Gold Coast Health Plan℠
A Public Entity

Pharmacy Newsletter

Q2 2023

APRIL 2023

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PN Q2 2023

The Pharmacy Newsletter is published quarterly for the provider community of Gold Coast Health Plan by the Communications Department.

Information in the Pharmacy Newsletter comes from a wide range of medical experts. If you have any questions regarding its content, please contact GCHP's Clinical Programs Pharmacist Lily Yip, at lyip@goldchp.org or 1-805-437-5873.

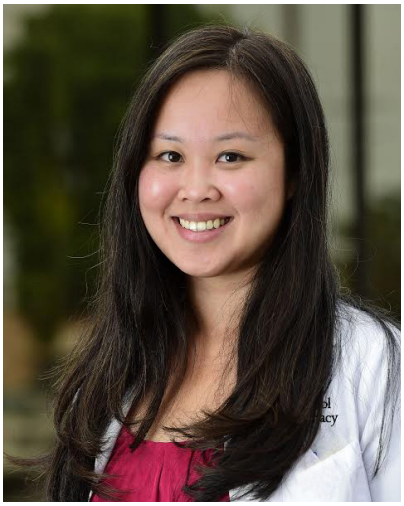
Clinical Programs Pharmacist
Lily Yip, Pharm.D.

Chief Medical Officer:
Felix Nuñez, MD

Editor-in-Chief:
Susana Enriquez-Euyoque

Copy Editor:
Calley Griffith

A Message from the Gold Coast Health Plan Clinical Programs Pharmacist



Lily Yip, Pharm.D., APh, CDCES, BCACP

Gold Coast Health Plan's (GCHP) Pharmacy Newsletter is designed to help providers stay current on updates related to the use of medications for GCHP members and to stay current with all the updates related to the pharmacy benefit which is now managed by Medi-Cal Rx.

Our goal is to equip providers with the information necessary to safely prescribe medications and to ensure members have access to all necessary pharmaceutical services through Medi-Cal Rx. We are available to help any members or provider as needed.

At GCHP, we know that our providers are interested in providing the best care possible to their patients and our members. We value the role you play in the well-being of our community.

If you have any questions, please feel free to contact me.

Sincerely,

Lily Yip, Pharm.D., APh, CDCES, BCACP
Clinical Programs Pharmacist

Medi-Cal Rx Updates

Updates on the Reinstatement of Prior Authorizations and Phasing Out of the Transition Policy for Medi-Cal Rx

Phase III of the transition began on March 24, 2023. During this phase, prior authorization (PA) requirements will be reinstated for all therapeutic drug classes except for enteral nutrition products. The state Department of Health Care Services (DHCS) has reported the following timeline for the end of the Transition Policy.

- **Phase III:** Series of transition lifts affecting beneficiaries 22 years of age and older from March 24, 2023, to June 23, 2023.
- **Phase IV:** Reinstating prior authorizations for beneficiaries 21 years of age and younger and all enteral nutrition products to begin no sooner than July 2023.

Phase III, Lift 1 began on March 24, 2023. This will retire the transition policy which allowed beneficiaries 22 years of age and older to continue their medications based on historical paid claims data or a grandfathered PA that was previously approved prior to Medi-Cal Rx. As of March 24, 2023, if a beneficiary needs to continue therapy for a medication that requires a PA in any of the drug classes identified below, it will require a new PA to be submitted or the provider may consider an alternative therapy that's covered in the Contract Drugs List (CDL). This will impact the following therapeutic drug classes:

Phase III, Lift 1 (P3/L1) Drug Classes		
Diuretics	Anti-Lipemic Agents	Hypoglycemics
Antihypertensives	Coronary Vasodilators	Cardiovascular Agents
Anticoagulants and Antiplatelets	Niacin, Vitamin B, and Vitamin C	Opioids
		Benzodiazepines

For an FAQ page related to the transition, click here. To view a Medi-Cal Rx webinar explaining the transition lift, click here.

Phase III, Lift 2 goes into effect on April 21, 2023, and includes the following drug classes:

Phase III, Lift 2 (P3/L2) Drug Classes		
Anti-Parkinson's	Dermatologic Agents	Thyroid Agents
Biologic Agents	Glucocorticoids and Corticotropins	Topical Anesthetic Agents
Contraceptives and Hormones	Ophthalmic, Nasal, and Otic Preparations	

For more details related to Phase III, Lift 2 that begins on April 21, 2023, please review the 30-Day Countdown – Phase III, Lift 2: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older on the Medi-Cal Rx website.

DHCS has enabled extended duration / multi-year PAs for up to five years for certain maintenance medications used for chronic conditions. Qualified prescriptions have been automatically extended. Click here for more information related to this change.

See How to Prepare for Retirement of the Transition Policy for more information. Check the Medi-Cal Rx Approved NDC List to determine if a medication requires a PA.

These changes will not affect beneficiaries under the age of 22 at this time. Reinstating PAs for beneficiaries 21 years of age and younger and all enteral nutrition products to begin no sooner than July 2023. For more information regarding the Medi-Cal Rx Reinstatement, please visit the Medi-Cal Rx Education & Outreach page.

General Medi-Cal Rx Information

All pharmacy claims and prior authorization requests should be submitted to Medi-Cal Rx. For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX**.

For assistance regarding a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273, send an email at MediCalRxEducationOutreach@magellanhealth.com or chat here. Agents are available 24 hours a day, seven days a week, 365 days per year.

To submit PAs or appeals for a pharmacy claim to Medi-Cal Rx, please fax 1-800-869-4325.

This information sheet contains all of the important information regarding how to submit a PA or an appeal for a pharmacy claim to Medi-Cal Rx.

You may also visit the Medi-Cal Rx Communications page for any upcoming bulletins and news.

Changes to the Contract Drugs List (CDL) for Medi-Cal Rx

Check the Medi-Cal Rx Contract Drugs List (CDL) on the Medi-Cal Rx Web Portal for the most recent changes to the prescription and over-the-counter drugs lists. Revisions and/or deletions are made on a monthly basis. Most recent changes made are effective March 1, 2023. Below is a list of the most recent changes to the Contract Drug List for Medi-Cal Rx. Please check the Medi-Cal Rx Contract Drugs List for the most up to date information.

Drug Name	Description	Effective Date
Budesonide EC	Added to CDL	Jan. 1, 2023
Cannabidiol	Added to CDL with restriction	Jan. 1, 2023
Citric Acid / Sodium Citrate	Added to CDL	Jan. 1, 2023
Futibatinib	Added to CDL with restriction	Jan. 1, 2023
Hydroxyprogesterone Caproate / PF	Updated with Code I restriction	Jan. 1, 2023
Lamotrigine ER	Additional strength (250 mg) added	Jan. 1, 2023
Liraglutide (Saxenda)	Added to CDL with restriction	Jan. 1, 2023
Mesalamine	Additional formulations (250 mg and 500 mg capsule ER, 4 gm/60 ml enema) added	Jan. 1, 2023
Mycophenolate Sodium	Added to CDL	Jan. 1, 2023
Naratriptan	Added to CDL	Jan. 1, 2023
Relugolix/Estradiol / Norethindrone Acetate	Added to CDL with restriction	Jan. 1, 2023
Semaglutide	Additional strength (8 mg/3 ml) added	Jan. 1, 2023
Semaglutide (Wegovy)	Added to CDL with restriction	Jan. 1, 2023
Teclistamab-cqyv	Added to CDL with restriction	Jan. 1, 2023
Tremelimumab-actl	Added to CDL with restriction	Jan. 1, 2023
Vit B Comp No. 3 / Folic / C / Biotin	Added to CDL with restriction	Jan. 1, 2023
Aminocaproic Acid	Added to CDL	Feb. 1, 2023

Drug Name	Description	Effective Date
Baclofen	Additional formulation (oral suspension) added with restriction	Feb. 1, 2023
Busulfan	Updated Code I restriction	Feb. 1, 2023
Caffeine Citrate	Added to CDL with restriction	Feb. 1, 2023
Carmustine	Additional strengths (50 mg/vial, 300 mg/vial) added	Feb. 1, 2023
Chlorambucil	Updated Code I restriction	Feb. 1, 2023
Cyclophosphamide	Additional strength (200 mg/vial) added	Feb. 1, 2023
Mycophenolate Mofetil	Additional formulation (tablet) added	Feb. 1, 2023
Olutasidenib	Added to CDL with restriction	Feb. 1, 2023
Pexidartinib	Additional strength (125 mg) added with restriction	Feb. 1, 2023
Rivaroxaban	Additional formulation (suspension) added with restriction	Feb. 1, 2023
Sotalol HCL	Additional formulations (oral solution) added with restriction	Feb. 1, 2023
Thioguanine	Updated Code I restriction	Feb.1, 2023
Valganciclovir	Additional formulation (oral solution) added, and Code I restriction removed	Feb. 1, 2023
Warfarin Sodium	Additional strength (6 mg) added	Feb. 1, 2023
DATA 2000 Waiver	Policy updated to remove requirement from medications used to treat opioid use disorder	Feb. 1, 2023
Colesevelam HCL	Removed Code I restriction	March 1, 2023
Esomeprazole Magnesium	Additional formulation (packets) added with restriction	March 1, 2023
Lansoprazole	Additional formulation (disintegrating tablets) added with restriction	March 1, 2023
Lenacapavir	Added to CDL with restriction	March 1, 2023
Mirabegron	Added to CDL	March 1, 2023
Mosunetuzumab-axgb	Added to CDL with restriction	March 1, 2023
Phenobarbital	Additional strength (64.8 mg) added	March 1, 2023
Remdesivir	Updated Code I restriction	March 1, 2023
Rizatriptan	Removed Code I restriction	March 1, 2023
Semaglutide	Additional strength (2 mg/3 ml) added	March 1, 2023
Sumatriptan	Removed Code I restriction	March 1, 2023
Sumatriptan Succinate	Removed Code I restriction	March 1, 2023

Diabetes Supplies Updates

Effective Jan. 1, 2023, the Medi-Cal Rx List of Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices has been updated on the Medi-Cal Rx Web Portal to add LifeScan, Inc. OneTouch® Verio Flex® Meter System; OneTouch Verio Reflect® Meter System; and OneTouch Verio Control Solution as covered blood glucose meters and supplies available as a Medi-Cal Rx benefit.

Find A Pharmacy

To find the nearest pharmacy where prescriptions can be picked up, use this tool. Medi-Cal members can now pick up their prescriptions at Costco Pharmacies. Costco membership is not required to access their pharmacy. Please review the DHCS press release here.

The Medi-Cal Rx Website contains the most accurate, up-to-date information related to prescription benefits. The website includes an overview and background information, frequently asked questions (FAQs), Bulletins & News, Contract Drugs List (CDL), Provider Manual and other helpful information. Please make sure to bookmark this website today and sign up for the Medi-Cal Rx Subscription Services.

For assistance regarding a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Agents are available 24 hours a day, seven days a week, 365 days a year.

For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX**.

For assistance regarding submitting a PA or appeals for a pharmacy claim to Medi-Cal Rx, please fax to 1-800-869-4325. If you need further assistance, please contact the GCHP Pharmacy Department at 1-805-437-5738 or email Pharmacy@goldchp.org.

Prior Authorization Tips

Before You Prescribe, Consider This

Patients frequently face challenges at the pharmacy when a prescription claim rejects because it's not covered, and the patient is unable to pay out of pocket for an unexpected pharmacy charge. This results in treatment delay. The most efficient way to prevent a disturbance or delay in a patient's care is to prescribe a medication that is covered by Medi-Cal Rx. Medi-Cal Rx publishes their covered products online for prescribers to review prior to writing a prescription to prevent delays in care.

Checking the Contract Drugs List (CDL)

The best way to determine if a medication will be covered before a patient faces challenges at the pharmacy is by first checking the Medi-Cal Rx Contract Drugs List in the Medi-Cal Rx Portal.

- Drugs are listed in alphabetical order first by category, then by generic name.
- For quickest search results, use the search feature by holding down "CTRL" and "F" keys together, then type the generic name in the search bar that appears.
- If the medication is listed on the CDL but has restrictions noted in the "code 1" column, you should document the required information on the prescription. **If the patient does not meet the code 1 restriction indicated on the CDL, a prior authorization (PA) will be required.**
- If a particular drug is not listed on the CDL, then a PA is required.

What To Do If a Prescribed Medication Is Not Covered

Consider switching to a covered alternative drug

If the drug you are prescribing is not listed on the CDL or will not meet code 1 requirements, consider switching to an alternative medication that is listed. Many drug classes include several medications that could prove to be just as effective in treating the same conditions. There is a great likelihood that if the one you are prescribing is not covered, another similar medication may be. It is worth noting that Medi-Cal Rx may require the use of a covered alternative before approving a PA request.

Request a PA

Switching to a covered alternative is not always the best option. If a PA is required for the preferred medication, it is best to be specific when submitting your request. Here are some recommendations to keep in mind when submitting the request:

- **Include the drug name, strength, directions, and quantity requested.** If the dosage and/or quantity is above the usual recommended amount, it is a good idea to document why a quantity or dose that is higher than recommended is required for treatment. Sometimes a medication will be approved on its own, based solely on the drug. But if the dose is higher than the plan maximum and/or U.S. Food and Drug Administration (FDA) approved dosage, a second PA may be required for the larger quantity or dose. Proactively documenting why a larger dose is required could eliminate the need for a second PA.
- **Include both the patient's ICD-10 diagnosis code AND the description of the code.** This will ensure there is no discrepancy or confusion when the PA is reviewed by Medi-Cal Rx.
- **Document prior treatment history with your request.** Include both prior drug and non-drug related therapies, dates of when they were tried and failed and the outcome of each therapy.
- **Specify prescriber rationale.** Indicate why this drug is preferred over covered alternatives. Has the patient experienced adverse effects, allergies, or other toxicities? If so, be sure to specify the treatment and adverse reaction(s) in your request.
- **Indicate continuation of therapy, if applicable.** If the patient is currently stable on the requested medication, be sure to document and provide the date the patient started using the drug and how discontinuing or changing the drug could be detrimental to the patient's health.

What To Do If a PA is Denied

- If the PA is denied, you can try to submit an appeal.
- Provider PA appeals are accepted via the Medi-Cal Rx Provider Portal, fax or mail (for more details, click here).
- Providers have 180 days to submit a PA appeal from the date of the initial denial.

For more information, please refer to the following:

- Medi-Cal Rx Prior Authorization Job Aid
- Prior Authorizations Appeals and Claim Appeals: A Reminder for Providers
- Reminder: Establishing Medical Necessity
- Medi-Cal Rx Contact Information

Guidelines for Diabetes Management

The American Diabetes Association (ADA) has published and updated the guidelines for diabetes management in the Standards of Care in Diabetes – 2023.

For helpful references to tables and figures regarding pharmacologic therapy in the Standards of Care in Diabetes – 2023, please see below:

Section 9 – Pharmacologic Approaches to Glycemic Treatment *(Diabetes Care. 2022;46(Supplement_1):S140-S157. doi:10.2337/dc23-S009)*

- Figure 9.1 – Choices of Insulin Regimens in People with Type 1 Diabetes.
- Table 9.1 – Examples of Subcutaneous Insulin Regimens.
- Figure 9.3 – Use of Glucose-Lowering Medications in the Management of Type 2 Diabetes.
- Table 9.2 – Medications for Lowering Glucose, Summary of Characteristics.
- Figure 9.4 – Intensifying to Injectable Therapies in Type 2 Diabetes.

Section 10 - Cardiovascular Disease and Risk Management *(Diabetes Care. 2022;46(Supplement_1):S158-S190. doi:10.2337/dc23-S010)*

- Figure 10.3 – Approach to Risk Reduction with SGLT2 Inhibitor or GLP-1 Receptor Agonist Therapy in Conjunction with Other Traditional, Guideline-Based Preventive Medical Therapies for Blood Pressure, Lipids, and Glycemia and Antiplatelet Therapy.

Section 14 - Children and Adolescents *(Diabetes Care. 2022;46(Supplement_1):S230-S253. doi:10.2337/dc23-S014)*

- Figure 14.1 – Management of New-onset Diabetes in Youth with Overweight or Obesity with Clinical Suspicion of Type 2 Diabetes.

Contract Drugs List (CDL) per Medi-Cal Rx

Here is a comprehensive list of all the pharmacologic agents that can be used in the management of diabetes. The ones that are marked with * indicate that a prior authorization (PA) is required to be reviewed for medical necessity by Medi-Cal Rx. If a medication is not listed on the CDL, the medication is currently not covered / preferred by Medi-Cal Rx. However, you can still try to submit a PA to justify medical necessity for approval, if appropriate.

To access the complete and most up-to-date Contract Drugs List, click here.

Therapeutic Drug Class	Generic Name (Brand Name)	Strength / Package Size
Biguanides	Metformin (Glucophage)	IR: 500 mg, 850 mg, 1000 mg ER: 500 mg, 750 mg, 1000 mg Solution, Oral: 100 mg/ml
Sulfonylureas	Glimepiride (Amaryl)	1 mg, 2 mg, 4 mg
	Glipizide (Glucotrol)	IR: 5 mg 10 mg ER: 2.5 mg, 5 mg, 10 mg
	Glyburide (Glynase)	IR: 1.25 mg, 2.5 mg, 5 mg Micronized: 1.5 mg, 3 mg, 6 mg
Thiazolidinedione	Pioglitazone (Actos)	15 mg, 30 mg, 45 mg

Therapeutic Drug Class	Generic Name (Brand Name)	Strength / Package Size
α-Glucosidase inhibitors	Acarbose (Precose)	25 mg, 50 mg, 100 mg
	Miglitol (Glyset)	25 mg, 50 mg, 100 mg
Meglitinides	Nateglinide (Starlix)	60 mg, 120 mg
	Repaglinide (Prandin)*	0.5 mg, 1 mg, 2 mg
DPP-4 Inhibitors	Alogliptin (Nesina)	6.25 mg, 12.5 mg, 25 mg
	Saxagliptin (Onglyza)	2.5 mg, 5 mg
	Linagliptin (Tradjenta)	5 mg
	Sitagliptin (Januvia)	25 mg, 50 mg, 100 mg
SGLT2 Inhibitors	Ertugliflozin (Steglatro)*	5 mg, 15 mg
	Dapagliflozin (Farxiga)	5 mg, 10 mg
	Canagliflozin (Invokana)*	100 mg, 300 mg
	Empagliflozin (Jardiance)	10 mg, 25 mg
GLP-1 Receptor Agonists	Exenatide extended release (Bydureon BCise)	2 mg/pen
	Exenatide (Byetta)	250mcg/ml, 1.2ml, 250mcg/ml, 2.4ml
	Dulaglutide (Trulicity)	0.75 mg/0.5 ml, 1.5 mg/0.5 ml, 3 mg/0.5 ml, 4.5 mg/0.5 ml
	Semaglutide (Ozempic)	0.25-0.5 mg/1.5 ml, 1 mg/1.5 ml, 1 mg/3 ml, 2 mg/3 ml, 8 mg/3 ml
	Semaglutide oral tab (Rybelsus)	3 mg, 7 mg, 14 mg
	Liraglutide (Victoza)	18 mg/3ml
GLP-1/GIP dual agonist	Tirzepatide (Mounjaro)*	2.5 mg/0.5 mL (0.5 mL); 5 mg/0.5 mL (0.5 mL); 7.5 mg/0.5 mL (0.5 mL); 10 mg/0.5 mL (0.5 mL); 12.5 mg/0.5 mL (0.5 mL); 15 mg/0.5 mL (0.5 mL)
Dopamine-2 agonist	Bromocriptine (Cycloset)*	0.8 mg
Amylin mimetic	Pramlintide (Symlin)	60 Pen injector: 1.5 ml 120 Pen injector: 2.7 ml
Combinations	Alogliptin / metformin HCL (Kazano)	12.5 mg/500 mg, 12.5 mg/1000 mg
	Alogliptin / pioglitazone (Oseni)	12.5 mg/15 mg, 12.5 mg/30 mg, 12.5 mg/45 mg, 25 mg/15 mg, 25 mg/30 mg, 25 mg/45 mg
	Dapagliflozin / metformin HCL ER (Xigduo XR)	5 mg/500 mg, 5 mg/1000 mg, 10 mg/500 mg, 10 mg/1000 mg
	Empagliflozin / linagliptin (Glyxambi)	10 mg/5 mg, 25 mg/5 mg
	Empagliflozin / linagliptin/metformin (Trijardy XR)	5mg/2.5mg/1000 mg, 10mg/5mg/1000 mg, 12.5mg/2.5mg/1000 mg, 25mg/5mg/1000 mg
	Empagliflozin/metformin (Synjardy, Synjardy XR)	IR: 5 mg/500 mg, 5 mg/1000 mg, 12.5 mg/500 mg, 12.5 mg/1000 mg ER: 5 mg/1000 mg, 10 mg/1000 mg, 12.5 mg/1000 mg, 25 mg/1000 mg

Therapeutic Drug Class	Generic Name (Brand Name)	Strength / Package Size
Combinations *(continued)*	Glipizide/metformin HCL (Metaglip)	2.5 mg/250 mg, 2.5 mg/500 mg, 5 mg/500 mg
	Glyburide / metformin HCL (Glucovance)	1.25 mg/250 mg, 2.5 mg/500 mg, 5 mg/500 mg
	Linagliptin / metformin HCL (Jentadueto, Jentadueto XR)	IR: 2.5 mg/500 mg, 2.5 mg/850 mg, 2.5 mg/1000 mg ER: 2.5 mg/1000 mg, 5 mg/1000 mg
	Pioglitazone / glimepiride (Duetact)	30 mg/2 mg, 30 mg/4 mg
	Pioglitazone / metformin HCL (Actoplus Met, Actoplus Met XR)	15 mg/500 mg, 15 mg/850 mg
	Saxagliptin / metformin HCL (Kombiglyze XR)	2.5 mg /1,000 mg, 5 mg/500 mg, 5 mg /1,000 mg
	Sitagliptin / metformin HCL (Janumet, Janumet XR)	IR: 50 mg/500 mg, 50 mg/1000 mg ER:50 mg/500 mg, 50 mg/1000 mg, 100 mg/1000 mg
Insulin	Injection, concentrated, USP (rDNA Origin) regular (Humulin R U-500)	500 units/ml, 20 ml
	Insulin Glargine (rDNA Origin) (Lantus)	Injection: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Glargine-YFGN (Semglee)	Vial: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Aspart (Novolog)	Cartridge: 100 units/ml, 3 ml x 5 Injection: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Aspart (niacinamide) (Fiasp)	Cartridge: 100 units/ml, 3 ml x 5 Injection: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Aspart Protamine Suspension / Insulin Aspart, (rDNA Origin) (Novolog Mix)	Injection: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Degludec (Tresiba)	Injection: 100 units/ml Prefilled pen: 100 units/ml, 3 ml x 5 or 200 units/ml, 3 ml x 3
	Insulin Detemir (rDNA Origin) (Levemir)	Injection: 100 units/ml Prefilled pen: 100 units/ml, 3 ml x 5

Therapeutic Drug Class	Generic Name (Brand Name)	Strength / Package Size
Insulin *(continued)*	Insulin Lispro (rDNA Origin) (Humalog)	Cartridge: 100 units/ml, 3 ml x 5 Injection: 100 units/ml, 3ml or 10 ml Prefilled pen: 100 units/ml, 3 ml x 5
	Insulin Lispro Protamine / Insulin Lispro (rDNA Origin) (Humalog Mix)	Injection: 100 units/ml, 10 ml Prefilled pen: 100 units/ml, 3 ml x 5

Pharmacologic Agents Used to Treat Hypoglycemia

Therapeutic Drug Class	Generic Name (Brand Name)	Strength / Package Size
Hypoglycemia Antidote	Glucagon (R-DNA Origin) (Glucagon Emergency Kit)	1 mg/vial
	Glucagon (synthetic) • Baqsimi (nasal powder) • Gvoke (prefilled auto-injector, prefilled syringe) • GlucaGen HypoKit	Nasal Powder: 3 mg Prefilled Auto-Injector: 0.5 mg/0.1ml, 1.0 mg/0.2 ml Prefilled Syringe: 0.5 mg/0.1 ml, 1.0 mg/0.2 ml Single-dose vial / syringe kit: 1 mg/0.2 ml
	Dasiglucagon HCL (Zegalogue)	0.6 mg/0.6 ml

Note: The CDL is subject to change at any time. Medi-Cal Rx typically makes updates at the beginning of every month.

FDA Alerts

FDA New Drug Approvals

This information is a list of new drugs approved by the FDA. This is only a subset of all drugs that were approved and include all first-time approvals and any other significant drug approvals. Click here to access the FDA's website.

Brand Name	Generic Name	Dosage Form	Summary of Indication and Mechanism of Action
DOCETAXEL	*Docetaxel*	Injectable	Indicated for: • Breast Cancer (BC) • Non-small Cell Lung Cancer (NSCLC • Castration-Resistant Prostate Cancer (CRPC) • Gastric Adenocarcinoma (GC) • Squamous Cell Carcinoma of the Head and Neck (SCCHN)
JYLAMVO	*Methotrexate*	Oral solution	Indicated for the: • Treatment of adults with acute lymphoblastic leukemia (ALL) as part of a combination chemotherapy maintenance regimen. • Treatment of adults with mycosis fungoides. • Treatment of adults with relapsed or refractory Non-Hodgkin lymphoma as part of a metronomic combination regimen. • Treatment of adults with rheumatoid arthritis. • Treatment of adults with severe psoriasis.
REZLIDHIA (RIGEL PHARMS INC)	*Olutasidenib*	Oral capsule	Indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible IDH1 mutation as detected by an FDA-approved test.
TASCENSO ODT (CYCLE)	*Fingolimod lauryl sulfate*	Oral disintegrating tablet	Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in patients 10 years of age and older.
KRAZATI	*Adagrasib*	Oral tablet	Indicated for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC).
IYUZEH	*Latanoprost*	Ophthalmic solution	Indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.

Brand Name	Generic Name	Dosage Form	Summary of Indication and Mechanism of Action
IDACIO	*Adalimumab-aacf*	Subcutaneous injectable	Indicated for: • Rheumatoid Arthritis (RA) • Juvenile Idiopathic Arthritis (JIA) • Psoriatic Arthritis (PsA) • Ankylosing Spondylitis (AS) • Crohn's Disease (CD) • Ulcerative Colitis (UC) • Plaque Psoriasis (Ps)
OLPRUVA	*Sodium phenylbutyrate*	Oral suspension	Indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients weighing 20 kg or greater and with a body surface area (BSA) of 1.2 m2 or greater, with urea cycle disorders (UCDs) involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC), or argininosuccinic acid synthetase (AS).
SUNLENCA	*Lenacapavir sodium*	Subcutaneous solution	Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.
SUNLENCA	*Lenacapavir sodium*	Oral tablet	Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.
LUNSUMIO	*Mosunetuzumab-axgb*	Injection	Indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.
XENOVIEW	*Xenon xe-129 hyperpolarized*	Inhalation gas	Indicated for use with magnetic resonance imaging (MRI) for evaluation of lung ventilation in adults and pediatric patients 12 years of age and older.
NEXOBRID	*Anacaulase-bcdb*	Topical gel	Indicated for eschar removal, in adults with deep partial thickness and/or full thickness thermal burns.
BRIUMVI	*Ublituximab-xiiy*	Injectable	Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Brand Name	Generic Name	Dosage Form	Summary of Indication and Mechanism of Action
AIRSUPRA	*Albuterol sulfate; budesonide*	Metered inhalation aerosol	Indicated for the as-needed treatment or prevention of bronchoconstriction and to reduce the risk of exacerbations in patients with asthma 18 years of age and older.
RYKINDO	*Risperidone*	Extended release intramuscular suspension	Indicated for the treatment of schizophrenia in adults.
BRENZAVVY	*Bexagliflozin*	Oral tablet	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
JAYPIRCA	*Pirtobrutinib*	Oral tablet	Indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.
ORSERDU	*Elacestrant dihydrochloride*	Oral tablet	Indicated for treatment of postmenopausal women or adult men, with ER-positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.
TECHNETIUM TC 99M MERTIATIDE KIT	*Technetium tc-99m mertiatide kit*	Intravenous powder	The product is a diagnostic aid in providing renal function, split function, renal angiograms, and renogram curves for whole kidney and renal cortex.

Brand Name	Generic Name	Dosage Form	Summary of Indication and Mechanism of Action
ATORVALIQ	*Atorvastatin calcium*	Oral suspension	Indicated to reduce the risk of: • Myocardial infarction (MI), stroke, revascularization procedures, and angina in adults with multiple risk factors for coronary heart disease (CHD) but without clinically evident CHD. • MI and stroke in adults with type 2 diabetes mellitus with multiple risk factors for CHD but without clinically evident CHD. Non-fatal MI, fatal and non-fatal stroke, revascularization procedures, hospitalization for congestive heart failure (CHF), and angina in adults with clinically evident CHD. As an adjunct to diet to reduce low-density lipoprotein (LDL-C) in Adults with primary hyperlipidemia. Adults and pediatric patients 10 years of age and older with heterozygous familial hypercholesterolemia (hefh). • An adjunct to other LDL-C lowering therapies to reduce LDL-C in adults and pediatric patients 10 years of age and older with homozygous familial hypercholesterolemia. • As an adjunct to diet for the treatment of adults with Primary Dysbetalipoproteinemia or Hypertriglyceridemia.
JESDUVROQ	*Daprodustat*	Oral tablet	Indicated for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least four months.
LAMZEDE	*Velmanase alfa-tycv*	Powder, for injection	Indicated for the treatment of non-central nervous system manifestations of alpha-mannosidosis in adult and pediatric patients.
AUSTEDO XR	*Deutetrabenzine*	Extended release oral tablet	Indicated in adults for the treatment of: • Chorea associated with Huntington's disease. • Tardive dyskinesia.
FILSPARI	*Sparsentan*	Oral tablet	Indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (igan) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥1.5 g/g.

Brand Name	Generic Name	Dosage Form	Summary of Indication and Mechanism of Action
PREVDUO	*Neostigmine methylsulfate and glycopyrrolate*	Injection	Indicated in patients 2 years of age and older for the reversal of the effects of non-depolarizing neuromuscular blocking agents (NMBAs) after surgery, while decreasing the peripheral muscarinic effects (e.g., bradycardia and excessive secretions) associated with cholinesterase inhibition following NMBA reversal administration.
SKYCLARYS	*Omaveloxolone*	Oral capsule	Indicated for the treatment of Friedreich's ataxia in adults and adolescents aged 16 years and older.
SYFOVRE	*Pegcetacoplan*	Intravitreal injection	Indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

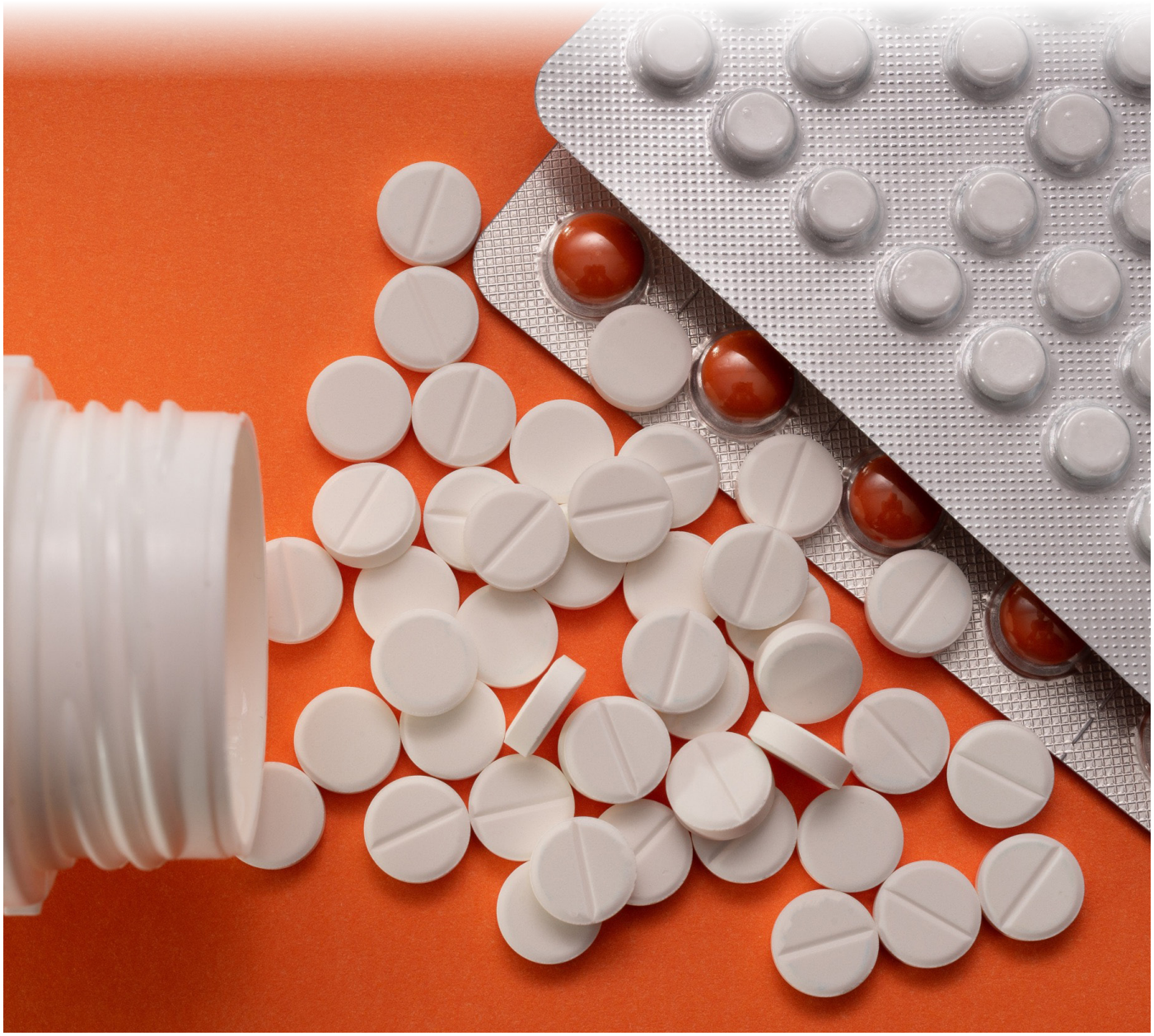
FDA Safety Labeling Changes

This section includes new safety labeling changes or updated boxed warnings or contraindications. Click here to access this information on the FDA's website.

Drug	Type of Change	Change
VORICONAZOLE	Contraindications	• Coadministration of Voriconazole for injection with rifampin, carbamazepine, long-acting barbiturates and St. John's Wort is contraindicated because these drugs are likely to decrease plasma voriconazole concentrations significantly. • Coadministration of Voriconazole for injection with lurasidone is contraindicated since it may result in significant increases in lurasidone exposure and the potential for serious adverse reactions.
LOESTRIN 21 1.5/30 LOESTRIN 21 1/20 LOESTRIN 24 FE LOESTRIN FE 1.5/30 LOESTRIN FE 1/20 *(ethinyl estradiol; norethindrone acetate)*	Contraindications	Oral contraceptives are contraindicated in women who currently have the following conditions: • Thrombophlebitis or thromboembolic disorders. • A past history of deep vein thrombophlebitis or thromboembolic disorders. • Cerebral vascular or coronary artery disease. • Current diagnosis of, or history of, breast cancer, which may be hormone sensitive. • Carcinoma of the endometrium or other known or suspected estrogen-dependent neoplasia.
CAPASTAT SULFATE *(capreomycin sulfate)*	Boxed Warning	The use of CAPASTAT® SULFATE may be associated with worse clinical outcomes (i.e., decreased effectiveness and increased mortality) compared with other parenteral therapy for pulmonary multidrug-resistant tuberculosis (MDR-TB). In patients who require parenteral treatment for pulmonary MDR-TB, reserve CAPASTAT® SULFATE for those with resistance to injectable aminoglycosides and limited treatment options.
CRESTOR *(rosuvastatin calcium)*	Contraindications	CRESTOR is contraindicated in the acute liver failure or decompensated cirrhosis.

Drug	Type of Change	Change
LOSEASONIQUE SEASONALE SEASONIQUE *(ethinyl estradiol; levonorgestrel)*	Contraindications	Ethinyl estradiol; levonorgestrel is contraindicated in females who are known to have or develop a high risk of arterial or venous thrombotic diseases. Examples include females who are known to: • Smoke, if over age 35. • Have current or history of deep vein thrombosis or pulmonary embolism. • Have cerebrovascular disease. • Have coronary artery disease. • Have thrombogenic valvular or thrombogenic rhythm diseases of the heart (for example, subacute bacterial endocarditis with valvular disease, or atrial fibrillation). • Have inherited or acquired hypercoagulopathies. • Have uncontrolled hypertension or hypertension with vascular disease. • Have diabetes mellitus and are over 35 years of age, diabetes mellitus with hypertension or with vascular disease or other end-organ damage, or diabetes mellitus of > 20 years duration. • Have headaches with focal neurological symptoms, migraine headaches with aura, or over age 35 with any migraine headaches. • Current diagnosis of, or history of, breast cancer, which may be hormone sensitive. • Liver tumors, acute viral hepatitis, or severe (decompensated) cirrhosis. • Undiagnosed abnormal uterine bleeding. • Use of Hepatitis C drug combinations containing ombitasvir / paritaprevir / ritonavir, with or dasabuvir, due to the potential for ALT elevations.
UBRELVY *(ubrogepant)*	Contraindications	UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors.
VESANOID *(tretinoin)*	Boxed Warning	**WARNING: EMBRYO-FETAL TOXICITY and DIFFERENTIATION SYNDROME** • VESANOID can cause embryo-fetal loss and malformations when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Females of reproductive potential must have a negative pregnancy test before initiating VESANOID. Advise females of reproductive potential to use two effective methods of contraception during treatment with VESANOID and for one month after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with VESANOID and for one week after the last dose. • Differentiation Syndrome, which can be life-threatening or fatal, occurred in about 26% of patients with APL who received VESANOID. At first signs or symptoms of this syndrome, immediately initiate high-dose corticosteroid therapy and hemodynamic monitoring until resolution of signs and symptoms. Consider withholding VESANOID for moderate and severe Differentiation Syndrome until resolution.

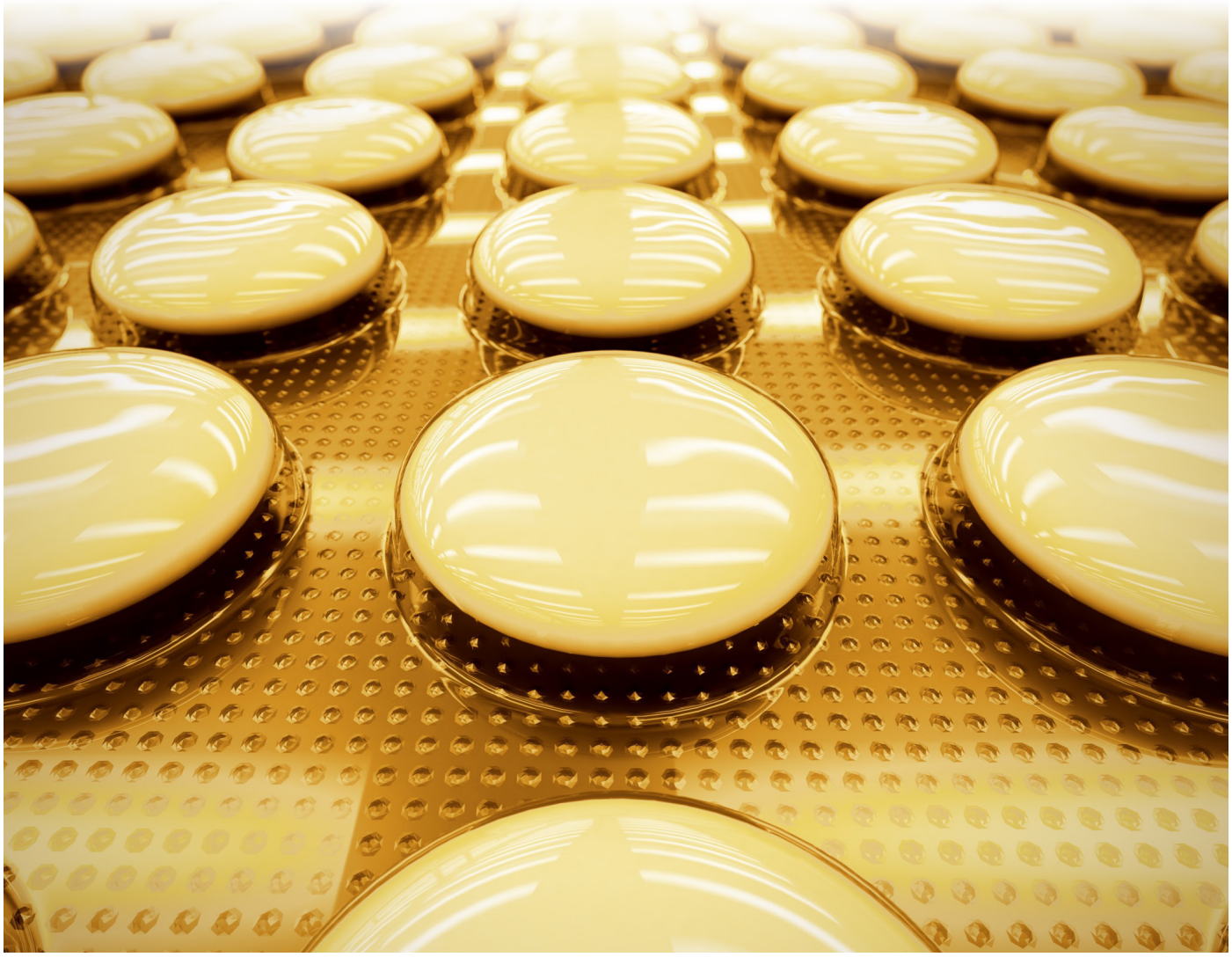
Drug	Type of Change	Change
APRETUDE *(cabotegravir)*	Contraindications	APRETUDE is contraindicated in individuals: • With unknown or positive HIV-1 status. • With previous hypersensitivity reaction to cabotegravir. • Receiving the following co-administered drugs for which significant decreases in cabotegravir plasma concentrations may occur due to uridine diphosphate glucuronosyltransferase (UGT)1A1 enzyme induction, which may result in reduced effectiveness: » Anticonvulsants: Carbamazepine, oxcarbazepine, phenobarbital, phenytoin » Antimycobacterials: Rifampin, rifapentine



Drug Shortages

This section documents drug shortages that were updated in the past 30 days that affect the prescription benefit for GCHP. Click here to access this information on the ASHP Resource Center's website.

Drug Product	Affected Manufacturers	Summary
Quinapril Tablets	Lupin Pfizer Solco	• Lupin discontinued quinapril tablets in September 2022. • Pfizer has all Accupril presentations on back order due to a manufacturing delay. • Solco has temporarily discontinued all quinapril tablet presentations.
Xifaxan 200 mg oral tablet	Bausch Health	Bausch Health has Xifaxan 200 mg tablets on long-term back order and the company cannot estimate a release date.



Drug Recalls

This section contains a list of recently recalled drugs and/or medical devices, as reported by the FDA. This is only a subset of all drugs that were recalled over the past three months. Visit the FDA Drug Recalls page for additional details and up to date information.

Drug / Device	Affected Manufacturers
Freestyle Libre Family of Readers	April 3, 2023 – Abbott initiated a voluntary medical device correction in February to emphasize instructions for its FreeStyle Libre®, FreeStyle Libre® 14-day and FreeStyle Libre® 2 Readers in the U.S. due to a limited number of reports worldwide (0.0017%) from users over several years that their reader's lithium-ion battery swelled, infrequently overheated or, in very rare cases, sparked or caught fire. No Readers are being physically recalled and customers can continue to use their Readers with the Abbott-provided USB cable and power adapter. The steps outlined below and at www.FreeStyleBattery.com provide guidance on how to properly store, charge and use a Reader and its accompanying USB cable and power adapter.
Atovaquone Oral Suspension 750mg/5mL	March 13, 2023 – Piscataway, NJ, Camber Pharmaceuticals, Inc. is voluntarily recalling lot # E220182 of Atovaquone Oral Suspension, USP 750mg/5mL to the Consumer / User level, due to the potential Bacillus cereus contamination in the product.
Dabigatran Etexilate Capsules, USP	March 22, 2023 – Parsippany. New Jersey. Ascend Laboratories LLC. is voluntarily recalling Dabigatran Etexilate Capsules. USP 75 mg and 150 mg to the consumer / user level due to the presence of a nitrosamine. N-nitroso-dabigatran, above the established Acceptable Daily Intake (ADI) level. To date, Ascend Laboratories LLC., has not received any reports of adverse events related to this recall. For a list of product lots that are subjected to this recall, click here for more information.
Brimonidine Tartrate Ophthalmic Solution, 0.15%	March 1, 2023 – Weston, Florida, Apotex Corp., with the knowledge of the US FDA, is initiating a voluntary recall at the Consumer level for six lots of Brimonidine Tartrate Ophthalmic Solution, 0.15% specified below. This recall is being initiated out of an abundance of caution due to cracks that have developed in some of the units' caps of Brimonidine tartrate ophthalmic solution bottles. There is a possibility the broken cap may impact sterility and if so, the possibility of adverse events. For a list of product lots that are subjected to this recall, click here for more information.
TIROSINT®-SOL	Jan. 1, 2023 – IBSA Pharma Inc. is voluntarily recalling 27 lots of TIROSINT®-SOL (levothyroxine sodium) Oral Solution to the consumer level. This voluntary recall has been initiated because these lots may be subpotent. The company's analyses show a slight decrease below 95.0% of its labeled amount in levothyroxine sodium (T4) for some lots. **This recall does not apply to TIROSINT® (levothyroxine sodium) capsules.** For a list of product lots that are subjected to this recall, click here for more information.

Gold Coast Health Plan℠
A Public Entity

Pharmacy Newsletter

Q2 2023

APRIL 2023

For additional information, contact the
Pharmacy Department at 1-805-437-5738.
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org