CONTRA COSTA HEALTH PLAN 595 Center Avenue Suite 100 Martinez, CA 94553 925.313.6000 Date: July 2018

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

The CCHP P&T committee met on 7/6/2018. Updates from the meeting are outlined below:

Changes to the PDL will be effective by mid-August 2018

Updates/Announcements:

- 1) <u>Shingrix</u> (shingles vaccine): CCHP has added Shingrix to the formulary effective immediately. For further details, please read the full Shingrix article in this bulletin.
- 2) <u>Hepatitis C Criteria Update</u>: The Department of Health Care Services (DHCS) has updated their criteria for approval of Hepatitis C medications to align with the American Association for the Study of Liver Disease guidelines. The new criteria will authorize Hepatitis C treatment for all Medi-Cal members who are at least 12 years of age with a diagnosis of chronic Hepatitis C infection (without regard to fibrosis level or co-morbidity), excepting those with a life expectancy less than 12 months.
- 3) Opiate containing cough & cold preparations age limitations: On January 11, 2018, the FDA issued a drug safety communication on labeling changes for prescription opioid cough and cold medicines. The FDA has increased the age for these medications to at least 18 years due to elevated risk of misuse, abuse, overdose, and death in children younger than 18. Effective Immediately, CCHP has added an age limit of 18 years to codeine and hydrocodone containing combination cough & cold products (such as promethazine with codeine, guaifenesin with codeine, Tussionex, etc.).

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>	Drug Name
Created new PA criteria:	Daliresp (roflumilast)
	Pazeo (olopatadine)
	Pennsaid (diclofenac)
	Onfi (clobazam)
	Belsomra (suvorexant)
Modified PA criteria:	Topical Testosterone
	Pataday (olopatadine)
Added to the CCHP formulary):	Differin OTC (adapalene)
	Firvanq (vancomycin oral solution)
	Vancocin (vancomycin capsules)
	Metaglip (metformin/glipizide)
	Glucovance (metformin/glyburide)
	Personal Best Peak flow meter
	Shingrix (shingles vaccine)
Removed from the CCHP formulary:	Soma (carisoprodol)

Creation of new criteria for Daliresp (roflumilast):

- Criteria for Daliresp will require a diagnosis of severe COPD/chronic bronchitis, and a history of exacerbations with continued worsening despite current therapy with LABA, ICS and LAMA.
- Creation of new criteria for Pazeo (olopatadine 0.7% ophthalmic):
 - Criteria for Pazeo will require a diagnosis of allergic conjunctivitis and a trial and failure of ketotifen, cromolyn, Patanol, and Pataday.

• Creation of new criteria for Pennsaid (diclofenac 2% topical):

 Criteria for Pennsaid will require a diagnosis of osteoarthritis of the knee and a trial and failure of at least 2 formulary oral NSAIDs, topical 1% diclofenac, topical 1.5% diclofenac, and medical necessity determination by the CCHP medical director.

• Creation of new criteria for Onfi (clobazam):

Criteria for Onfi will require that the member is at least 2 years of age with a definitive diagnosis
of Lennox Gastaut Syndrome, must be currently receiving treatment with at least 1 other
antiepileptic medication in combination with Onfi, and a trial and failure of at least 1 of the
following: valproic acid, topiramate, lamotrigine, felbamate, or rufinamide.

• Creation of new criteria for Belsomra (suvorexant):

 Criteria for Belsomra will require that the member is at least 18 years of age with a diagnosis of insomnia, and a trial and failure of zolpidem, eszopiclone, zaleplon, and zolpidem ER.

Modification of criteria for testosterone therapy:

Injectable testosterone (cypionate or enanthate) are still the preferred formulary agents. Topical agents such as Androderm (patch) and Androgel (gel) are available through the PA process, and will require trial and failure of injectable testosterone OR documented clinical reason why injectable formulation can't be used (such as extreme needle phobia, etc.).

• Modification of criteria for Pataday (olopatadine ophthalmic):

Criteria for Pataday will require trial and failure of ketotifen, cromolyn, and Patanol.

Addition of Personal Best Peak Flow Meter to the formulary:

No prior authorization required – limited to #1 peak flow meter per member per 180 days.

Addition of metformin/sulfonylurea combination products to the formulary:

 No prior authorization required – Metaglip (metformin/glipizide) & Glucovance (metformin/glyburide) added to the formulary with tier 1 status.

Addition of oral vancomycin to the formulary:

 No prior authorization required – Firvanq (vancomycin 25mg/mL solution) and Vancocin (vancomycin 125mg and 250mg oral capsules) added to the formulary with tier 1 status.

• Addition of Differin OTC (adapalene 0.1% topical gel) to the formulary:

 No prior authorization required – Differin OTC added to the formulary with tier 2 status. Limited to members <40 years of age, and limited to 15gm per 30 days.

Addition of Shingrix (shingles vaccine) to the formulary:

 No prior authorization required – Shingrix added to the formulary with tier 2 status. Limited to members >50 years of age, and limited to 2 injections per lifetime.

Removal of Soma (carisoprodol) from the CCHP formulary:

- Due to marked potential for abuse, and safety concerns regarding synergistic adverse effects when used with opiates (such as respiratory depression), <u>Soma will be completely removed</u> from the CCHP formulary on 1/1/2019.
 - Effective immediately, Soma will no longer be covered for new-start members ("new start" is defined as not having filled a Soma prescription within the past 60 days).
 - Members currently taking Soma will be notified via letter by CCHP that this medication will no longer be covered as of 1/1/19, and that they will need to work with their provider to formulate a taper plan.
 - CCHP will begin provider education & outreach immediately.
 - Preferred formulary alternatives to Soma include: baclofen, cyclobenzaprine, methocarbamol, and tizanidine.



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
- e epocrates
- 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 gold-support@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

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