0.5mg tablets
Added to the CCHP formulary:	Adalat CC (nifedipine ER) Zyban (bupropion SR) Protopic (tacrolimus) 0.03% and 0.1% ointment

- **Creation of new criteria for Transderm Scop (scopolamine) patches for chemotherapy-induced nausea:**
 - Criteria for Transderm Scop patches for chemotherapy-induced nausea will require a trial and failure or inability to use at least 3 preferred formulary medications such as ondansetron, metoclopramide, lorazepam or dexamethasone.
- **Modification of criteria for Kapvay (clonidine ER):**
 - Criteria for Kapvay will now include a trial and failure, intolerance or relative contraindication to clonidine ER OR guanfacine ER.
- **Modification of criteria for Baraclude (entecavir):**
 - CCHP previously required entecavir 1mg tablets to be split in half to obtain the 0.5mg dose. Tablet splitting will no longer be required; the same criteria will apply to the 0.5mg & 1mg doses.
- **Addition of Adalat CC (nifedipine ER) to the formulary:**
 - All strengths have been added to the CCHP formulary as tier 1 preferred agents.
- **Addition of Zyban (bupropion SR) to the formulary:**
 - Zyban 150mg tablets have been added to the formulary as a tier 1 preferred agent.
- **Addition of Protopic (tacrolimus) ointment to the formulary with a quantity limit of 30gm per 30 days:**
 - Both the 0.03% and 0.1% strengths have been added to the CCHP formulary as tier 2 preferred agents with a quantity limit of 30 grams per 30 days.

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 and DUR educational bulletins 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

Are you potentially being underpaid by CCHP for physician-administered drugs?

Internal audits of CCHP pharmacy/medical claims data have revealed that many providers' offices are requesting J-Codes incorrectly through the prior authorization (PA) Process.

What is a J-Code?

- J-codes are level II HCPCS (Healthcare Common Procedure Coding System) codes used to report injectable drugs that ordinarily cannot be self-administered. For purposes of this article, the term 'J-code' will refer to all level II HCPCS codes for injectable medication (including J, Q, S, and T codes).
- In simple terms, J-codes are billing codes used by providers' offices to get reimbursed for physician-administered drugs.
- J-codes are 5 digit alphanumeric codes that are formatted as JXXXX, and ALWAYS designate a specific drug AND a unit of measure (JXXXX = xx mg).
- Examples: J1644 (heparin per 1000 units), J0696 (ceftriaxone per 250mg), J7323 (hyaluronic acid per dose), J1100 (dexamethasone per 1mg).

What is the problem?

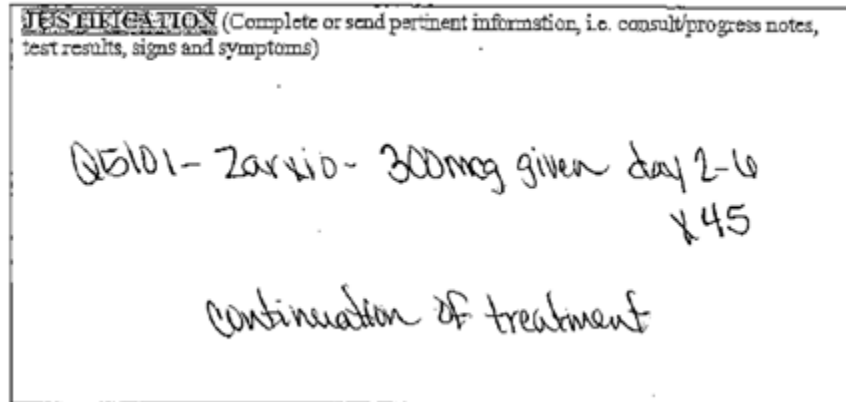
- CCHP has noticed that office staff that are submitting prior authorization requests to the plan are requesting the incorrect number of J-code units most of the time.
- CCHP is hoping to educate office staff regarding J-codes, with the expectation that at a date in the near future, J-code prior authorization requests will be required to be completed accurately, or they will be denied by the plan. In other words, the number of J-code units on all requests MUST be calculated correctly by office staff in order to be processed and approved by the plan.

CCHP is going to sponsor a number of J-code educational webinars in the upcoming months with the following learning objectives:

- Understand the CCHP prior authorization (PA) workflow for J-codes.
- Describe the importance of submitting correct J-code data on prior authorization requests.
- Properly calculate the number of J-code units required to fulfill an order.
- Properly complete the CCHP J-code prior authorization form, including the correct # of J-code units.

Below is a sneak-peak at some of the content from the upcoming webinars:

- We will look at a number of real examples of incorrectly submitted J-code authorization requests such as the example below, and will discuss how to correct them.



The image shows a handwritten note on a form. At the top, it says "TESTIFICATION (Complete or send pertinent information, i.e. consult/progress notes, test results, signs and symptoms)". Below this, the handwritten text reads: "Q5101- Zarzio- 300mg given day 2-6" followed by "x45" on the next line. At the bottom, it says "Continuation of treatment".

- We will also look at some simple ways to improve J-code submissions, including educating office staff on how to correctly calculate the proper number of J-code units – some simple J-code formulas are below:

For single doses:

$$\frac{\text{Requested Dose}}{\text{J code dose}} = \# \text{ of J-code units needed}$$

For multiple doses, multiple days:

$$\frac{\text{Requested Dose}}{\text{J code dose}} \times \# \text{ of doses or days} = \# \text{ of J-code units needed}$$

CCHP will be sponsoring a number of J-code educational webinars over the next few weeks.

Flyers/invitations will be sent to offices shortly. Please contact Delaina Gillaspy at delaina.gillaspy@cchealth.org for more details or to sign-up for a webinar!