

PROVIDER NEWSLETTER

SUMMER ISSUE • JUNE 2023



VENTURA COUNTY
HEALTH CARE PLAN

A Department of Ventura County Health Care Agency

Featured this issue

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We're Here for You 24/7!

The Ventura County Health Care Plan (VCHCP) understands that providers often need to contact the Health Plan outside of regular business hours. VCHCP always has someone on-call to speak with you. For urgent prior authorizations, information on contracted tertiary hospitals, coordination of hospital-to-hospital transfers (including air transports) or other urgent Health Plan related matters, please contact VCHCP 24-hours per day, 7 days a week at (805) 981-5050 or toll free at (800) 600-8247 and our answering service will contact an on-call clinical staff member to help you.

CONTACT INFORMATION

Provider Services Email:
VCHCP.ProviderServices@ventura.org
(Email is responded to Monday - Friday,
8:30 a.m. - 4:30 p.m.)

VENTURA COUNTY HEALTH CARE PLAN

24-hour Administrator access
for emergency provider at:
(805) 981-5050 or (800) 600-8247

REGULAR BUSINESS HOURS ARE:

Monday - Friday, 8:30 a.m. to 4:30 p.m.

- vchealthcareplan.org
- Phone: (805) 981-5050
- Toll-free: (800) 600-8247
- FAX: (805) 981-5051
- Language Line Services:
Phone: (805) 981-5050
Toll-free: (800) 600-8247
- TDD to Voice: (800) 735-2929
- Voice to TDD: (800) 735-2922
- Pharmacy Help: (800) 811-0293 or
express-scripts.com
- Behavioral Health/Life Strategies:
(24-hour assistance)
(800) 851-7407 or
liveandworkwell.com
- Nurse Advice Line: (800) 334-9023
- Teladoc: (800) 835-2362

VCHCP UTILIZATION MANAGEMENT STAFF

Regular Business Hours are:
Monday - Friday, 8:30 a.m. to 4:30 p.m.

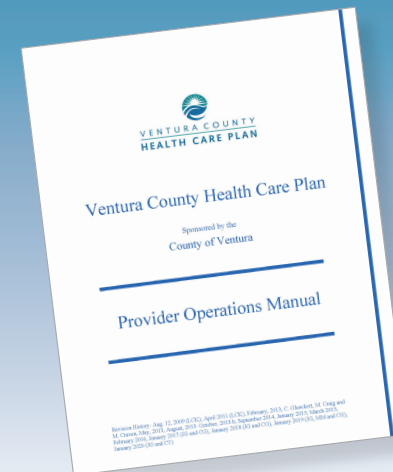
- Phone: (805) 981-5060

GRAPHIC DESIGN & PRINTING:

GSA Business Support/Creative Services

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PROVIDER OPERATIONS MANUAL Updated

The 2023 version of the Provider
Operations Manual is now available
on the Plan's website.

To request a copy of the Provider
Operations Manual, please
email Provider Services at [VCHCP.
ProviderServices@ventura.org](mailto:VCHCP.ProviderServices@ventura.org) or
visit the Plan's website at:
vchealthcareplan.org.

- **CLICK ON:** Provider Connection
- **CLICK ON:** Provider Relations
- **CLICK ON:** Provider Operations
Manual

Patient Emergency & Provider AFTER HOURS CONTACT

**Ventura County
Medical Center
Emergency Room**
300 Hillmont Ave.,
Ventura, CA 93003
(805) 652-6165 or
(805) 652-6000

**Santa Paula
Hospital**
A Campus of Ventura
County Medical Center
825 N. 10th Street
Santa Paula, CA 93060
(805) 933-8632 or
(805) 933-8600

**Ventura County
Health Care Plan**
on call Administrator
available 24 hours
per day for emergency
Providers
(805) 981-5050 or
(800) 600-8247

THE NURSE ADVICE LINE 1-800-334-9023

Available 24 hours a day, 7 days a week
for Member questions regarding their
medical status, about the health plan
processes, or just general medical information.

There is also a link on the member website:
vchealthcareplan.org/members/memberIndex.aspx
that will take Members to a secured email where
they may send an email directly to the advice line.
The nurse advice line will respond within 24 hours.

To speak with VCHCP UM Staff, please call the Ventura
County Health Care Plan at the numbers below:

QUESTIONS? CONTACT US:

MONDAY - FRIDAY, 8:30 a.m. to 4:30 p.m.

Phone: (805) 981-5050 or toll-free (800) 600-8247

FAX (805) 981-5051, vchealthcareplan.org

Phone: (805) 981-5050 or toll-free (800) 600-8247

FAX (805) 981-5051, vchealthcareplan.org

TDD to Voice: (800) 735-2929 Voice to TDD: (800) 735-2922

Ventura County Health Care Plan 24-hour Administrator

access for emergency providers: (805) 981-5050 or

(800) 600-8247

Language Assistance - Language Line Services:

Phone (805) 981-5050 or toll-free (800) 600-8247

TIMELY ACCESS REQUIREMENTS

VCHCP adheres to patient care access and availability
standards as required by the Department of Managed
Health Care (DMHC). The DMHC implemented these
standards to ensure that members can get an
appointment for care on a timely basis, can reach a
provider over the phone and can access interpreter
services, if needed. Contracted providers are expected
to comply with these appointments, telephone access,
practitioner availability and linguistic service standards.

If a timely appointment is not available at any of our
contracted clinics/facilities, then an out-of-network
(OON) referral request should be sent to the Plan for
authorization. The authorization request must include
the details regarding the access issue and why an OON
referral is required.

Note: The referring provider may allow for an appointment outside of the timely
access requirements if it will not be harmful to the patient's health. These instances
must be documented in the patient's chart and communicated to the patient.

Type of Care	Wait Time or Availability
Emergency Services	Immediately, 24 hours a day, 7 days a week
Urgent Need - No Prior Authorization Required	Within 48 hours
Urgent Need - Requires Prior Authorization	Within 96 hours
Primary Care	Within 10 business days
Specialty Care	Within 15 business days
Ancillary services for diagnosis or treatment	Within 15 business days
Mental Health	Within 10 business days
Waiting time in provider office (to speak with a triage nurse)	30 Minutes
Ensure wait time for enrollees to speak with a qualified representative during business hours	Not to exceed 10 minutes

TAR Process

When a Treatment Authorization Request (TAR) has been “pended for additional information” it means that VCHCP needs more information from the Provider to complete the TAR review process. THE PROCESS IS AS FOLLOWS:

- When VCHCP clinical staff identifies that additional information is needed to complete a TAR determination, a pend letter will be sent to the requesting provider and to the member for whom the authorization is being requested. The pend letter will indicate that a) the TAR has been pended, b) what information is missing, and c) will provide for up to 45 calendar days (for routine TAR requests) for the requested additional information to be submitted to VCHCP. Per NCQA standards, a TAR can only be pended once, additional requests for information will not be sent and VCHCP will not send a reminder.
- When the information is submitted within 45 days, a final determination will be made within 5 business days for a routine TAR, and notification will be sent to the requesting provider and to the member within 24 hours of the decision*.
- If the requested information is not submitted within 45 days, a final determination will be made based on the initial information submitted and may be denied by the VCHCP Medical Director.
- To assist VCHCP staff with the efficient review of these requests, and to avoid delays in the review process, the following is appreciated at the time the TAR is initially submitted:

“PENDE FOR ADDITIONAL INFORMATION”

- ◇ Please provide specific clinical information to support the TAR. For example, the History and Physical (H&P), key lab or test results, and plan of care from the most recent office visit (this is usually sufficient) if the office visit specifically relates to the TAR.
- ◇ For providers using CERNER, please provide the exact place in CERNER where the specific clinical information can be located to support the TAR. “See Notes in CERNER” does not adequately describe what clinical information supports the TAR, and should be reviewed.
- ◇ If written notes are submitted, please be sure they are legible.
- In addition to faxing pend letters for needed additional information to providers, the Plan’s UM began sending messages through Cerner to inform VCMC requesting provider of pended request and clinical information needed by the Plan to make a medical necessity decision. For Non-VCMC providers, a phone call is placed to the requesting provider of the pended request and clinical information needed by the Plan.
- The Plan’s pend letter was updated with an “Alert” to providers that clinical information is needed.

If you have any questions, please contact VCHCP Utilization Management Department at: (805) 981-5060.

* These timeframes will apply in most situations. There may be some variance with urgent and retrospective TAR requests. Please see the VCHCP TAR Form for the timeline descriptions. Link: vhealthcareplan.org/providers/docs/preAuthorizationTreatmentAuthorizationForm.pdf

Referral & Prior Authorization Process & Services Requiring Prior Authorization

Providers have the ability to review how and when to obtain referrals and authorization for specific services. They are directed to visit our website at vhealthcareplan.org, click on “Provider Connection”, and then click on “Health Services Approval Process”. This area offers links for providers to obtain specific information on the Plan’s prior authorization process, what services require prior authorization, timelines, and direct referral information.

LINK TO THE HEALTH SERVICES APPROVAL PROCESS:
vhealthcareplan.org/providers/hsApprovalProcess.aspx



QUESTIONS?
Call Member Services at (805) 981-5050

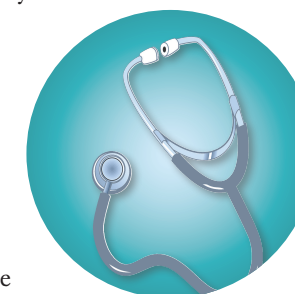
Standing Referrals

A standing referral allow members to see a specialist or obtain ancillary services, such as lab, without needing new referrals from their primary care physician for each visit. Members may request a standing referral for a chronic condition requiring stabilized care. The Primary Care Physician will decide if a standing referral is needed when the request meets the following guidelines:

A standing referral is limited to 6 months, but can be reviewed for medical necessity as needed, to cover the duration of the condition. If members change primary care physicians or clinics, member will need to discuss their standing referral with their new physician. Additional information regarding Standing Referrals is located on our website: vhealthcareplan.org/providers/providerIndex.aspx or by calling Member Services a (805) 981-5050 or (800) 600-8247.

A standing referral may be authorized for the following conditions when it is anticipated that the care will be ongoing:

- Chronic health condition (such as diabetes, COPD etc.)
- Life-threatening mental or physical condition
- Pregnancy beyond the first trimester
- Degenerative disease or disability
- Radiation treatment
- Chemotherapy
- Allergy injections
- Defibrillator checks
- Pacemaker checks
- Dialysis/end-stage renal disease
- Other serious conditions that require treatment by a specialist



Direct Specialty Referrals

A “Direct Specialty Referral” is a referral that the Primary Care Physician (PCP) can give to members so that members can be seen by a specialist physician or receive certain specialized services. Direct Specialty Referrals do not need to be pre-authorized by the Plan. All VCHCP contracted specialists can be directly referred by the PCPs using the direct referral form [EXCLUDING TERTIARY REFERRALS, (e.g. UCLA AND CHLA)]. Referrals to Physical Therapy and Occupational Therapy also use this form.

Note that this direct specialty referral does not apply to any tertiary care or non-contracted provider referrals. All tertiary care referrals and referrals to non-contracted providers continue to require approval by the Health Plan through the treatment authorization request (TAR) procedure.

Appointments to specialists when a member receives a direct referral from their PCP should be made either by the member or by the referring doctor. Make sure to communicate with the member about who is responsible for making the appointment.

Appointments are required to be offered within a specific time frame, unless the doctor has indicated on the referral form that a longer wait time would not have a detrimental impact on the member's health. Those timeframes are: Non-urgent within 15 business days, Urgent within 48-96 hours.

If you feel that your patient is not able to get an appointment within an acceptable timeframe, please contact the Plan’s Member Services Department at (805) 981-5050 or (800) 600-8247 so that we can make the appropriate arrangements for timeliness of care.

THE DIRECT REFERRAL POLICY CAN ALSO BE ACCESSED AT: vhealthcareplan.org/providers/providerIndex.aspx

To request to have a printed copy of the policy mailed to you, please call Member Services at the numbers listed above.

ATTENTION: VCHCP Primary Care Practitioners!
The following is important information regarding appropriate

Antidepressant Medication Management

INFORMATION FOR PRESCRIBERS: ●
Depression

Screening & Diagnosis

Depression screening is recommended in preventive care assessments. Simple screening questions may be performed as well as using more complex instruments. Any positive screening test result should trigger a full diagnostic interview using standard diagnostic criteria.

Resources include the Patient Health Questionnaire (PHQ) and GAD-7 which offers clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression and anxiety and facilitating diagnosis and treatment. Be sure to include appropriate lab tests with a comprehensive medical exam which may identify metabolic underlying causes for the depression (for example thyroid disease).

Persons at increased risk for depression are considered at risk throughout their lifetime. Groups at increased risk include:

- persons with other psychiatric disorders
- substance misuse
- persons with a family history of depression
- persons with chronic medical diseases

Treating Patients Who Have Depression Disorder

If you have determined that your patient has depression, the best practice for treating depression includes a treatment plan involving:

- Referral to Psychotherapy (such as individual, family, group, cognitive behavioral) AND
- Medication for patients who score moderate to severe depression on a screening tool

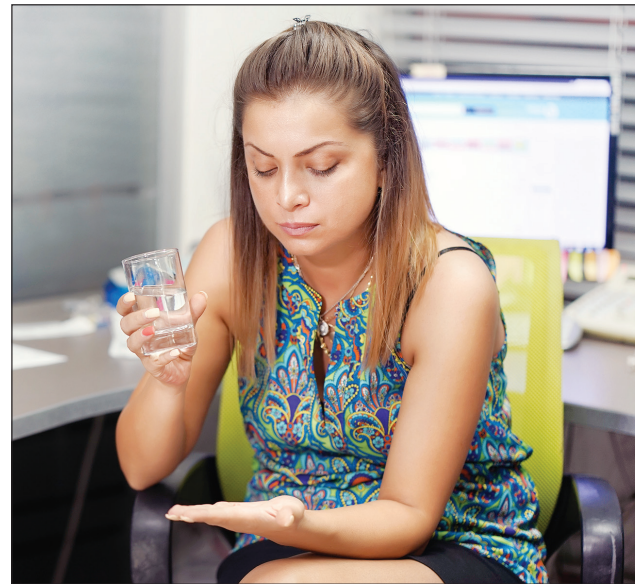
Our accepted clinical best practice guideline for Major Depression is the American Psychiatric Association Practice Guideline: Treatment of Patients with Major Depressive Disorder. This guideline notes that the treating clinician needs to keep in mind suicide assessment, psychotherapy, support and medication monitoring. Other depressive or mood disorders benefit from this approach.

Treating Patients Who Have Depression or Bipolar Disorder

The best practice for the treatment of depression and bipolar disorder includes a treatment plan involving:

- Medication
- Therapy
- Self-empowerment/recovery tools

*It is important when working with a patient to communicate with all members of the treatment team about the treatment provided, the patient's status, and any potential complicating factors. You should also reinforce with your patients that **mental health issues can be successfully treated by adhering to their treatment plan.***



The National Committee for Quality Assurance (NCQA) publishes health plan HEDIS (Health Effectiveness Data Information Set) rates for adult patients who are diagnosed with Major Depression and are started on an antidepressant medication. To meet the guidelines patients must remain on an antidepressant drug for at least 180 days (6 months).

To help with compliance, VCHCP suggests that you discuss with patients the length of time it may take before they see the full effect of a medication.

- Specifically, it may take 10 to 12 weeks to experience the full effect of a medication.
- Medication adherence is indicated for at least six (6) months as the risk of relapse is greatest during this time period.
- The World Health Organization recommends continuing treatment for 9-12 months.
- The Journal of Clinical Psychiatry recommends continuing treatment for 4-6 months after a response.
- The American Psychiatric Association Best Practice Guidelines recommends continuing treatment at the same dose, intensity and frequency for 4-9 months after full remission.

Information for Non-Prescribing Clinicians

1. Ask your patient(s) how their medications are working.
2. Provide education on how anti-depressants work and how long they should be used.
3. Explain the benefits of anti-depressant treatment.
4. Identify ways of coping with side effects of the medication.
5. Discuss expectations regarding the remission of symptoms.
6. Encourage your patient(s) to adhere to their medication regimens and to call their prescriber if they have any concerns or are considering stopping medication.
7. Coordinate and exchange information with all prescribers.

THE FOLLOWING
Resources

May Be Helpful To
You and Your Patients

- **nami.org**
National Alliance on Mental Illness
- **psychiatryonline.org**
American Psychiatric Association
Major Depression Best Practice Guideline
- **providerexpress.com**
Optum Provider Express
Optum's practitioner website refers to the American Psychiatric Association (APA) Guidelines for recognizing and treating Major Depressive Disorder; patient education materials are also available.

Optum's practitioner website includes a "Behavioral Health Toolkit for Medical Providers" which includes screening tools for depression as well as other behavioral health issues.
providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit/Behavioral-Health-Toolkit--Medical-Providers.html

Optum's Medical Director Phone Line
• **(415) 547-5013**



**PREVENTIVE
HEALTH
GUIDELINES**

The 2022-2023 Preventive Health Guidelines is an excellent resource where Providers can find immunization schedules, preventive health screening information, and an adult preventive care timeline.

The Preventive Health Guidelines include information from VCHCP, US Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC), and the Agency for Healthcare Research and Quality (AHRQ) and are updated annually. Providers and members are given access to the Preventive Health Guidelines online at:

vchealthcareplan.org/members/healthEducationInfo.aspx

**Please contact
Member Services at
(805) 981-5050
if you need assistance
or hard copies.**



Important Information about Coordinating Care

Optum requires contracted behavioral health practitioners and providers to communicate relevant treatment information and coordinate treatment with other behavioral health practitioners and providers, primary care physicians (PCPs), and other appropriate medical practitioners involved in a member's care.

WHY?	WHEN?
Coordination of care among behavioral health and medical practitioners benefits your practice because it: • Establishes collaborative, credible relationships • Provides opportunities for referrals Coordination of care improves patients' quality of care by: • Avoiding potential adverse medication interactions • Providing better management of treatment and follow-up for patients	Coordination of care may be most effective: • After the initial assessment • At the start or change of medication • Upon discharge • Upon transfer to another provider or level of care • When significant changes occur, such as (diagnosis, symptoms, compliance with treatment)

RESOURCES FOR COORDINATING CARE

Our practitioner website, providerexpress.com, includes tools and resources to support you in coordinating care. Select the "Clinical Resources" tab at the top of the main page, select "Clinical Tools and Quality Initiatives" and then download the needed form under "Coordination of Care".

Use the "Exchange of Information Form" to communicate relevant treatment information with other treating practitioners. This template may be signed by the patient to show their consent and then completed by you.

Use the "Coordination of Care Checklist" to document your efforts to coordinate care with patients' other practitioners. It should also be documented in the record if a member declined to allow coordination of care when asked.

Nothing herein is intended to modify the Provider Agreement or otherwise dictate MH/SA services provided by a provider or otherwise diminish a provider's obligation to provide services to members in accordance with the applicable standard of care.

GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

When scheduling appointments for new patients, request that they bring names and contact information (address, phone number, etc.) for their other treating practitioners.

Within a week of your initial assessment and annually thereafter provide other treating practitioners with the following information:

- A brief summary of the patient's assessment and treatment plan recommendations
- Diagnoses (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, fax number, and the best time you may be reached by phone, if needed)

This information is provided by Optum Quality Management Department. If you would like to be removed from this distribution or if you have any questions or feedback please contact us at: qmi_emailblast_mail@optum.com (email). Please include the email address you would like to have removed when contacting us.

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MILLIMAN CARE Guidelines

VCHCP Utilization Management uses Milliman Care Guidelines (currently 27th Edition), VCHCP Medical Policies, Express Scripts (ESI) Prior Authorization Drug Guidelines and custom VCHCP Prior Authorization Drug Guidelines as criteria in performing medical necessity reviews. Due to proprietary reasons, we are unable to post the Milliman Care Guidelines on our website, but a hard copy of an individual guideline can be provided as requested.

A complete listing of VCHCP medical policies and prescription drug policies can be found at:

vchealthcareplan.org/providers/providerIndex.aspx

To obtain printed copies of any of our VCHCP Medical/Drug Policies or Milliman Care Guidelines, please contact Member Services at

**(805) 981-5050 or
(800) 600-8247.**

Medical Policy Updates

New and updated medical policies are posted on The Plan's website at

vchealthcareplan.org/providers/medicalPolicies.aspx

CLINICAL PRACTICE GUIDELINES

VCHCP encourages its providers to practice evidence-based medicine. VCHCP has links to clinical practice guidelines available to address conditions frequently seen in patients at your practice. All clinical practice guidelines included have been reviewed and approved by the VCHCP Quality Assurance Committee.

Recommended Clinical Practice Guidelines and links for providers:

- Clinical Practice Guidelines
- 2 medical conditions: Asthma & Diabetes
 - Joslin Diabetic Center and Joslin Clinic
 - American Diabetes Associates (ADA) at diabetes.org
 - National Asthma Education and Prevention Program Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma
- 1 behavioral health conditions: Depression
 - American Psychiatric Association
- Preventive guidelines for all age group
 - The Institute for Clinical Systems Improvement (ICSI)
 - U.S. Preventive Services Task Force (USPSTF)
 - Advisory Committee on Immunization Practices (ACIP)
- Non-profit Professional Society, Standards of Care developed by the World Professional Association for Transgender Health (WPATH)

Link to be used:

vchealthcareplan.org/providers/medicalPolicies.aspx

You may obtain hard copies of the above listed Clinical Practice Guidelines by calling VCHCP at (805) 981-5050.

NOTICE TO MEMBERS AND PROVIDERS:

Formulary Web Posting

Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posted monthly in VCHCP's member and provider website. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website:

vchealthcareplan.org/members/programs/docs/ProviderDrugList.pdf

Health Services Accomplishments for 2022-2023 and Case Management Program Effectiveness

Health Services Accomplishments

We are pleased to share our accomplishments for 2022-2023, which include the following highlights:

- HealthX member and provider portal now allows for status viewing and submission of treatment authorization requests.
- Used Teladoc encounter data in Utilization Management (UM) productivity report for identifying members for case and disease management.
- Updated pharmacy UM notification letters with the process to request exception review when medication is denied by the Plan.
- Increased availability of virtual visits for Optum Behavioral Health due to COVID-19 pandemic.
- Improved provider satisfaction with UM department.
- Evaluated and reduced services requiring prior authorization.
- Reduced 45-day denial for lack of medical information.
- Implemented several pharmacy programs in collaboration with Pharmacy Benefit Manager (Express Scripts) such as the Expanded Screen Rx program to improve member medication adherence.
- Complied with several Department of Managed Health Care (DMHC) and legislative requirements.
- Continued all medical-medical coordination of care such as member follow up with their doctors after hospitalization and emergency room (ER) visits.

- Medical-behavioral health coordination of care activities for member continuity of care such as encouraging members to sign release of information (ROI) for behavioral health providers to release information to primary care providers.

Effectiveness of Case Management Program

Our Case Management (CM) program has seen significant improvements in both inpatient admissions and emergency room (ER) visits for members enrolled for at least 60 days.

In 2022, we saw a 50% decrease in the number of members with inpatient admissions. This can be attributed to our post-inpatient discharge mailings, concurrent review of members in the hospital, case management of members with complex needs, and handling of hospital readmissions via potential quality issues.

Our efforts have also resulted in a 50% decrease in ER visits for members enrolled in the program for at least 60 days, and a 40% decrease in the number of members with ER visits.

We believe that these positive outcomes are a result of the efforts of our case managers to work with members in coordinating their care to improve their health and preventing inpatient readmissions and ER visits. Thank you for your continued support. We remain committed to providing high-quality care and service to our members and will continue to strive towards excellence in the coming year.

VCHCP 2023 AFFIRMATIVE STATEMENT REGARDING

Utilization Related to Incentive*

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that may result in underutilization.
- VCHCP does not use incentives to encourage barriers to care and service.
- VCHCP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

* Includes the following associates: medical and clinical directors, physicians, UM Directors and Managers, licensed UM staff including management personnel who supervise clinical staff and any Associate in any working capacity that may come in contact with members during their care continuum.

HEDIS

TIPS & INFORMATION

Improving Quality of Care

HEDIS RATES ARE SCORED BASED ON ADMINISTRATIVE BILLING DATA. USE THE BELOW TIPS TO HELP IMPROVE YOUR HEDIS PERFORMANCE SCORES:

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Ensure patients are accurately diagnosed and services are rendered appropriately based on medical necessity and clinical practice guidelines.• Follow the American Academy of Pediatrics/ Bright Futures Periodicity Schedule and U.S. Preventive Services Task Force preventive and clinical practice guidelines for rendering health services to patients during wellness visits.• Schedule appointments and review patient charts prior to patient visits to close care gaps.• Ensure patients are accurately diagnosed with persistent asthma.• Ensure that asthma medication, especially controller medication, is being dispensed to the patient in accordance with the proper medication schedule or need.• Document date of mammogram along with proof of completion and | <ul style="list-style-type: none">develop standing orders along with automated referrals (if applicable) for patients ages 50–74, who need screening.• For ages 21–64: a cervical cytology is performed every three years. For ages 30–64: a cervical cytology and human papillomavirus co-testing is performed every five years, (use five-year time frame only if HPV co-testing was completed on the same day and includes results Reflex testing will not count), or for ages 30–64: a cervical high-risk human papillomavirus (hrHPV) testing is performed every five years.• Order a chlamydia screening and provide follow-up for patients who are pregnant, taking contraceptives or identified themselves as sexually active.• Instruct staff to take a repeat reading if abnormal BP is obtained.• Schedule appointments and complete services for patients ages 18–75 | <ul style="list-style-type: none">with diagnosis of diabetes on an annual basis to assist with health maintenance of the disease processes. The following services are required:<ul style="list-style-type: none">o Order at least one HbA1c screening annually. Repeat test if A1c is greater than 7.9%.o Collect A1c data completed during inpatient visits or elsewhere in order to evaluate if a repeat test is required.• Schedule patient's postpartum care visit with an OB/GYN practitioner, midwife, family practitioner, or other PCP on or between 7–84 days after delivery.• Ensure accurate action, follow-up, documentation, and billing of services.• Submit claims correctly and in a timely manner.• Correct encounters/claims with erroneous diagnoses. |
|---|--|--|

We need to work together to improve and maintain higher quality of care. When our members are healthy, everyone benefits! The reminders above only provide a snapshot of some of the HEDIS measures. Please refer to the HEDIS Cheat Sheet you will receive in the mail. If you need additional information or assistance related to HEDIS, please call our HEDIS Program Administrator at (805) 981-5060.

VENTURA COUNTY MEDICAL CENTER –

Pediatric Intensive Care Unit (VCMC PICU)

The VCMC PICU has created an outpatient sedation service. They currently have time set aside on Tuesdays and Thursdays for outpatient sedations, primarily sedated MRIs. The wait time is typically 2 weeks but emergent needs can be met. They sedate all Pediatric patients and provide deep sedation with Propofol drips. They do not require general anesthesia and endotracheal intubation.

To inquire about the service please call (805) 652-6004 and scheduling and criteria will be discussed. Prior authorization must be obtained. The patients are admitted to the PICU under observation, where they have their IVs placed and are recovered post procedure. Most patients go home in less than one hour post procedure.

Improving Asthma Control:

Evidence-Based Tips for Healthcare Providers



Asthma is a chronic respiratory disease that affects millions of people worldwide. In California alone, more than 3 million people have been diagnosed with asthma, making it a significant public health concern. As healthcare providers, it's crucial to understand how to effectively manage asthma to improve patients' quality of life and reduce the risk of exacerbations. Here are some evidence-based tips and resources to help you manage asthma:

ENSURE ACCURATE DIAGNOSIS:

Accurate diagnosis is critical for effective asthma management. Confirming the diagnosis requires taking a detailed medical history, performing a physical examination, and conducting lung function tests. It's also essential to rule out other respiratory conditions that may mimic asthma symptoms, such as chronic obstructive pulmonary disease (COPD) or bronchitis.

DEVELOP AN ASTHMA ACTION PLAN:

An asthma action plan outlines the patient's symptoms, triggers, and medications, and what to do in case of an asthma attack. It's an essential tool for self-management and can significantly reduce the risk of exacerbations. Encourage patients to have a written asthma action plan that they can follow at home and share with their caregivers.

EDUCATE PATIENTS ON PROPER MEDICATION USE:

Asthma medications include quick-relief and long-term control medications. It's essential to educate patients on proper medication use, including the correct inhaler technique, dosage, and frequency. Patients should also be aware of potential side effects and when to seek medical attention.

IDENTIFY AND MANAGE TRIGGERS:

Asthma triggers can vary from person to person and may include allergens, air pollution, exercise, stress, and cold weather. Identifying and managing triggers can significantly improve asthma control. Encourage patients to avoid triggers whenever possible and take steps to minimize exposure.

REFERENCES:

Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention. Updated 2021. ginasthma.org/wp-content/uploads/2021/04/GINA-Main-Report-2021-V2-WMS.pdf

American College of Allergy, Asthma & Immunology. Asthma action plan. Accessed April 24, 2023. acaai.org/asthma/asthma-treatment/asthma-action-plan

National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung, and Blood Institute (US); 2007 Aug. Available from: ncbi.nlm.nih.gov/books/NBK7232/

Centers for Disease Control and Prevention. Asthma triggers. Updated March 3, 2022. cdc.gov/asthma/triggers.html

VCHCP Offers Assistance to Patients Struggling with Smoking Cessation

AS VALUED HEALTHCARE PARTNERS, WE WANTED TO REMIND YOU ABOUT AN IMPORTANT PROGRAM THAT COULD BE BENEFICIAL TO YOUR PATIENTS WHO ARE SMOKERS OR TOBACCO USERS.

At Ventura County Health Care Plan (VCHCP), we are committed to improving the health and well-being of our members. That's why we offer access to the KickIt California program offered by the California Department of Public Health. This program provides one-on-one support from caring, trained professionals who are dedicated to helping patients quit smoking. They offer a range of helpful tools, including telephone counseling, self-help materials, a mobile app, and a text messaging program. Patients can enroll in the program by calling Kick It California at (800) 300-8086 or visiting kickitca.org.

In addition, Ventura County Public Health Department also offers a Tobacco Education and Prevention Program. Patients can contact Public Health directly at (805) 201-STOP (7867) or via email at Callitquits@ventura.org to learn more about their program.

We also offer education and support materials on the VCHCP Member Website. Patients can access these materials by visiting vhealthcareplan.org/members/healthEducationInfo.aspx.

At VCHCP, we are committed to helping your patients succeed in quitting smoking. If you require any further assistance, please do not hesitate to contact our Health Services Department at (805) 981-5060, and we will return your call within 24 hours.

Thank you for your continued partnership in improving the health of our community.

Annual Asthma and Diabetes Disease Management MASS MAILING



VCHCP will be sending office managers and medical directors a list of patients affiliated with your clinic or physician group who are Ventura County Health Care Plan (VCHCP) members enrolled in the Disease Management Program.

Members are eligible to participate in this program based on a review of available claims information submitted to us by one or more of their doctors or health care professionals that indicates these members have been identified as having diabetes or asthma. This is a program designed to help your patients better understand their condition, update them on new information about their condition, and provide them with assistance from health professionals to help them manage their health. The program is designed to reinforce your treatment plan with the patient.



The program components include mailed educational materials to help your patients understand and manage medications prescribed by you, how to effectively plan visits to see you, information to help support your treatment plans for the patient, telephonic education (health coaching) from our nurses and other health care staff to help them understand how to best manage their condition, and

care coordination of the health care services they receive.

The program is voluntary: the members are automatically enrolled when we identify them as diabetics and/or asthmatics. Members can opt out at any time. If you would like to refer patients who are VCHCP members but are not in the program, please contact us at (805) 981-5060.

Please note that included on the list that we will be sending are patients who may be missing diabetes-related and preventive care services based on our claim records. This information is included to assist you with identifying what services the patients may need to maintain their health. We encourage you to have your staff contact the patients and work with the Primary Care Physicians to facilitate these services if the patients have not received the services at this time.

Again, if you feel that a member already received care but was still noted as a care gap, you may fax supplemental data information (medical records) to (805) 981-5061.

If you have any questions or concerns regarding the Disease Management Program, please call us at (805) 981-5060.

Promoting Patient Health:

Focus on BMI-Nutrition Counseling, Childhood Immunizations, Mammograms, and Appropriate Antibiotic Treatment

As the healthcare landscape evolves, it is imperative that we keep up with the latest guidelines and recommendations for our patients' health. In this issue of our provider newsletter, we will focus on BMI-nutrition counseling, childhood immunizations, mammograms, and inappropriate antibiotic treatment for acute bronchitis/bronchiolitis.

BMI-NUTRITION COUNSELING:

Obesity is a growing epidemic in our society, and it is a significant risk factor for chronic diseases such as diabetes, heart disease, and hypertension. As healthcare providers, we must make every effort to prevent and manage obesity in our patients. One effective approach is through BMI-nutrition counseling.

BMI (body mass index) is a measure of body fat based on height and weight. It is a useful tool to screen for overweight and obesity. When counseling patients on nutrition, it is essential to focus on healthy eating habits, portion control, and physical activity. Encourage your patients to eat a balanced diet that includes fruits, vegetables, whole grains, lean protein, and healthy fats. Additionally, patients should be encouraged to limit their intake of processed foods, sugary drinks, and saturated fats.

CHILDHOOD IMMUNIZATIONS:

Childhood immunizations are critical in preventing infectious diseases and keeping our children healthy. According to the Centers for Disease Control and Prevention (CDC), vaccination rates have decreased during the COVID-19 pandemic. As healthcare providers, we must remind parents and guardians of the importance of childhood immunizations.

It is essential to follow the recommended immunization schedule for children, which includes vaccinations against diseases such as measles, mumps, rubella, chickenpox, polio, and whooping cough. These vaccines are safe and effective in preventing these diseases, and they are required for school entry in California.

In conclusion, as healthcare providers, we play a crucial role in promoting the health and well-being of our patients. By focusing on BMI-nutrition counseling, childhood immunizations, mammograms, and inappropriate antibiotic treatment for acute bronchitis/bronchiolitis, we can make a significant impact on the health of our patients. Thank you for all that you do.

REFERENCES:

- "Promoting Patient Health: Focus on BMI-Nutrition Counseling, Childhood Immunizations, Mammograms, and Appropriate Antibiotic Treatment"
- "The Provider's Role in Preventing Obesity, Promoting Immunizations, and Reducing Antibiotic Overuse"
- "Best Practices for BMI-Nutrition Counseling, Childhood Immunizations, Mammograms, and Antibiotic Treatment in California Health Plans"
- "Preventing Chronic Disease and Improving Health Outcomes: A Guide for Healthcare Providers"
- "The Importance of Evidence-Based Practices in BMI-Nutrition Counseling, Childhood Immunizations, Mammograms, and Antibiotic Treatment"

MAMMOGRAMS:

Breast cancer is the most common cancer in women worldwide. Mammograms are an effective screening tool for breast cancer, and they can detect breast cancer at an early stage when it is most treatable. The American Cancer Society recommends that women with an average risk of breast cancer start getting mammograms at age 40.

As healthcare providers, we must encourage our female patients to get regular mammograms. We should also educate them on breast self-exams and the signs and symptoms of breast cancer.

INAPPROPRIATE ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB):

Acute bronchitis/bronchiolitis is a common respiratory illness that is often caused by a viral infection. Antibiotics are not effective in treating viral infections, yet they are often prescribed inappropriately for acute bronchitis/bronchiolitis. This can lead to antibiotic resistance, which is a growing public health concern.

As healthcare providers, we must avoid the inappropriate use of antibiotics for acute bronchitis/bronchiolitis. Instead, we should focus on symptomatic relief and supportive care. We can prescribe bronchodilators, cough suppressants, and inhaled steroids for symptom relief.

STANDARDS FOR

Members' Rights and Responsibilities

Ventura County Health Care Plan (VCHCP) is committed to maintaining a mutually respectful relationship with its Members that promotes effective health care. Standards for Members Rights and Responsibilities are as follows:

- 1 Members have a right to receive information about VCHCP, its services, its Practitioners and Providers, and Members' Rights and Responsibilities.
- 2 Members have a right to be treated with respect and recognition of their dignity and right to privacy.
- 3 Members have a right to participate with Practitioners and Providers in decision making regarding their health care.
- 4 Members have a right to a candid discussion of treatment alternatives with their Practitioner and Provider regardless of the cost or benefit coverage of the Ventura County Health Care Plan.
- 5 Members have a right to make recommendations regarding VCHCP's Member Rights and Responsibility policy.
- 6 Members have a right to voice complaints or appeals about VCHCP or the care provided.
- 7 Members have a responsibility to provide, to the extent possible, information that VCHCP and its Practitioners and Providers need in order to care for them.
- 8 Members have a responsibility to follow the plans and instructions for care that they have agreed upon with their Practitioners and Providers.
- 9 Members have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For information regarding the Plan's privacy practices, please see the "HIPAA Letter and Notice of Privacy Practices" available on our website at: vchealthcareplan.org/members/memberIndex.aspx. Or you may call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed copy of this notice mailed to you.

New Medical Technology

DID YOU KNOW that VCHCP has a policy in place to evaluate any new technology or new applications of existing technology on a case by case basis? There are four categories we look at – medical procedures, behavioral health procedures, pharmaceuticals (medications) and medical devices. VCHCP's Medical Director, or designee, evaluates new technology that has been approved by the appropriate regulatory body, such as the Food and Drug Administration (FDA) or the National Institutes of Health (NIH).

Scientific evidence from many sources, specialists with expertise related to the technology and outside consultants when applicable are used for the evaluation. The technology must demonstrate improvement in health outcomes or health risks, the benefit must outweigh any potential harm and it must be as beneficial as any established alternative. The technology must also be generally accepted as safe and effective by the medical community and not investigational. For help with new medication evaluations, the

Plan looks to our Pharmacy Benefit Manager, Express Scripts, for their expertise. For new behavioral health procedures, the Plan uses evaluations done by our Behavioral Health delegate, OptumHealth Behavioral Solutions of California (also known as Life Strategies). Once new technology is evaluated by the Plan, the appropriate VCHCP committee reviews and discusses the evaluation and makes a final decision on whether to approve or deny the new technology. This final decision may also determine if any new technology is appropriate for inclusion in the plan's benefit package in the future.

For any questions, please contact the VCHCP Utilization Management Department at (805) 981-5060.

For a full list of participating providers please see our website: vhealthcareplan.org/members/physicians.aspx or contact Member Services at **(805) 981-5050** or **(800) 600-8247**.

NEW TO THE NETWORK

180 Medical, a DME supplier, has been added effective February 2023.

Aashika Rafanan, N.P., a Nurse Practitioner at Insite Digestive Health Care in Camarillo and Oxnard, has been added effective December 2022.

Adnan Ameer, M.D., a Gastroenterologist at Island View Gastroenterology Associates in Ventura, has been added effective January 2023.

Alexis Nazzaro, R.D.N., a Registered Dietician Nutritionist at 360 Nutrition Consulting in Camarillo, has been added effective April 2023.

Angela Sepulveda Velez, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc in Newbury Park, has been added effective December 2022.

Emily Ewing, F.N.P., a Family Nurse Practitioner at Clinicas Del Camino Real Inc in Oxnard, has been added effective February 2023.

Erica Wall, P.A.-C., a Physician Assistant at Las Islas Family Medical Group North (VCMC) in Oxnard, has been added effective January 2023.

Jason Amurao, N.P., a Nurse Practitioner at Matthew L Bloom, DO PC in Ventura, has been added effective December 2022.

Katherine Katz, P.A.-C., a Physician Assistant at Ventura Orthopedic Medical Group in Oxnard, Simi Valley and Thousand Oaks, has been added effective February 2023.

Khristina Shad, P.A.-C., a Physician Assistant at Ventura Orthopedics Medical Group in Simi Valley and Thousand Oaks, has been added effective December 2022.

Lakshmanan Sivasundaram, M.D., an Orthopedic Surgeon at Ventura Orthopedics Medical Group in Simi Valley and Thousand Oaks, has been added effective April 2023.

Leon Partamian, M.D., an Ophthalmologist at Miramar Eye Specialists in Ventura, has been added effective February 2023.

Lindy Chavez, F.N.P., a Family Nurse Practitioner at Dignity Health Medical Group in Ventura, has been added effective November 2022.

Lisa Brand, M.D., a General Surgeon at L E Brand MD Corporation in Camarillo, has been added effective February 2023.

Margaret Clark, M.D., a Family Medicine physician at Las Islas Family Medical Group (VCMC) in Oxnard, has been added effective January 2023.

Maryam Atashbar, N.P., a Nurse Practitioner at Sierra Vista Family Medical Clinic (VCMC) in Simi Valley, has been added effective November, 2022.

National Ambulatory Surgery Center Camarillo, an outpatient surgical center in Camarillo, has been added effective February 2023.

Tarika Balyan, N.P., a Nurse Practitioner at Clinicas Del Camino Real Inc in Moorpark and E. Simi Valley, has been added effective December 2022.

Tatum Vedder, R.D.N., a Registered Dietician Nutritionist at 360 Nutrition Consulting in Camarillo, has been added effective December 2022.

LEAVING THE NETWORK

Anagha Suresh, M.D., a Pediatrician at Clinicas Del Camino Real Inc in Oxnard, has left effective April 2023.

Daniel Demirchyan, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc in East Simi Valley and Ojai, has left effective February 2023.

Daniel Farnsworth, D.O., a Family Medicine physician at Santa Paula Medical Clinic (VCMC) in Santa Paula, has left effective April 2023.

Jennifer Garcia, F.N.P., a Family Nurse Practitioner at Santa Paula West Medical Group & Pediatrics (VCMC) in Santa Paula, has left effective May 2023.

Jessica Jacobs, P.A.-C., a Physician Assistant at Anacapa Neurosurgery (VCMC) in Ventura, has left effective January 2023.

Jonathan Guinto, P.A.-C., a Physician Assistant at California Dermatology Institute in Thousand Oaks and Ventura, has left effective February 2022.

Judith Driscoll, N.P., a Nurse Practitioner at Coastal Pediatric Medical Group in Ventura, has left effective April 2022.

Lindsay Loft, N.P., a Nurse Practitioner at Anacapa Surgical Associates - Anacapa Plastics and Hand Reconstruction (VCMC) in Ventura, has left effective February 2023.

Liquiong Zhang, N.P., a Nurse Practitioner at Las Islas Family Medical Group North (VCMC) in Oxnard, has left effective February 2023.

Ramona Bahnam, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc in East Simi Valley, has left effective April 2023.

Robert Pereyra, M.D., a Vascular Surgeon at Anacapa Surgical Associates (VCMC) in Ventura, has left effective March 2023.

Sarah Ali, M.D., a Hematologist/Oncologist at the Adult Hematology/Oncology Clinic (VCMC) in Ventura, has left effective March 2023.

Sheetal Mehndiratta, D.O., a Family Medicine physician at Alta California Medical Group, has left effective September 2022.

Sohrab Pahlavan, M.D., an Orthopedic Surgeon at Ventura Orthopedics Medical Group in Camarillo, Simi Valley and Ventura, has left effective July 2023.

Stephen Covington, M.D., a Gastroenterologist at Island View Gastroenterology Associates in Ventura, has left effective November 2022.

Sukhpreet Walia, M.D., a Gastroenterologist at Insite Digestive Health Care in Camarillo and Oxnard, has left effective January 2023.

Tamir Keshen, M.D., a Pediatric Surgeon at Anacapa Surgical Associates (VCMC) in Ventura, has left effective December, 2022.

Wesley Schooler, M.D., a Plastic Surgeon in Santa Barbara, has left effective February 2023.

William Greene, M.D., a Pediatrician at Community Pediatrics Medical Group in Moorpark and Westlake Village, has left effective August 2022.

Zeena Al-Tai, M.D., a Family Medicine physician at Clinicas Del Camino Real Inc in East Simi Valley, Fillmore and Ventura, has left effective April 2023.

CHANGES

Apex Infusion Pharmacy has added a new location in Camarillo, effective February 2023.

West Coast Vascular in Oxnard and Ventura are no longer a practicing Group. They are now called Pacific Cardiovascular & Vein Institute, effective February 2023. Locations remain the same.

Autism Spectrum Disorder:

Ventura County Health Care Plan's Autism Case Management Program

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects communication, behavior, and social interaction. According to the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network, about 1 in 44 8-year-old children have been identified with ASD.

At Ventura County Health Care Plan, we recognize the importance of providing support to individuals and families affected by ASD. That's why we offer our Autism Case Management Program for all members identified with Autism. This program is designed to provide personalized support and resources to our members with ASD.

We understand that managing the care of individuals with ASD can be complex and challenging. Our Autism Case Management Program is staffed with care managers who have specialized training and experience in working with individuals with ASD. Our care managers work closely with our members, their families, and their providers to develop individualized care plans that address the unique needs of each member.

We encourage all health plan providers to refer their members identified with Autism to our Autism Case Management Program. If you haven't already done so, please refer all members identified with Autism, including members new to your practice, to our program.

Referring members to our Autism Case Management Program is easy. You can refer members online at vhealthcareplan.org/members/requestAssistanceForm.aspx, or by calling **(805) 981-5060**.

We believe that by working together, we can provide the best possible care and support to our members with ASD. Thank you for your partnership and for your commitment to improving the lives of our members.



PROVIDER SATISFACTION

Survey

THE PROVIDER SATISFACTION SURVEY,

administered by SPH Analytics, is designed to measure your satisfaction with the Ventura County Health Care Plan (VCHCP), as well as your satisfaction with other plans you may participate in.

Currently Underway



VCHCP values the opinion of our providers. Your continued participation and feedback helps us determine which areas of service have the greatest affect on the overall satisfaction with our plan. In addition, it helps us identify and target areas in need of improvement.

We will continue to evaluate this information on an annual basis, and improve your experience with the plan, as well as the quality of care provided to our members.

We encourage you to complete and return the survey ASAP and thank you for your time.

Pharmacy Updates

The following is a list of additions and deletions for the Ventura County Health Care Plan's formulary recently approved by the Plan's Pharmacy & Therapeutics Committee. Additional information regarding the National Preferred Formulary is available thru Express Scripts (ESI).

Note: The Plan's Drug Policies, updated Step Therapy and Drug Quantity Limits can also be accessed at: vhealthcareplan.org/members/programs/countyEmployees.aspx



Formulary Additions: 4Q-2022

NEW GENERICS

Brand Name for First Generic	Chemical (HICL) Name
DALIRESP	ROFLUMILAST 500 MCG TABLET ROFLUMILAST 250 MCG TABLET
DIVIGEL	ESTRADIOL 0.1% (0.25MG) GEL PK ESTRADIOL 0.1% (0.5MG) GEL PKT ESTRADIOL 0.1% (0.75MG) GEL PK ESTRADIOL 0.1% (1 MG) GEL PKT ESTRADIOL 0.1% (1.25MG) GEL PK
GILENYA	FINGOLIMOD 0.5 MG CAPSULE
SUPREP	SOD SUL-POTASS SUL-MAG SUL SOL
TAZORAC	TAZAROTENE 0.05% GEL TAZAROTENE 0.1% GEL
TIMOPTIC	TIMOLOL MALEATE 0.25% EYE DROP
VASCEPA	ICOSAPENT ETHYL 500 MG CAPSULE

LINE EXTENSIONS - NEW DOSAGE FORMS/STRENGTHS

Review Comments	Chemical (HICL) Name
New Strength; New Dose Form	BORTEZOMIB 3.5 MG/1.4 ML VIAL
New Strength; New Dose Form	IMBRUVICA 70 MG/ML SUSPENSION
New Dose Form	MENVEO 1 VIAL-A-C-Y-W-135-DIP
New Strength	ORKAMBI 75-94 MG GRANULE PKT

NEW AND EXISTING BRANDS/CHEMICALS

Review Comments	Chemical (HICL) Name
Existing Product Review	MENVEO A-C-Y-W KIT (2 VIALS)
New Brand; New Chemical Entity/Combination	SPEVIGO 450 MG/7.5 ML VIAL

Formulary Removals: 4Q-2022

MULTISOURCE BRAND REMOVALS

Review Comments	Chemical (HICL) Name	NPF Preferred Alternative
MSB Removals	ALIMTA 100 MG VIAL ALIMTA 500 MG VIAL	pemetrexed disodium
MSB Removals	GILENYA 0.5 MG CAPSULE	fingolimod hcl
MSB Removals	SELZENTRY 150 MG TABLET SELZENTRY 300 MG TABLET	maraviroc

Formulary Removals: 4Q-2022

EXCLUSION LIST ADDITIONS: 4Q-2022

Review Comments	Chemical (HICL) Name	NPF Preferred Alternative
New Strength	ALLOPURINOL 200 MG TABLET	allopurinol (generic)
New Brand; New Chemical Entity/Combination	AUVELITY ER 45-105 MG TABLET	bupropion, citalopram (generic), duloxetine, paroxetine, sertraline (generic), venlafaxine, FETZIMA
New Chemical Entity/Combination; New Brand	CIMERLI 0.3 MG/0.05 ML VIAL CIMERLI 0.5 MG/0.05 ML VIAL	EYLEA
New Strength; New Dose Form	CLONIDINE HCL ER 0.17 MG TAB	clonidine patches, clonidine tablets (generic)
New Brand; New Chemical Entity/Combination	ENTADFI 5-5 MG CAPSULE	finasteride 5mg, tadalafil 5mg
New Chemical Entity/Combination; New Brand	FYLNETRA 6 MG/0.6 ML SYRINGE	FULPHILA, ZIEXTENZO
New Strength; New Dose Form	HYDROCORT-PRAMOXINE 25-18 MG	hydrocortisone ac suppositories, hydrocortisone-pramoxine cream (generic)
New Brand	INSULIN DEGLUDEC 100 UNIT/ML	LEVEMIR, SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA
New Brand	INSULIN DEGLUDEC PEN (U-100)	LEVEMIR FLEXTOUCH, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
New Brand	INSULIN DEGLUDEC PEN (U-200)	LEVEMIR FLEXTOUCH, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-200
New Brand; New Strength	KYZATREX 100 MG CAPSULE KYZATREX 150 MG CAPSULE KYZATREX 200 MG CAPSULE	testosterone (topical, generic), ANDRODERM
New Brand	LEVAMLODIPINE 2.5 MG TABLET	amlodipine besylate, felodipine er, nifedipine er, nisoldipine
New Strength	METHOCARBAMOL 1,000 MG TABLET	methocarbamol (generic)
New Brand; New Strength; New Dose Form	PHEBURANE PELLET	sodium phenylbutyrate, RAVICTI
New Strength	PIRFENIDONE 534 MG TABLET	pirfenidone tablets (generic), OFEV
New Dose Form	QUETIAPINE 150 MG TABLET	betamethasone valerate, clobetasol emollient, cyclosporine, dexamethasone, fluocinonide, methotrexate, prednisone
Contract Update	ROXYBOND 5 MG TABLET ROXYBOND 15 MG TABLET ROXYBOND 30 MG TABLET	oxycodone hcl
New Brand; New Strength; New Dose Form	TADLIQ 20 MG/5 ML SUSPENSION	sildenafil, tadalafil (alt product chapter = MISCELLANEOUS PULMONARY AGENTS)
New Brand; New Chemical Entity/Combination	VTAMA 1% CREAM	betamethasone valerate, calcipotriene, clobetasol emollient, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR
New Brand	ZONISADE 100 MG/5 ML ORAL SUSP	zonisamide capsules

Formulary Removals: 4Q-2022 - continued

EXCLUSION LIST REMOVALS: 4Q-2022

Review Comments	Product Name	NPF Preferred Alternative
Exclusion List Update- Product is obsolete	ACIPHEX SPRINKLE DR 10 MG CAP ACIPHEX SPRINKLE DR 5 MG CAP	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole sodium
Contract Update	ANNOVERA VAGINAL RING	drospirenone-ethinyl estradiol, eluryng, etonorgestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane
Contract Update	BREXAFEMME 150 MG TABLET	fluconazole
Exclusion List Update- Product is obsolete	BYNFEZIA 2,500 MCG/ML PEN	octreotide acetate
Exclusion List Update- Product is obsolete	DUTOPROL 100-12.5 MG TABLET DUTOPROL 25-12.5 MG TABLET DUTOPROL 50-12.5 MG TABLET	metoprolol-hctz, hctz, metoprolol succinate
Exclusion List Update- Product is obsolete	EPIDUO 0.1-2.5% GEL PUMP	adapalene-benzoyl peroxide
Exclusion List Update- Product is obsolete	ESTROSTEP FE-28 TABLET	tri-legest fe, tilia fe
Exclusion List Update- Product is obsolete	GOLYTELY PACKET	gavilyte-g, peg 3350-electrolyte
Exclusion List Update- Product is obsolete	HELIDAC THERAPY PACK	lansoprazol-amoxicil-clarithro,TALICIA
Exclusion List Update- Product is obsolete	NASONEX 50 MCG NASAL SPRAY	mometasone furoate
Exclusion List Update- Product is obsolete	PAZEO 0.7% EYE DROPS	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
Exclusion List Update- Product is obsolete	ZOHYDRO ER 10 MG CAPSULE ZOHYDRO ER 15 MG CAPSULE ZOHYDRO ER 20 MG CAPSULE ZOHYDRO ER 30 MG CAPSULE ZOHYDRO ER 40 MG CAPSULE ZOHYDRO ER 50 MG CAPSULE	hydrocodone bitartrate er
Exclusion List Update- Product is obsolete	ZOMIG ZMT 2.5 MG TABLET ZOMIG ZMT 5 MG TABLET	zolmitriptan odt

2023 National Preferred Formulary Exclusions

Excluded medications are not covered by the National Preferred Formulary beginning January 1, 2023, unless otherwise noted. Please note that members filling prescriptions for one of these excluded drugs may pay the full retail price. Please discuss the alternative preferred medications with your patients and provide a new prescription for one that you feel is right for the patient.

To access the list of National Preferred Formulary Exclusions, please visit our website at vhealthcareplan.org/members/programs/docs/NationalPreferredFormularyExclusions.pdf

2023 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 1, 2023, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

SINGLE-SOURCE BRAND EXCLUSIONS

Drug Class	Excluded Medications	Preferred Alternatives
Cataplexy Treatment	XYREM	SODIUM OXYBATE, XYWAV
Central Nervous System Stimulants	METHYLPHENIDATE ER 45 MG & 63 MG*, METHYLPHENIDATE ER 72 MG, RELEXII ER 45 MG & 63 MG*, RELEXXI ER 72 MG	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine-amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE
Metabolic Agents	RAVICTI	sodium phenylbutyrate, PHEBURANE
Exclusion List Update- Product is obsolete	sodium phenylbutyrate, PHEBURANE	octreotide acetate
Ophthalmic Agents - Vascular Endothelial Growth Inhibitors	LUCENTIS	BYOOVIZ, CIMERLI
Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER*, FLOVENT DISKUS~, FLOVENT HFA~, FLUTICASONE PROPIONATE HFA*, PULMICORT FLEXHALER*	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER

MULTI-SOURCE BRAND EXCLUSIONS

The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

APTENSIO XR	GILENYA	
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VENTURA COUNTY
HEALTH CARE PLAN

A Department of Ventura County Health Care Agency

2220 E. Gonzales Road, Suite 210-B

Oxnard, CA 93036

