



Provider Issue Briefing

CONTRA COSTA
HEALTH PLAN
595 Center Avenue
Suite 100
Martinez, CA 94553
925.313.6000
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Contra Costa Health Plan Pharmacy and Therapeutics Committee (P&T)

The CCHP P&T committee met on 12/5/2019. Updates from the meeting are outlined below:

****Changes to the PDL will be effective by mid-January 2020****

Updates/Announcements:

1. Walgreens Specialty Pharmacy:

It is our great pleasure to announce that we have selected Walgreens as our preferred specialty pharmacy provider. The Contra Costa Health Plan and Walgreens team is committed to helping you provide your patients with excellent care, including convenient and easy access to the specialty medications you prescribe. To refer Contra Costa Health Plan members to Walgreens, please contact Walgreens at the following dedicated local pharmacy, or simply e-prescribe specialty prescriptions directly to the below location:

Community, a Walgreens Pharmacy
Store No. 16477
3009 Broadway
Oakland, CA 94611
T: 510-285-0214 | F: 510-285-0215



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:	Fasenra (benralizumab) Nucala (mepolizumab) Vascepa (icosapent ethyl)
Modified PA criteria:	Recombinant Human Growth Hormone
ADDED to the CCHP formulary:	Malarone (atovaquone/proguanil) Advair Diskus (salmeterol/fluticasone) Boniva (ibandronate) Evista (raloxifene)

• Creation of new criteria for Fasenra (benralizumab):

- Prior authorization requests for Fasenra will be required to meet the following criteria for approval: member is at least 12 years of age AND has a diagnosis of eosinophilic phenotype asthma (as determined by an eosinophil count of ≥ 150 cells/micro-liter prior to initiation of therapy) AND there is a history of 2 or more severe asthma exacerbations requiring systemic corticosteroid treatment in the past 12 months AND there is documented inadequate control of asthma symptoms after a minimum of 3 months of compliant use of an ICS/LABA or ICS/LAMA.

• Creation of new criteria for Nucala (mepolizumab):

- Prior authorization requests for Nucala will be required to meet the following criteria for approval: member is at least 6 years of age AND has a diagnosis of eosinophilic phenotype asthma (as determined by an eosinophil count of ≥ 150 cells/micro-liter prior to initiation of therapy) AND there is a history of 2 or more severe asthma exacerbations requiring systemic corticosteroid treatment in the past 12 months AND there is documented inadequate control of asthma symptoms after a minimum of 3 months of compliant use of an ICS/LABA or ICS/LAMA.

- **Creation of new criteria for Vascepa (icosapent ethyl):**
 - Prior authorization requests for Vascepa will be required to meet the following criteria for approval: member is at least 18 years of age AND documentation shows that Vascepa is being used for secondary prevention AND laboratory values show moderate hypertriglyceridemia (at least 150mg/dL) AND member is currently taking highest tolerated dose of a high intensity statin AND documentation shows that the member has implemented lifestyle changes to decrease cardiovascular risk. Note: if the diagnosis is hypertriglyceridemia (primary prevention), then members must use preferred formulary agents including generic omega-3 fatty acids, Lovaza, and fibrates (such as gemfibrozil).
- **Modification of criteria for recombinant human growth hormone:**
 - Additional indications were added to the criteria, including Noonan Syndrome and SHOX mutation. Criteria for the new indications as well as Turner Syndrome and Prader-Willi Syndrome now require documentation showing the patient's epiphyses have not closed AND confirmation of the diagnosis by genetic testing (when appropriate) AND correct weight-based dosing. Additionally, the committee clarified that Idiopathic Short Stature (ISS) is not a covered indication. Specifically, CCHP does not consider ISS to be an illness, disease, or injury, and as such the diagnosis of ISS is not a covered plan benefit. Denials for this indication will clearly state that they are contractual-based, and not based on medical necessity.
- **Addition of Malarone (atovaqone/proguanil) to the CCHP formulary:**
 - Generic atovaqone/proguanil 62.5/25mg and 250/100mg tablets have been added to the formulary as a tier 2 product for all CCHP members. Members will be limited to 1 tablet per day and a total of 180 tablets per year.
- **Addition of Advair Diskus (salmeterol/fluticasone) to the CCHP formulary:**
 - Generic Advair Diskus 100/50mcg, 250/50mcg, and 500/50mcg have been added to the formulary as a tier 1 product for all CCHP members.
- **Addition of Boniva (ibandronate) to the CCHP formulary:**
 - Boniva 150mg tablets have been added to the formulary as a tier 2 product with a quantity limit of 1 tablet per month for all CCHP members.
- **Addition of Evista (raloxifene) to the CCHP formulary:**
 - Evista 60mg tablets have been added to the formulary as a tier 1 product for all CCHP members.

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 x2, 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
cchp_pharmacy_director@hsd.cccounty.us
