



# Provider Issue Briefing

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

The CCHP P&T committee met on 6/17/2022. Updates from the meeting are outlined below:

**\*\*Changes to the PDL will be effective by mid-July 2022\*\***

### Updates/Announcements:

#### 1. Medi-Cal Rx Reinstatement of Prescription Claims Edits:

Medi-Cal Rx is planning to start the phased reinstatement of prescription claims edits on 7/22/2022. This process will be done in waves and will begin with the turning on of the Drug Utilization Review reject codes 88 and 80. The next waves will be the promoting the adoption of Cover My Meds for prior authorizations and the reinstatement of prior authorization requirements for 11 drug classes for new start prescriptions. The next two phases of this project will include reinstatement of prior authorization requirements for 71 drug classes for new prescriptions and the eventual phasing out of the transition policy. DHCS has stated that there will be advance notice before these waves and phases go into effect. Please go to the DHCS Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/> or contact CCHP Pharmacy Department for more details.

### **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>	<u>Drug Name</u>
Created new PA criteria:	Insulin Glargine Infliximab biosimilars Filgrastim biosimilars Pegfilgrastim biosimilars
Modified PA criteria:	Orilissa (elagolix) CGRP Receptor Antagonists for Headache Prevention Freestyle Libre Reader and Sensor Ingrezza (valbenazine) Austedo (deutetrabenazine)
ADDED to the CCHP formulary:	Nexium (esomeprazole) Ambien CR (zolpidem ER) Potassium chloride ER 10 mEq capsules Renvela (sevelamer carbonate)
Removed from CCHP formulary:	Sodium polystyrene sulfonate products


- **Newly Established criteria for insulin glargine:** CCHP's preferred insulin glargine product is now insulin glargine-yfgn. Insulin glargine-yfgn will now be the formulary product (with a quantity limit) and pay without prior authorization. Brand name Lantus, Semglee and Basaglar will now require prior authorization.

- **Newly Established criteria for infliximab biosimilars:** CCHP's preferred infliximab products are now Avsola (infliximab) and Janssen branded infliximab. Brand name Remicade, Renflexis and Inflectra will now require trial and failure or inability to use of one the preferred infliximab products.
- **Newly Established criteria for filgrastim biosimilars:** CCHP's preferred filgrastim products are now Nivestym (filgrastim-aafi) and Releuko (filgrastim-avow). Brand name Neupogen, Zarxio and Granix will now require trial and failure or inability to use of one the preferred filgrastim products.
- **Newly Established criteria for pegfilgrastim biosimilars:** CCHP's preferred pegfilgrastim products are now Nyvepria (pegfilgrastim-apgf) and Ziextenzo (pegfilgrastim-bmez). Brand name Neulasta, Neulasta Onpro, Udenyca and Fulphila will now require trial and failure or inability to use of one the preferred pegfilgrastim products.
- **Modification of medical criteria for CGRP Receptor Antagonists for Headache Prevention:** CCHP's preferred CGRP Receptor Antagonist product is now Emgality (galcanezumab-gnlm). Other CGRP Receptor Antagonist such as Aimovig, Ajovy and Vyepti will now require trial and failure or inability to use Emgality (galcanezumab-gnlm).
- **Modification of medical criteria for Freestyle Libre Reader and Sensor:** removed requirement that member must be testing at least 4 times daily
- **Modification of criteria for Ingrezza (valbenzine) and Austedo (deutetrabenazine):** added additional strategies to manage a member's condition that meet requirements for prior authorization.

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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.

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 x1, 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  
[joseph.cardinalli@cchealth.org](mailto:joseph.cardinalli@cchealth.org)

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