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Provider Issue Briefing

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

The CCHP P&T committee met on 10/12/2018. Updates from the meeting are outlined below:
****Changes to the PDL will be effective by mid-November 2018****

Updates/Announcements:

1) Vaccines: CCHP has added Vivotif (oral typhoid vaccine), Typhim (injectable typhoid vaccine) and VaxChora (cholera vaccine) to the formulary with age and quantity limits. YF-Vax (yellow fever vaccine) and Ixiaro (Japanese encephalitis vaccine) have also been added to the formulary with PA requirements.
2) Biosimilar Products Update: A biosimilar product is a biological product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product. The committee has tasked CCHP with reaching out to invested MD specialists in the RMC and CPN networks to obtain feedback regarding requiring biosimilar usage as preferred formulary products. The committee also decided to allow the approval criteria of innovator products to be used as the approval criteria for the biosimilar product.
3) Blood Pressure Monitors: CCHP has had blood pressure monitors as a pharmacy benefit since December 2016. Since that time, almost 2400 blood pressure monitors have been provided to members. The current formulary monitor has a wide range cuff that fits arms between 9”-17” in circumference. CCHP has identified a potential gap in that a member with an arm circumference larger than 17” is not able to use the available formulary meter. The P&T committee has approved the addition of a blood pressure monitor with an extra-large cuff to the formulary. However, at this time, no local network pharmacies carry a blood pressure monitor with an extra-large cuff in their retail stores. CCHP will continue to pursue options that will allow the addition of a blood pressure monitor with an extra-large cuff to the formulary that is readily accessible to members.

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):

Changes Made	Drug Name
Created new PA criteria:	Breo Ellipta (fluticasone furoate/vilanterol) Rhopressa (netarsudil) Urea 40% cream Aimovig (erenumab) Finacea (azelaic acid) Butrans (buprenorphine)
Modified PA criteria:	Vesicare (solifenacin succinate) Enablex (darifenacin hydrobromide) Sanctura XR (trospium chloride) Detrol LA (tolterodine) Lovaza (omega-3 ethyl esters) Striant (testosterone buccal) Xeljanz (tofacitinib) Stelara (ustekinumab) Otezla (ampremilast)

	Simponi (golimumab) Enbrel (etanercept) Humira (adalimumab) Remicade (infliximab)
Added to the CCHP formulary:	Vivotif (oral typhoid vaccine) Typhim (typhoid vaccine) YF-Vax (yellow fever vaccine)-PA required Ixiaro (Japanese encephalitis vaccine)-PA required VaxChora (cholera vaccine) Calcium carbonate/vit D3 250/125, 600/200, 600/400, 600/800, 1000/800 Fish Oil 1000 mg (300 mg) capsules Urea 20% cream
Removed from the CCHP formulary:	Methitest (methyltesosterone)

- **Creation of new criteria for Breo Ellipta (fluticasone furoate/vilanterol):**
  - Criteria for Breo Ellipta with a diagnosis of asthma requires trial and failure of Symbicort or Dulera. Criteria for Breo Ellipta with a diagnosis of COPD requires trial and failure of Symbicort.
- **Creation of new criteria for Rhopressa (netarsudil 0.02% ophthalmic):**
  - Criteria for Rhopressa will require a diagnosis of open-angle glaucoma or ocular hypertension and a trial and failure or contraindication to at least 2 other medications used for reducing IOP such as latanoprost, timolol, brimonidine, pilocarpine or dorzolamide.
- **Creation of new criteria for Urea 40% topical cream:**
  - Criteria for urea 40% cream will require trial and failure of urea 20 % cream.
- **Creation of new criteria for Aimovig (erenumab):**
  - Criteria for Aimovig requires that the medication is prescribed by a neurologist or headache specialist, a diagnosis of chronic or episodic migraines and adequate trial (≥ 2 months) and failure, or inadequate response to 3 preventative agents including: amitriptyline, nortriptyline, metoprolol, propranolol, topiramate, or valproate. Quantity Limit: 2 pack of 70mg auto-injectors per month.
- **Creation of new criteria for Finacea (azelaic acid):**
  - Criteria for Finacea will require that the medication is prescribed by a dermatologist and a trial and failure or intolerance to topical metronidazole.
- **Modification of criteria for Striant (testosterone buccal):**
  - Criteria for Striant will require trial and failure of injectable testosterone
- **Modification of criteria for Butrans (buprenorphine) patch for COMM members:**
  - Criteria for Butrans for COMM members will require a diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment AND a documented trial and failure or intolerance to at least three opioid or non-opioid formulary therapies such as oral NSAIDs, topical analgesics, corticosteroids and anticonvulsants. Quantity limit of #4 patches per 28 days
- **Modification of criteria for Vesicare (solifenacin):**
  - Criteria for Vesicare will require trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Enablex (darifenacin):**
  - Criteria for Enablex will require trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Sanctura XR (trospium ER):**
  - Criteria for Sanctura XR requires trial and failure of oxybutynin IR or ER AND tolterodine IR or ER.
- **Modification of criteria for Xeljanz (tofacitinib):**
  - Criteria for Xeljanz will require trial and failure of corticosteroids, azathioprine or 6MP AND an aminosalicylate AND Humira
- **Modification of criteria for Stelara (ustekinumab):**
  - Criteria for Stelara requires a diagnosis by a rheumatologist of psoriatic arthritis and requires a trial and failure to at least one NSAID and one of the following: methotrexate,

hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel and Humira. Crohn's disease criteria for Stelara requires a diagnosis of Crohn's disease by a gastroenterologist and a trial and failure to 2 of the following: corticosteroids, azathioprine or 6MP or methotrexate or an aminosalicylate AND Humira.

- **Modification of criteria for Otezla (ampremilast):**
  - Criteria for Otezla requires a diagnosis by a rheumatologist of psoriatic arthritis and requires a trial and failure to at least one NSAID and one of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel and Humira.
- **Modification of criteria for Simponi (golimumab):**
  - Criteria for Simponi for ankylosing spondylitis diagnosed by a rheumatologist will require trial and failure of at least one NSAID AND Humira AND Enbrel.
- **Modification of criteria for Enbrel (etanercept) and Humira (adalimumab):**
  - Modified criteria to remove requirement of tried a NSAID for rheumatoid arthritis indication.
- **Modification of criteria for Remicade (infliximab):**
  - Criteria for Remicade requires a diagnosis of psoriatic arthritis by a rheumatologist and a trial and failure of at least one NSAID AND a least two of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel AND Humira
- **Addition of Lovaza (omega-3 ethyl esters) to the formulary with step therapy:**
  - Requires step therapy with the trial and failure of fish oil 1000 mg in the past 30 days
- **Addition of Detrol LA (tolterodine ER) to the formulary with step therapy:**
  - No prior authorization required – requires step therapy of trial and failure of oxybutynin IR or ER
- **Addition of Fish oil (omega-3 fatty acids) 1000 mg (300 mg) to the formulary**
- **Addition of Calcium carbonate/vitamin D3 to the formulary**
- **Addition of urea 20% cream to the formulary**
- **Removal of Methitest (methyltestosterone) 10 mg tablets from the CCHP formulary**

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