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Provider Issue Briefing

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

The CCHP P&T committee met on 1/5/2018. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-February 2018****

The committee reviewed the following changes to the formatting and layout of the Preferred Drug List (PDL) as required by CMS and DHCS regulation:

- **Creation of tier levels:**
  - Recent regulatory changes require CCHP to assign tier levels to all drugs on the formulary. After much internal discussion, the health plan decided to go with a 3 tier structure as seen below:

Definition of Status

Icon	Status	Definition
T1	Preferred	Preferred Medication
T2	Preferred with Restriction	Preferred Medication with Restriction
T3	Non-Preferred	Non-Preferred Medication - Prior Authorization is Required
!	Non-Formulary	Non-Formulary

  - **Tier 1 drugs** are listed with a green 'T1' icon, and are covered without additional restrictions (most medications are still limited to a 90 day supply, and may have dollar limits).
  - **Tier 2 drugs** are listed with a blue 'T2' icon, and are covered with utilization limits (may include quantity limits, step therapy, gender limits, age limits, code 1 restrictions, etc.).
  - **Tier 3 drugs** are listed with an orange 'T3' icon, and will require prior authorization.
  - **Non-formulary drugs** are listed with a red 'exclamation point' icon, and will generally require prior authorization.
  - **NOTES:**
    - Creation of tier levels on the CCHP PDL does not change any coding related to copays or covered drug benefits - this change is simply semantics.
    - Drugs that are not listed on the PDL or on the online searchable formulary are considered non-formulary and will require prior authorization.
- **New PDL template:**
  - The layout of the PDL will be changed as of February 2018 to allow for more consistent updates. A sneak peek at the updated format is below:

Vitamins		
calcitriol oral	T1	
cholecalciferol (vitamin d3) oral drops 400 unit/ml	T2	QL (100 ML per 30 days)
cyanocobalamin (vitamin b-12) injection	T1	
MULTI-VITAMINS WITH IRON	T1	
phytonadione (vitamin k1) injection	T1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	T2	QL (1 EA per 1 day)

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 section below):	
Changes Made	**Drug Name**
Created new PA criteria:	Xolair (omalizumab) Jublia (efinaconazole) Xeljanz (tofacitinib) Latuda (lurasidone) Myrbetriq (mirabegron) Sklice (ivermectin topical) Malathion topical
Modified PA criteria:	Accolate (zafirlukast) Jardiance (empagliflozin) Synjardy (empagliflozin/metformin) Lyrica (pregabalin) Exelon Patch (rivastigmine) Entresto (sacubitril/valsartan) Qsymia (phentermine/topiramate) Contrave (naltrexone/bupropion) Strattera (atomoxetine)
Removed PA criteria (added to the formulary):	Vaseretic (enalapril/HCTZ) Lotrel (amlodipine/benazepril) Tiazac (diltiazem CR)
Removed from the CCHP formulary:	Lindane topical (zero utilization)

The committee approved the following changes to the Preferred Drug List (PDL) and/or Prior Authorization (PA) criteria:

- **Creation of new criteria for Xolair (omalizumab) for chronic idiopathic urticaria:**
  - Criteria for Xolair for chronic idiopathic urticaria will now require the prescription to be written by a dermatologist, allergist, or immunologist, member must be at least 12 years of age, and have tried and failed at least one H1 antihistamine, at least one systemic glucocorticoid, at least one H2 antagonist, and at least one leukotriene antagonist.
- **Creation of new criteria for Jublia (efinaconazole):**
  - Criteria for Jublia will now require that the prescription be written by a dermatologist or podiatrist, a diagnosis of onychomycosis (confirmed by KOH preparation, fungal culture, or nail biopsy), trial and failure or intolerance to oral terbinafine for 12 weeks, then trial and failure of itraconazole and topical ciclopirox (both for 12 weeks).
- **Creation of new criteria for Xeljanz (tofacitinib):**
  - Criteria for Xeljanz will now require that the prescription be written by a rheumatologist, that the member is at least 18 years of age, and a trial and failure of methotrexate, Enbrel, and Humira.
- **Creation of new criteria for Latuda (lurasidone) for commercial plan members:**
  - Criteria for the treatment of schizophrenia: member must be 13 years of age or older, must have a diagnosis of schizophrenia, and a trial and failure of at least 3 formulary atypical antipsychotic agents.
  - Criteria for the treatment of Bipolar 1 acute depression: member must be at least 18 years of age, must have a diagnosis of bipolar 1 disorder with acute depression, and a trial and failure of at least 2 formulary atypical antipsychotic agents.
  - This drug remains a carve-out for all Medi-Cal members.
- **Creation of new criteria for Myrbetriq (mirabegron):**
  - Criteria for Myrbetriq will now require clinical documentation showing a diagnosis of overactive bladder with urge incontinence, and trial and failure of oxybutynin and tolterodine.

- **Creation of new criteria for Sklice (ivermectin):**
  - Criteria for Sklice will now require that the member is at least 6 months of age, and trial and failure of topical Nix and Rid OTC within the past 90 days (trial and failure must include a re-application of the preferred agents after 7 days).
- **Creation of new criteria for topical malathion:**
  - Criteria for malathion will now require that the member is at least 6 years of age, and trial and failure of topical Nix and Rid OTC within the past 90 days (trial and failure must include a re-application of the preferred agents after 7 days).
- **Modification of the Accolate (zafirlukast) criteria:**
  - Criteria for this drug now requires trial and failure of generic Singulair (montelukast).
- **Modification of the Jardiance (empagliflozin) criteria:**
  - Criteria for this drug will require step therapy with metformin and a trial and failure of preferred agent Invokana (canagliflozin) OR submission of rationale why Jardiance must be used instead of Invokana (such as increased risk of amputation).
- **Modification of the Synjardy (empagliflozin/metformin) criteria:**
  - Criteria for this drug will require step therapy with metformin and a trial and failure of preferred agent Invokamet (canagliflozin/metformin) OR submission of rationale why Synjardy must be used instead of Invokamet (such as increased risk of amputation).
- **Modification of the Lyrica (pregabalin) criteria:**
  - Addition of 'neuropathic pain, spinal cord associated' indication to the criteria as an FDA approved use of this medication.
- **Modification of the Exelon (rivastigmine) Patch criteria:**
  - Criteria for this drug now requires trial and failure of donepezil (including ODT donepezil) and memantine followed by 2nd line agent rivastigmine capsules.
- **Modification of the Entresto (sacubitril/valsartan) criteria:**
  - Criteria will now require members to be clinically diagnosed with chronic heart failure (NYHA Class II-IV) with a reduced ejection fraction ($\leq$40%), and must have tried and found to be tolerant of an ACE-I or ARB. Tolerability will be defined as at least a 4 week trial (of any dose) in the past 90 days.
- **Modification of Qsymia (phentermine/topiramate) weight loss criteria:**
  - Requirement to use constituent components will be removed. All members will be required to try and fail both phentermine and orlistat prior to approval.
- **Modification of Contrave (naltrexone/bupropion) weight loss criteria:**
  - Requirement to use constituent components will be removed. All members will be required to try and fail both phentermine and orlistat prior to approval.
- **Modification of the Strattera (atomoxetine) criteria:**
  - Criteria for this drug requires trial and failure of at least 2 preferred formulary stimulant products. Updates state that approval may be granted without trial and failure of stimulant agents if the member (or any other individual within the member's household) has a history of substance abuse.
- **Addition of generic enalapril/HCTZ (Vaseretic) to the formulary:**
  - Prior authorization criteria for generic Vaseretic has been retired, and this product has been added to the formulary with tier 1 status.
- **Addition of generic amlodipine/benazepril (Lotrel) to the formulary:**
  - Prior authorization criteria for generic Lotrel has been retired, and this product has been added to the formulary with tier 1 status.
- **Addition of generic diltiazem CR (Tiazac) to the formulary:**

- Prior authorization criteria for generic Tiazac has been retired, and this product has been added to the formulary with tier 1 status.

- **Removal of Lindane topical from the formulary:**
  - This drug has been banned from use in California for safety reasons such as carcinogenic risk and neurotoxicity.

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