

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

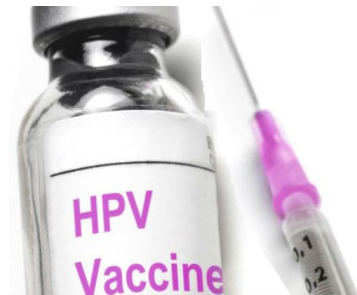
The CCHP P&T committee met on 9/19/2019. Updates from the meeting are outlined below:

**\*\*Changes to the PDL will be effective by mid-October 2019\*\***

### Updates/Announcements:

#### a. Human Papilloma Virus (HPV) Vaccine Update:

- The Advisory Committee on Immunization Practices (ACIP) recently endorsed an expanded age range for the use of Gardasil which was subsequently published in the CDC's Mortality and Morbidity Weekly Report (MMWR) on 8/16/19.
- **Recommendations for routine adolescent HPV vaccination have not changed, but the CDC now recommends catch-up vaccination for all persons through age 26, and a "shared clinical decision-making" process for adults aged 27-45.**
- What is "shared clinical decision-making"? For adults aged 27 through 45 years, the CDC acknowledges that the public health benefit of the HPV vaccination in this age range is likely minimal. Shared clinical decision-making means that patients should talk with their provider to determine if they would benefit from receiving the HPV vaccine. According to the CDC, specific talking points between patients and providers may include the following:
  - Ideally, the HPV vaccine should be given in early adolescence because vaccination is most effective before exposure to HPV through sexual activity.
  - For adults aged 27 through 45 years who are not adequately vaccinated, clinicians can consider discussing HPV vaccination with persons who are most likely to benefit.
  - Although new HPV infections are most commonly acquired in adolescence and young adulthood, some adults are at risk for acquiring new HPV infections. At any age, having a new sex partner is a risk factor for acquiring a new HPV infection.
  - Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.
  - Most sexually active adults have been exposed to some HPV types, although not necessarily all of the HPV types targeted by vaccination.
  - No clinical antibody test can determine whether a person is already immune or still susceptible to any given HPV type.
  - Vaccine effectiveness might be low among persons with risk factors for HPV infection or disease (e.g., adults with multiple lifetime sex partners and likely previous infection with vaccine-type HPV), as well as among persons with certain immune conditions.
  - HPV vaccines are prophylactic (i.e., they prevent new HPV infections). They do not prevent progression of HPV infection to disease, decrease time to clearance of HPV infection, or treat HPV-related disease.
  - HPV vaccination does not need to be discussed with most adults aged >26 years.
- CCHP has expanded the age range for members to receive the HPV vaccine through the the pharmacy benefit as seen below:



Drug Name	Formulary Status	Restrictions
Gardasil	Tier 2 preferred agent	Age limit 19- <b>45</b> , Quantity limit 3 fills per lifetime.
Gardasil 9	Tier 2 preferred agent	Age limit 19- <b>45</b> , Quantity limit 3 fills per lifetime.

<b>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):</b>	
<b><u>Changes Made</u></b>	<b><u>Drug Name</u></b>
Created new PA criteria:	n/a
Modified PA criteria:	Supartz, Hyalgan (intra-articular hyaluronic acid products) Colcrys (colchicine) Epi-pen (epinephrine auto injector)
ADDED to the CCHP formulary:	Humalog (insulin lispro) Humalog 75/25 & 50/50 (insulin lispro protamine/lispro) Proair (albuterol inhaler) Proventil (albuterol inhaler) Roxicodone (oxycodone IR) Symjepi (epinephrine syringe) Kytril (granisetron) Vigamox (moxifloxacin ophthalmic) Flonase Sensimist (fluticasone nasal) Rhinocort (budesonide nasal)
Items to be REMOVED from the CCHP formulary:	Apidra (insulin glulisine) **Notification letters to be sent to providers and members in late-September

- **Modification of criteria for Supartz, Hyalgan (intra-articular hyaluronic acid products):**
  - Effective immediately J7321 (Supartz, Hyalgan) is available without prior authorization. CCHP will no longer authorize requests for hyaluronic acid derivatives to be filled through the specialty pharmacy benefit (i.e. through Walgreens). If providers wish to administer hyaluronic acid to a CCHP member, then they MUST buy & bill, and submit claims through the medical benefit (using J7321). Please contact the CCHP pharmacy unit with any questions: 925-957-7260, extension 1.
- **Modification of criteria for Colcrys (colchicine):**
  - Generic colchicine remains available as a tier 2 product on the CCHP formulary with quantity limits. The previous quantity limit of #15 tablets per 60 days has been modified to #15 tablets per 30 days. Criteria for chronic daily use of colchicine will still require prior authorization, requiring prior trial and failure, or concurrent use of a formulary uric acid lowering agent (such as allopurinol).
- **Modification of criteria for Epi-pen (epinephrine auto injector):**
  - Both strengths of Epi-pen remain available as tier 2 products on the CCHP formulary with quantity limits. The previous quantity limit of #2 pens per 180 days has been modified to #4 pens per 180 days. Requests for larger quantities will need to go through the prior authorization process.
- **Addition of Humalog (insulin lispro) and Humalog 75/25 & 50/50 (insulin lispro protamine/insulin lispro) to the formulary:**
  - Vials and pens have been added to the formulary as tier 2 preferred agents for all CCHP members with a quantity limit of 3 vials or 2 boxes of pens per month.
- **Addition of generic albuterol products to the CCHP formulary (generic ProAir, Ventolin, and Proventil):**
  - All generic formulations of albuterol inhaler are now available on the formulary with equivalent status as tier 1 preferred agents for all CCHP members.
- **Addition of Roxicodone immediate-release (oxycodone IR) to the formulary:**
  - Generic oxycodone immediate release 5mg tablets have been added to the formulary as a tier 2 preferred agents for all CCHP members, with a strict quantity limit of #10 tablets per 5 days.

This formulary addition is intended to support the CCRMC ERAS (enhanced recovery after surgery) protocol, and should NOT be used for non-surgical patients.

- **Addition of Symjepi (epinephrine) to the formulary:**
  - All strengths have been added to the formulary as tier 2 preferred agents with quantity limits (equivalent status to Epi-pen) for all CCHP members. Quantity limit will be #4 syringes per 180 days. **Note:** Symjepi is NOT an epinephrine auto-injector – it requires patients to push a plunger similar to a traditional syringe.
- **Addition of Kytril (granisetron) to the formulary:**
  - 1mg tablets have been added to the formulary as tier 2 preferred agents with a quantity limit of #12 tablets per 30 days for all CCHP members.
- **Addition of Vigamox (moxifloxacin ophthalmic) to the formulary:**
  - Added to the formulary as a tier 1 preferred agent for all CCHP members.
- **Addition of Flonase Sensimist (fluticasone nasal) to the formulary:**
  - Added to the formulary as a tier 1 preferred agent for all CCHP members.
- **Addition of Rhinocort (budesonide nasal) to the formulary:**
  - Added to the formulary as tier 1 preferred agent for all CCHP members.
- **Removal of Apidra from the CCHP formulary:**
  - After proper provider and member notification has been completed, CCHP will be removing all Apidra products from the formulary. Humalog has been added to the formulary as a replacement product.

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**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](mailto:goldsupport@epocrates.com) or at (800)230-2150.

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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:

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P&T updates and DUR educational bulletins 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](mailto:cchp_pharmacy_director@hsd.cccounty.us)

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