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

The CCHP P&T committee met on 3/4/2021. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-April 2021****

Updates/Announcements:

1. Fee-For-Service Medi-Cal Carve-Out (Medi-Cal Rx) has been delayed indefinitely:

The Department of Health Care Services (DHCS) is delaying the planned Go-Live date of April 1, 2021, for Medi-Cal Rx because of the need to review new conflict avoidance protocols submitted by Magellan Health, Inc. (Magellan), the project's contracted vendor. In January 2021, Centene Corporation announced that it plans to acquire Magellan. Centene operates – through subsidiaries – managed care plans and pharmacies that participate in Medi-Cal. This transaction was unexpected and requires additional time for exploration of acceptable conflict avoidance protocols to ensure that there will be acceptable firewalls between the corporate entities to protect the pharmacy claims data of all Medi-Cal beneficiaries, and to protect other proprietary information. DHCS anticipates providing further information in May.

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:	Cosentyx (secukinumab)
Modified PA criteria:	benralizumab (Fasenra), dupilumab (Dupixent) and meprolizumab (Nucala) Cystic Fibrosis Agents (Pulmozyme, TOBI, Kalydeco) ESA Agents

	<p>evolocumab (Repatha)</p> <p>Antifibrotic Respiratory Tract Agents (Ofev, Esbriet)</p> <p>omalizumab (Xolair)</p> <p>Pulmonary Arterial Hypertension Agents</p>
<p>ADDED to the CCHP formulary:</p>	<p>Entresto (sacubitril-valsartan) quantity limit #60 per 30 days for all strengths</p> <p>baclofen 5mg oral tablet with quantity limits #90 per 30days</p> <p>clindamycin 75 mg/5 mL oral solution is no longer restricted by age</p> <p>prasugrel 5 mg, 10 mg tablet quantity limit #30 per 30 days</p> <p>fosinopril 10 mg, 20 mg and 40 mg tablet</p> <p>quinapril 5 mg, 10 mg and 20 mg tablet</p> <p>trandolapril 1 mg, 2 mg and 4 mg tablet</p> <p>telmisartan 20 mg, 40 mg and 80 mg tablet</p> <p>quinapril- hydrochlorothiazide 10 mg-12.5 mg, 20 mg-12.5 mg and 20 mg-25 mg tablet</p> <p>clopidogrel 300 mg tablet Quantity Limit #2 per 30 days</p>
<p>Removed from CCHP formulary:</p>	<p>carbidopa- levodopa- entacapone (Stalevo) 37.5mg- 150mg- 200mg, 25mg- 100mg- 200mg, 12.5mg- 50mg- 200mg tablets</p> <p>benzotropine injection solution</p> <p>eptifibatide IV solution</p> <p>Aggrastat IV</p> <p>papaverine injection solution</p> <p>enalaprilat IV solution</p> <p>trandopril-verapamil 2mg- 180mg ER, 1mg- 240mg, 2mg- 240mg, 4mg- 240mg tablet</p> <p>epoprostenol IV solution</p> <p>treprostinil IV solution</p> <p>Veletri IV solution</p>

- **Newly Established criteria for Cosentyx (secukinumab)**: requires a trial and failure of Enbrel and Humira for all indications. (Topical therapeutics, systemic DMARDs, and/or NSAID may also be required, which is dependent on indication)
- **Modification of criteria for benralizumab (Fasenra), dupilumab (Dupixent), meprolizumab (Nucala)**: consolidation of criteria. Dupixent will no longer require systemic therapy for atopic dermatitis
- **Modification of criteria for Cystic Fibrosis Agents (Pulmozyme, TOBI, Kalydeco)**: remove requirements for labs such as FEV1, liver transaminase level, bilirubin
- **Modification of criteria for ESA Agents**: Update lab requirements according to ASCO guidelines
- **Modification of criteria for evolocumab (Repatha)**: requires trial and failure of ezetimibe
- **Modification of criteria for Antifibrotic Respiratory Tract Agents (Ofev, Esbriet)**: New criteria for new indications such as Chronic Fibrosing ILDS with progressive phenotype
- **Modification of criteria for omalizumab (Xolair)**: Immunotherapy no longer required; New criteria for nasal polyps requires trial and failure of corticosteroids and saline irrigations
- **Modification of criteria for Pulmonary Arterial Hypertension Agents**: consolidation of criteria. Pregnancy tests and documentation of medical records no longer needed

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:
 - Open the Epocrates application on your mobile device.
 - Click on the “formulary” button on the home screen.
 - Click “add new formulary” button on the bottom of the screen.

▪ Use the search box to locate “Contra Costa Health Plan” Medi-Cal or Commercial formulary. Click on each formulary that you would like to add, and then click the “add formulary” button.

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 x1, 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 joseph.cardinalli@cchealth.org
