Gold Coast Health Plan℠
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Pharmacy Newsletter

Q2 2024

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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 Director of Pharmacy Services Lily Yip, at lyip@goldchp.org or 1-805-437-5873.

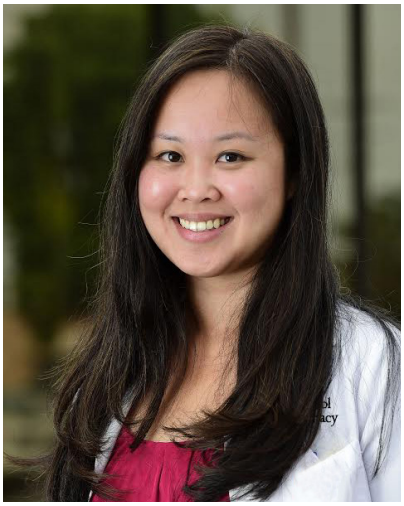
Director of Pharmacy Services
Lily Yip, Pharm.D.

Chief Medical Officer:
Felix Nuñez, MD

Editor-in-Chief:
Susana Enriquez-Euyoque

Copy Editor:
Calley Griffith

A Message from the Gold Coast Health Plan Director of Pharmacy Services



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
Director of Pharmacy Services

Medi-Cal Rx Updates

Prime Therapeutics acquired Magellan Rx in 2023. As a result, there has been a migration of Medi-Cal Rx applications to the new Prime Therapeutics platforms. As of March 25, 2024, all Magellan Medicaid Administration (MMA) Medi-Cal Rx email addresses have transitioned to the Prime Therapeutics domain "@primetherapeutics.com." The updated Medi-Cal Rx Education and Outreach Inbox is now MediCalRxEducationOutreach@primetherapeutics.com.

Medi-Cal Rx - Updated Drug Lookup Tool

The Drug Lookup Tool located on the Medi-Cal Rx website has been updated to be more user friendly. You can now use this tool to look up drugs by brand or generic, and it will list the National Drug Code (NDC) and all dosages available in the marketplace. You can also use this tool to determine if a prior authorization (PA) is required or if there are any Code 1 restrictions. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, click here.

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

View 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 monthly. Below is a list of the most recent changes to the CDL for Medi-Cal Rx.

Drug Name	Description	Effective Date
Budesonide	Additional labeler restriction for oral powder for inhalation added to CDL.	Feb. 1, 2024
Capivasertib	Added to CDL with labeler restriction.	Feb. 1, 2024
Hydroxychloroquine	Quantity limit removed from tablets.	Feb. 1, 2024
Insulin Glargine-YFGN	Additional labeler restriction added to CDL.	Feb. 1, 2024
Repotrectinib	Added to CDL with labeler restriction.	Feb. 1, 2024
Toripalimab-tpzi	Added to CDL with labeler restriction.	Feb. 1, 2024
Adalimumab-bwwd	Added to CDL with diagnosis, quantity, and labeler restrictions.	March 1, 2024
Alogliptin / Metformin HCL	Labeler restriction removed.	March 1, 2024
Buprenorphine / Naloxone	Labeler restriction removed from sublingual film.	March 1, 2024
Carglumic Acid	Diagnosis restriction removed.	March 1, 2024
Doxylamine / Pyridoxine HCL	Diagnosis and quantity restrictions removed.	March 1, 2024
Eflornithine	Added to CDL with prior authorization required.	March 1, 2024

Drug Name	Description	Effective Date
Elbasvir / Grazoprevir	Diagnosis restriction removed.	March 1, 2024
Epoetin Alfa	Diagnosis restriction removed.	March 1, 2024
Fruquintinib	Restriction updated to prior authorization required.	March 1, 2024
Glecaprevir / Pibrentasvir	Diagnosis restriction removed.	March 1, 2024
Lamivudine	Diagnosis restriction removed from 100 mg tablets.	March 1, 2024
Ledipasvir / Sofosbuvir	Diagnosis restriction removed.	March 1, 2024
Methotrexate	Effective Feb. 1, 2024: Additional strength (2 mg/ml oral solution) added to CDL with labeler restriction.	March 1, 2024
Perampanel	Diagnosis restriction removed.	March 1, 2024
Secukinumab	Additional strength (300 mg/2 ml) added to CDL with diagnosis, quantity, and labeler restrictions.	March 1, 2024
Sodium Phenylbutyrate	Diagnosis restriction removed.	March 1, 2024
Sofosbuvir	Diagnosis restriction removed.	March 1, 2024
Sofosbuvir / Velpatasvir	Diagnosis restriction removed.	March 1, 2024
Tenofovir Alafenamide	Diagnosis restriction removed.	March 1, 2024
Tobramycin	Diagnosis restriction removed from inhalation powder.	March 1, 2024
Zenpep (Amylase / Lipase / Protease)	Additional strength (60,000 USP units of lipase; 189,600 USP units of protease; 252,600 USP units of amylase) added to CDL with labeler restriction.	March 1, 2024
Bosutinib	Additional formulation (capsules) added to CDL with labeler restriction.	April 1, 2024
Brinzolamide	Labeler code 00065 removed.	April 1, 2024
Brinzolamide / Brimonidine Tartrate	Labeler code 00078 removed.	April 1, 2024
Ciprofloxacin Hydrochloride / Hydrocortisone	Labeler code 00065 removed.	April 1, 2024
Copanlisib	End-dated.	April 1, 2024
Dapagliflozin Propanediol / Metformin HCL Extended Release	Additional strength (2.5 mg/1000 mg) added to CDL. Labeler restriction added to drug.	April 1, 2024

Drug Name	Description	Effective Date
Edaravone	Added to CDL with labeler restriction.	April 1, 2024
Empagliflozin	Labeler restriction added.	April 1, 2024
Fosfomycin	Added to CDL.	April 1, 2024
Glucagon (R-DNA Origin)	Labeler code 00002 removed.	April 1, 2024
Glycopyrrolate and Formoterol Fumarate	Labeler restriction added.	April 1, 2024
Ipratropium Bromide and Albuterol Sulfate	Labeler restriction added to inhaler.	April 1, 2024
Lenvatinib	Additional strength (12 mg/day) added to CDL with labeler restriction.	April 1, 2024
Mobocertinib	End-dated.	April 1, 2024
Perampanel	Labeler restriction added to tablets and suspension.	April 1, 2024
Tetracycline	Tablets end-dated.	April 1, 2024
Tobramycin with Dexamethasone	Labeler code 00065 removed from ophthalmic ointment.	April 1, 2024
Travoprost	Labeler code 00065 removed.	April 1, 2024

Medi-Cal Rx: Coverage Guidelines for Covered Medical Supplies

See below for a quick reference guide listing some of the commonly prescribed medical supplies for diabetes, hypertension, and/or asthma that are covered under the pharmacy benefit. Any prior authorizations (PAs) that are required, quantity limits, and billing notes are also listed below.

Product	Prior Authorization Required? Y/N	Quantity Limits Without Prior Authorization	Billing Notes
Alcohol Prep Pads	No	200 per 30-day period	None

Product	Prior Authorization Required? Y/N	Quantity Limits Without Prior Authorization	Billing Notes
Blood glucose test strips for blood glucose monitor (*change effective Oct. 5, 2023)	No	Quantity limits are based upon documented insulin usage and are restricted to up to six test strips per day. Up to 600 test strips per 100 days for insulin users or up to 100 test strips per 100 days for non-insulin users; Code I for diabetes diagnosis and insulin or non-insulin user must be documented on the prescription and is subject to audit. *Policy was updated to allow up to six per day for pregnancy-related diabetes diagnoses.	Code I Restriction for a diabetes diagnosis and insulin usage. Provider must document on the electronic or written prescription the beneficiary is an insulin user or non-user. *For pregnancy-related diabetes diagnoses, the member can continue to receive up to six per day of both test strips and lancets during the pregnancy and up to 12 months postpartum.
Blood pressure monitoring devices for personal home use	No	One monitoring device every five years.	Code I diagnosis of any ICD-10-CM diagnosis code that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis; documentation in the electronic file or on the prescription is required. Wrist Personal Blood Pressure Monitoring Devices are not a Medi-Cal Rx benefit.
Blood pressure cuff for use with home BP device	No	One cuff per 365 days.	Code I diagnosis of any ICD-10-CM diagnosis code that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis; documentation in the electronic file or on the prescription is required. Wrist cuffs are not a Medi-Cal Rx benefit.
Blood ketone test or reagent strip	No	10 per claim and no more than three claims in a 90-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.

Product	Prior Authorization Required? Y/N	Quantity Limits Without Prior Authorization	Billing Notes
Control solution for blood glucose monitor	No	One every 365-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.
Disposable insulin delivery devices	Yes	PA required.	a) For Omnipod systems, 10 pods every 30 days with a maximum of a 90-day-supply. b) For V-Go Series, 30 pods every 30 days with a maximum of a 90-day-supply.
Inhaler, Assist Devices (spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler)	No	Two per 365-day period.	None
Lancets	No	Quantity limits are based upon documented insulin usage and are restricted to up to six lancets per day. Up to 600 lancets per 100 days for insulin users or up to 100 lancets per 100 days for non-insulin users; Code 1 for diabetes diagnosis and insulin or non-insulin user must be documented on the prescription and is subject to audit.	Code I Restriction for a diabetes diagnosis and insulin usage. Provider must document on the electronic or written prescription the beneficiary is an insulin user or non-user.
Lancing Device	No	One every 365-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.
Peak flow meters, non-electronic	No	One per 365-day period.	None
Pen needles (*change effective Jan. 1, 2024)	No	*Limited to six pen needles per day and a maximum of four fills every 100 days.	None
Self-monitoring blood glucose monitor (glucometer)	No	One glucometer every five-year period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.

Product	Prior Authorization Required? Y/N	Quantity Limits Without Prior Authorization	Billing Notes
Syringe, Insulin U-500 (*change effective Jan. 1, 2024)	No	*Limited to three syringes per day and a maximum of four fills every 100 days.	Code I Restriction for use with Insulin, Regular, U-500 only.
Syringes, insulin, any size (*change effective Jan. 1, 2024)	No	*Limited to six syringes per day and a maximum of four fills every 100 days.	None
Therapeutic continuous glucose monitor (CGM)	Yes	PA required.	Refer to the list of Contracted Continuous Glucose Monitoring (CGM) Systems for product-specific coverage restrictions.

Note: This is not an all-inclusive list and information is subject to change per Medi-Cal Rx. For a complete list of covered medical supplies under the pharmacy benefit and the most up-to-date information, click here. And for a complete list of all the contracted and covered products, click here.

Changes to the Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs for Medi-Cal Rx

View the Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs for Medi-Cal Rx on the Medi-Cal Rx Web Portal for the most recent changes.

Blood pressure monitoring devices and cuffs not on this list can be covered through medical benefit. For medical benefit coverage for blood pressure monitors and cuffs, please find a contracted durable medical equipment (DME) vendor listed in Gold Coast Health Plan Provider Directory (DME pg. 213), then send the order to the DME vendor.

The following pharmacies have confirmed they are able to order the covered blood pressure monitors and can bill Medi-Cal Rx:

Pharmacy Name	Address	Phone Number
Seena Pharmacy	3901 Las Posas Road #101, Camarillo, CA 93010-1501	1-805-419-2686
Medical Plaza Pharmacy	1700 North Rose Avenue, Suite 140, Oxnard, CA 93030-3790	1-805-981-3366
Stan's Drugs	3001 Saviers Road, Oxnard, CA 93033-5312	1-805-486-2678
OMAC Pharmacy	901 West 7TH Street, Oxnard, CA 93030-6755	1-805-486-2688
Simi Pharmacy	1357 East Los Aneles Avenue, Suite C, Simi Valley, CA 93065-2805	1-805-582-7474

Find A Pharmacy

To find the nearest pharmacy where prescriptions can be picked up, use the Medi-Cal Rx Find a Pharmacy 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 state Department of Health Care Services (DHCS) press release.

Physician Administered Drugs (PADs) and Prior Authorization (PA) Requests

This section serves as a reminder that Physician Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e., J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

Gold Coast Health Plan (GCHP) maintains risk for PADs and, with few exceptions, these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PAD drugs require prior authorization (PA) to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD medication (administered at a provider's office or infusion / hospital facility) via Procedure Code (i.e., J-Code) requiring a PA must be submitted as a Prior Authorization Treatment Request Form to GCHP to be considered for coverage under the medical benefit. For the most part, PADs are covered under the medical benefit and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice) and then administer to the member and later bill GCHP for reimbursement.

Effective Feb. 20, 2024, the Physician Administered Injectables List has been re-titled to the Physician Administered Drugs List and the list has been updated. We will continue to update this list. Please use the GCHP's List of Services Requiring Prior Authorizations (see list of Physician Administered Drugs) for the most updated list.

Completing a Prior Authorization Treatment Request Form will help expedite the claims processing. If you do not obtain approval, your claims may be delayed or denied until we receive the information needed to establish medical necessity.

For the most part, PADs that require PA are not billable under Medi-Cal Rx as a pharmacy benefit. The only PADs that are potentially reimbursable under Medi-Cal Rx are included in this list.

As a reminder, all pharmacy benefits billed on a pharmacy claim have transitioned to Medi-Cal Rx and are no longer the responsibility of GCHP. In addition, there are some classes of medications that are carved out of the GCHP benefit and are to be reviewed / billed to the Medi-Cal FFS for authorization consideration and reimbursement for both pharmacy and medical claims.

Drug Use Review (DUR) Educational Articles

The purpose of this educational intervention component of Drug Use Review (DUR) is to improve the quality and cost-effectiveness of prescribing and dispensing practices for Medi-Cal recipients. Educational interventions include ongoing dissemination of information through the Medi-Cal provider bulletin process about clinically important, drug-specific therapy problems.

Disclaimer: These articles are the result of analyses carried out by the Global Medi-Cal DUR Program and are not official DHCS policies.

The following educational articles have been recently posted since the last pharmacy newsletter:

- Alternatives to Diphenhydramine for Older Adults

These articles and copies of previous newsletters are available on the GCHP website.

Limited Tetanus-Diptheria (Td) Supplies

MassBiologics has discontinued production of TdVax™. Supply of TdVax™ is anticipated to last through June. It is anticipated that the supply of Td vaccine in the U.S. market will be constrained through 2024.

While Td vaccine supplies are constrained, providers should transition to use of Tdap vaccine in lieu of Td vaccine whenever possible, including when a tetanus booster is indicated for wound management.

The limited supply of Td vaccine needs to be preserved for those with a specific contraindication to pertussis-containing vaccines.

For more information, refer to Centers for Disease Control and Prevention (CDC) Vaccines and Preventable Diseases (VPD): Diphtheria, Tetanus, and Pertussis Vaccine Recommendations.

Key Treatment Update to Global Initiative for Asthma (GINA) 2023 Guideline and Asthma Medication Ratio (AMR)

Global Initiative for Asthma (GINA) 2023 Guideline
The Global Initiative for Asthma (GINA) published the 2023 GINA Report, which provides the latest updates regarding the Global Strategy for Asthma Management and Prevention. To access a copy of the report, please click here.

Terminology Definitions

- Reliever: For symptom relief, or before exercise or allergen exposure.
- Controller: Mostly used for ICS-containing treatment.
- Maintenance Treatment: Regularly scheduled treatment.
- Anti-Inflammatory Reliever (AIR): Provides rapid symptom relief, plus a small dose of ICS (e.g. ICS-formoterol, ICS-SABA), to reduce the risk of exacerbations compared with using a SABA reliever.
- Maintenance and Reliever Therapy (MART): A low dose of ICS-formoterol is used as the patient's maintenance treatment, plus whenever needed for symptom relief.

Key Treatment Update

- **ICS-containing medication for ALL patients with asthma** – even in patients with infrequent symptoms, to reduce their risk of serious exacerbations.

- **SABA only treatment of asthma is NOT recommended.**

  - ✓ SABA-only treatment is associated with increased risk of exacerbations and lower lung function, and of asthma-related death.
  - ✓ Regular use of SABA increases allergic responses and airway inflammation and reduces the bronchodilator response to SABA when it is needed.
  - ✓ Overuse of SABA (e.g., > 3 x 200-dose canisters in a year) increases the risk of asthma exacerbations. Dispensing of > 12 SABA canisters in a year is associated with increased risk of asthma-related death. Home use of nebulized SABA is also associated with an increased risk of asthma death.

- **A reliever inhaler for all patients with asthma**

  - ✓ **Low-dose ICS-formoterol (i.e., Symbicort) is the PREFERRED reliever** because it reduces the risk of severe exacerbations compared with treatment options in which reliever is SABA.
  - ✓ ICS-formoterol should not be used as a reliever by patients who are taking a different maintenance ICS-LABA.
  - ✓ Other ICS-LABA as a reliever has not been studied.
  - ✓ The onset of action of formoterol is as rapid as albuterol but has a longer duration of action.

- **Adults & adolescents 12+ years**

  Track 1:
  - ✓ The preferred reliever is an as-needed, low-dose ICS-formoterol based on strong evidence that it reduces the risk of severe exacerbations compared with regimens with SABA as reliever with similar symptom control, and the simplicity of treatment.
  - ✓ In Steps 3-5, patients also take combination ICS-formoterol as their daily maintenance treatment. This is called "Maintenance and Reliever Therapy" (MART).

	Preferred Controller Choice	Reliever
Step 1	As-needed-only low dose ICS-formoterol	As-needed, low-dose ICS-formoterol
Step 2		
Step 3	Low dose maintenance ICS-formoterol	
Step 4	Medium dose maintenance ICS-formoterol	
Step 5	Add-on LAMA. Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol (e.g., +/-anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP)	

- **Track 2:**
  - ✓ The reliever is as-needed SABA or ICS-SABA. This is an alternative approach when Track 1 is not possible or is not preferred by a patient who has stable asthma and no exacerbations on their current therapy.
  - ✓ In Step 1, the patient takes a SABA and a low-dose ICS together for symptom relief when symptoms occur, either in a combination inhaler, or with the ICS taken right after the SABA.
  - ✓ In Steps 2-5, a SABA or combination ICS-SABA is used for symptom relief, and the patient also takes maintenance ICS-containing medication every day.
  - ✓ Before prescribing a SABA reliever, consider whether the patient is likely to be adherent with their ICS-containing therapy, otherwise they will be exposed to SABA-only treatment and a higher risk of exacerbations.
  - ✓ Before stepping up, check for common problems such as incorrect inhaler technique, poor adherence, and environmental exposures, and confirm that the symptoms are due to asthma.

	Preferred Controller Choice	Other controller options	Reliever
Step 1	Take ICS whenever SABA taken		As-needed ICS-SABA or as-needed SABA
Step 2	Low dose maintenance ICS	Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT.	
Step 3	Low dose maintenance ICS-LABA	Medium dose ICS, or add LTRA, or add HDM SLIT	
Step 4	Medium / high dose maintenance ICS-LABA	Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS.	
Step 5	Add-on LAMA. Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA (eg +/- anti-IgE, anti-IL4Rα, anti-IL5/5R, anti-TSLP)	Add azithromycin (adults) or LTRA. As last resort, consider adding low dose OCS but consider side-effects.	

- **Children 6-11 years of age**

	Preferred Controller Choice	Other controller options	Reliever
Step 1	Low dose ICS is taken whenever SABA is taken	Consider daily low dose ICS.	As-needed SABA (or ICS-formoterol reliever in MART in Steps 3 and 4)
Step 2	Daily low dose inhaled corticosteroid (ICS)	Daily leukotriene receptor antagonist (LTRA) or low dose ICS taken whenever SABA taken.	
Step 3	Low dose ICS-LABA or medium dose ICS or very low dose ICS-formoterol maintenance and reliever (MART)	Low dose ICS + LTRA.	
Step 4	Medium dose ICS-LABA, or low dose ICS-formoterol maintenance and reliever therapy (MART). Refer for expert advice.	Add tiotropium or LTRA.	
Step 5	Refer for phenotypic assessment +/- higher dose ICS-LABA or add-on therapy (eg anti-IgE, anti-IL4Rα, anti-IL5)	As last resort, consider add-on low dose OCS, but consider side effects.	

- **Children 5 years of age and younger**

	Preferred Controller Choice	Other controller options	Reliever
Step 1	Insufficient evidence for daily controller	Consider intermittent short course ICS at onset of viral illness.	As-needed short-acting beta2-agonist
Step 2	Daily low dose inhaled corticosteroid (ICS)	Daily LTRA or intermittent short course of ICS at onset of respiratory illness.	
Step 3	Double low dose ICS	Low dose ICS + LTRA, consider specialist referral.	
Step 4	Continue controlled & refer for specialist assessment	Add LTRA, or increase ICS frequency, or add intermittent ICS.	

- **ICS-formoterol Use and Dosing**
  - ✓ Most evidence for MART and all evidence for AIR-only is with budesonide-formoterol DPI (Symbicort), usually 160/4.5 mcg delivered dose for adults / adolescents and 80/4.5 mcg for MART in children 6-11 years.
  - ✓ Other low-dose combination ICS-formoterol products (i.e., Dulera) may be suitable but have not been studied.
  - ✓ For as-needed use, one inhalation of ICS-formoterol whenever needed for symptom relief or before exercise or allergen exposure instead of SABA reliever.
  - ✓ May use extra inhalations when symptoms persist or recur but recommend seeking medical care if need more than the following **total inhalations in a single day** (as needed, plus maintenance).

Total Maximum Daily Inhalations (as needed, plus maintenance)

Budesonide-formoterol (Symbicort)	Adults and Adolescents 12 years of and older.	Children 6-11 years of age.
	12 inhalations per day.	Eight inhalations per day.

✓ **GINA Track 1 Budesonide-formoterol DPI (Symbicort) Dosing**

Step	Age (Years)	Dose (mcg)	Dosage
Step 1-2 (AIR only)	6-11	No evidence	-----
	12-17 & ≥ 18	160/4.5	One inhalation as needed.
Step 3 MART	6-11	80/4.5	One inhalation once daily, plus one inhalation as needed.
	12-17 & ≥ 18	160/4.5	One inhalation twice daily, plus one inhalation as needed. Max dose of 12 total inhalations per day.
Step 4 MART	6-11	80/4.5	One inhalation twice daily, plus one inhalation as needed. Max dose of eight total inhalations per day.
	12-17 & ≥ 18	160/4.5	Two inhalations twice daily, plus one inhalation as needed. Max dose of 12 total inhalations per day.
Step 5 MART	6-11	No evidence	-----
	12-17 & ≥ 18	160/4.5	Two inhalations twice daily, plus one inhalation as needed. Max dose of 12 total inhalations per day.

Asthma Medication Ratio (AMR)

Gold Coast Health Plan (GCHP) monitors and reports the Managed Care Accountability Set (MCAS) performance measures to assess and improve clinical quality of care. MCAS is based on the Centers for Medicare and Medicaid Services Child and Adult Core Set Measures, which includes NCQA HEDIS® measures. All state Medi-Cal Managed Care Plans are required to annually report these measures to the state Department of Health Care Services (DHCS).

The Asthma Medication Ratio (AMR) measures the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

AMR (%) = # units of Controller medication / (# units of Controlled and # units of Rescue units of medication)

Denominator / Eligible Members

- Members ages 5-64 who had one of the following during both the measurement year and the year prior to the measurement year:
  - ✓ At least one emergency department (ED) visit with a principal diagnosis of asthma.
  - ✓ At least one acute inpatient visit with a principal diagnosis of asthma.
  - ✓ At least four outpatient visits, observation visits, telephone visits, or e-visits with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or rescue medication.
  - ✓ At least four asthma medication dispensing events for any controller or rescue medication.

Medication Dispensing Events

- Oral Medications
  - ✓ One prescription lasting < 30 days.
  - ✓ Calculation for dispensing events for prescriptions longer than 30 days.
    - Example: 100-day prescription divided by 30 is three events (100/30=3.33).
  - ✓ Multiple prescriptions for different oral medications dispensed on the same day count as separate events.

- Inhalers
  - ✓ All inhalers of the same medication dispensed on the same day count as one event.
  - ✓ Different inhalers dispensed on the same day are counted as separate events.

- Injections
  - ✓ Each injection counts as one event
  - ✓ Multiple injections of the same or different medications count as separate events.

Note: Each individual medication, defined as an amount ≤ 30 days, is one medication unit. For example, one medication unit would equal one inhaler canister, one injection, one infusion, or a ≤ 30-day supply of an oral medication.

Exclusions

- Members who did not have asthma medications dispensed during the measurement year.
- Diagnosis of emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes / vapors, cystic fibrosis, or acute respiratory failure.
- Members in hospice or using hospice services any time during the measurement year.

Tips on How to Improve the AMR Measure

- Prescribe ICS-formoterol (i.e., Symbicort) as a reliever instead of SABA per Global Initiative for Asthma (GINA) 2023 guidelines.
- Consider 90-day supply and three refills for all controller medications.
- Consider 30-day supply and no more than one to two refills for SABA.
- Assess inhaler technique and importance of medication adherence on controller medication(s).
- Check on patient's understanding of difference between controller vs rescue inhaler.
- Evaluate patients with asthma diagnosis and use guidelines to step up or down on therapy and ensure that patients are only using rescue inhalers as needed and being prescribed and maintained on controller medications if appropriate.
- If a patient needs two inhalers (for home and school / work / etc.), try to write a prescription for a quantity of two inhalers filled at the same time to count as one dispensing event.

For helpful patient education resources regarding asthma inhaler education, see the list below:

- GCHP Health Education website
- GCHP Health Library website
- 2023 Global Initiative for Asthma (GINA) Guideline
- American Lung Association – Asthma website
- NIH NHLBI Asthma Resources for Patients and Caregivers

Chronic Disease Self-Management Program (CDSMP)

Gold Coast Health Plan (GCHP) offers free Chronic Disease Self-Management Program (CDSMP) workshops to members over 18 years of age with a chronic health condition, such as arthritis, diabetes, heart disease, depression, obesity, pain and more.

For more information, please review the CDSMP flyer (available in English and Spanish) and share it with GCHP members.

Free Workshop for Gold Coast Health Plan Members

Chronic Disease Self-Management Program

Gold Coast Health Plan (GCHP) offers free Chronic Disease Self-Management Program (CDSMP) workshops to members over the age of 18 with a chronic health condition. A chronic health condition is one that lasts for a long time, such as arthritis, diabetes, heart disease, depression, obesity, pain and more. The workshop can teach you how to control and manage your symptoms.

Workshops will be held once a week for six weeks. Members can choose between a virtual or telephonic workshop. The virtual workshop is 2.5 hours each week, and the telephonic workshop is 30 minutes each week.

In the workshop, you will learn about:

- Making a weekly action plan
- Healthy eating
- Physical activity and exercise
- Medication usage

Participants will get:

- "Living a Healthy Life with Chronic Conditions" book
- Class handouts
- Relaxation CD
- Refillable water bottle
- Backpack
- Lunch bag

Sign up now for CDSMP workshops to gain the self-confidence to take charge of your health.

Call the Health Education Department at **1-805-437-5718**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, cal **711**. You can also email **HealthEducation@goldchp.org**. For more information, visit the GCHP website, **www.goldcoasthealthplan.org**.

Gold Coast Health Plan℠ A Public Entity

Taller gratis para miembros de Gold Coast Health Plan

Programa Tomando Control de su Salud

Gold Coast Health Plan (GCHP) ofrece talleres gratis de Tomando Control de su Salud (CDSMP, por sus siglas en inglés) para miembros mayores de 18 años con una condición médica crónica. Una condición médica crónica es la que dura mucho tiempo, como artritis, diabetes, enfermedades cardíacas, depresión, obesidad, dolor y muchas más. El taller puede enseñarle cómo controlar y manejar sus síntomas.

Los talleres se harán una vez a la semana durante seis semanas. Los miembros pueden elegir entre un taller virtual o por teléfono. El taller virtual es de 2.5 horas por semana y el taller por teléfono es de 30 minutos por semana.

En el taller aprenderá sobre:

- Cómo hacer un plan de acción semanal
- La alimentación saludable
- La actividad física y el ejercicio
- El uso de medicamentos

Los participantes recibirán:

- El libro "Tomando control de su salud"
- Folletos de la clase
- CD de relajación
- Botella de agua recargable
- Mochila
- Bolsa del almuerzo

Regístrese ahora al taller Tomando Control de su Salud para ganar confianza en sí mismo y hacerse cargo de su salud.

Llame al Departamento de Educación para la Salud al **1-805-437-5718**, de lunes a viernes, de **8 a.m.** a **5 p.m.** (excepto días festivos). Si usa un TTY, llame al **711**. También puede enviar un correo electrónico a **HealthEducation@goldchp.org**. Para más información, visite el sitio web de GCHP, **www.goldcoasthealthplan.org**.

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Prior Authorization (PA) Overview and Tips

Certain medications require prior authorization (PA) before coverage can be applied. The provider should contact Medi-Cal Rx to initiate a PA. Medi-Cal Rx allows requests to be initiated via the following methods:

- NCPDP P4 – Request Only
- Medi-Cal Rx Provider Portal
- CoverMyMeds
- Fax
- U.S. Mail

Please note that phone requests are not accepted, and members cannot initiate a PA for themselves.

To make the most of your request, the following tips may be useful in facilitating an authorization:

- Check the CDL before writing a new prescription. If the drug is not listed, it will require a PA.
- Review Code 1 restrictions 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 hard copy and the pharmacy can override at point of service. If the patient does not meet the code 1 restriction indicated on the CDL, a PA will be required.
- Consider switching to a covered alternative drug if the medication you are considering requires authorization. In most cases, Medi-Cal Rx will require a trial of covered medications before approving a drug not listed on the CDL.
- Request an authorization if switching to a covered alternative is not an option.
- Be specific in your request by including all relevant information in your original PA request. It is always best to include all the following details for the best outcome:
  - » Drug name, strength, quantity, and directions.
  - » Indicate both the ICD-10 diagnosis code and description of the code.
  - » Document prior treatment history.
  - » Prescriber rationale. Be specific. If patient has experienced adverse effects, allergies, or other toxicities, you should document this in your request.
  - » If continuation of therapy, be sure to document the date patient starting using the medication and include detriments of discontinuing or changing the medication.

If a PA is denied, you may submit an appeal to Medi-Cal Rx. Providers have 180 days from denial date to request an appeal.

FDA Alerts

FDA New Drug Approvals

This is a list of new drugs recently 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 this information on the FDA website.

Brand Name	Generic Name	Dosage Form	Summary of Indication
EOHILIA	*budesonide*	ORAL SUSPENSION	Indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EOE).
OGSIVEO	*nirogacestat*	ORAL TABLET	Indicated for adult patients with progressing desmoid tumors who require systemic treatment.
ALVAIZ	*eltrombopag choline*	ORAL TABLET	Thrombopoietin receptor agonist indicated: • For the treatment of thrombocytopenia in adult and pediatric patients 6 years and older with persistent or chronic immune thrombocytopenia (itp) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. • For the treatment of thrombocytopenia in adult patients with chronic hepatitis c to allow the initiation and maintenance of interferon-based therapy. • For the treatment of adult patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy.
FABHALTA	*iptacopan hydrochloride*	ORAL CAPSULE	Complement Factor B Inhibitor; Complement Inhibitor indicated for use in patients with Paroxysmal nocturnal hemoglobinuria
IDOSE TR	*travoprost*	INTRAOCULAR IMPLANT	Prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).
ZIMHI	*naloxone hydrochloride*	INTRAMUSCULAR, OR SUBCUTANEOUS INJECTION	Opioid antagonist indicated in adult and pediatric patients for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.
VUITY	*pilocarpine hydrochloride*	OPHTHALMIC SOLUTION	Cholinergic muscarinic receptor agonist. Indicated for the treatment of presbyopia in adults.

Brand Name	Generic Name	Dosage Form	Summary of Indication
VOQUEZNA TRIPLE PAK	*amoxicillin; clarithromycin; vonoprazan fumarate*	ORAL CAPSULE AND TABLET	A co-packaged product containing vonoprazan, a potassium-competitive acid blocker (PCAB), amoxicillin, a penicillin class antibacterial, and clarithromycin, a macrolide antimicrobial, indicated for the treatment of Helicobacter pylori (H. Pylori) infection in adults.
DROSPIRENONE	*drospirenone*	ORAL CHEWABLE TABLET	Progestin indicated for use by females of bleeding or amenorrhea persists.
XENPOZYME	*olipudase alfa-rpcp*	INJECTION	Hydrolytic lysosomal sphingomyelin-specific enzyme indicated for treatment of non–central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.
JYLAMVO	*methotrexate*	ORAL SOLUTION	Folate analog metabolic inhibitor inhibitor 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 nonhodgkin lymphoma as part of a metronomic combination regimen. • Treatment of adults with rheumatoid arthritis. • Treatment of adults with severe psoriasis.
COMBOGESIC	*acetaminophen; ibuprofen*	ORAL TABLET	Combination of acetaminophen and ibuprofen, a non-steroidal anti-inflammatory drug (NSAID) indicated in adults for the short-term management of mild to moderate acute pain.
VEVYE	*cyclosporine*	OPHTHALMIC SOLUTION	0.1% is a calcineurin inhibitor immunosuppressant indicated for the treatment of the signs and symptoms of dry eye disease.
LIKMEZ	*metronidazole*	ORAL SUSPENSION	Nitroimidazole antimicrobial indicated for • Trichomoniasis in adults. • Amebiasis in adults and pediatric patients. • Anaerobic bacterial infections in adults.
BOSULIF	*bosutinib*	ORAL TABLET	Kinase inhibitor indicated for the treatment of hepatic dysfunction, headache, pyrexia, decreased appetite respiratory tract infection, and constipation.

Brand Name	Generic Name	Dosage Form	Summary of Indication
RIVFLOZA	*nedosiran sodium*	INJECTION	LDHA-directed small interfering RNA indicated to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function, e.g., egfr ≥ 30 ml/min/1.73 m2.
COMBOGESIC IV	*acetaminophen and ibuprofen*	INJECTION	Combination of acetaminophen and ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID) indicated in adults where an intravenous route of administration is considered clinically necessary for: • The relief of mild to moderate pain. • The management of moderate to severe pain as an adjunct to opioid analgesics.
ZILBRYSQ	*zilucoplan*	INJECTION	Complement inhibitor indicated for the treatment of generalized myasthenia gravis (gmg) in adult patients who are antiacetylcholine receptor (achr) antibody positive.
ZITUVIO	*sitagliptin*	ORAL TABLET	Dipeptidyl peptidase-4 (DPP-4) inhibitor indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
ZYMFENTRA	*infliximab*	INJECTION	Tumor necrosis factor (TNF) blocker indicated in adults for maintenance treatment of: • Moderately to severely active ulcerative colitis following treatment with an infliximab product administered intravenously. • Moderately to severely active Crohn's disease following treatment with an infliximab product administered intravenously.
AGAMREE	*vamorolone*	ORAL SUSPENSION	Corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.
LOQTORZI	*toripalimab-tpzi*	INJECTION	Programmed death receptor-1 (PD-1)-blocking antibody indicated: • In combination with cisplatin and gemcitabine, for first-line treatment of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC). • As a single agent for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

Drug 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 website.

Drug	Type of Change	Change
SPORANOX® *(itraconazole)*	Boxed Warning	Coadministration of a number of CYP3A4 substrates are contraindicated with SPORANOX®. Some examples of drugs that are contraindicated for coadministration with SPORANOX® capsules are: methadone, disopyramide, dofetilide, dronedarone, quinidine, isavuconazole, ergot alkaloids (such as dihydroergotamine, ergometrine (ergonovine), ergotamine, methylergometrine (methylergonovine), irinotecan, lurasidone, oral midazolam, pimozide, triazolam, felodipine, nisoldipine, ivabradine, ranolazine, eplerenone, cisapride, naloxegol, lomitapide, lovastatin, simvastatin, avanafil, ticagrelor, finerenon and voclosporin.
HEPARIN SODIUM	Contraindications	The use of HEPARIN SODIUM in 5% Dextrose Injection is contraindicated in patients with the following conditions: • History of heparin-induced thrombocytopenia (HIT) and heparin-induced thrombocytopenia and thrombosis (HITT). • Known hypersensitivity to heparin or pork products (e.g., anaphylactoid reactions). • In whom suitable blood coagulation tests – e.g., the whole blood clotting time, partial thromboplastin time, etc., – cannot be performed at appropriate intervals (this contraindication refers to full-dose heparin; there is usually no need to monitor coagulation parameters in patients receiving low-dose heparin). • Uncontrollable active bleeding state except when this is due to disseminated intravascular coagulation.
BLINCYTO *(blinatumomab)*	Boxed Warning	**WARNING: CYTOKINE RELEASE SYNDROME and NEUROLOGICAL TOXICITIES including IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY SYNDROME** • Cytokine Release Syndrome (CRS), which may be life-threatening or fatal, occurred in patients receiving BLINCYTO. Interrupt or discontinue BLINCYTO and treat with corticosteroids as recommended. • Neurological toxicities, including immune effector cell-associated neurotoxicity syndrome (ICANS) which may be severe, life-threatening, or fatal, occurred in patients receiving BLINCYTO. Interrupt or discontinue BLINCYTO as recommended.

Drug	Type of Change	Change
ULTOMIRIS *(ravulizumab-cwvz)*	Boxed Warning	**WARNING: SERIOUS MENINGOCOCCAL INFECTIONS** ULTOMIRIS, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis*. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early. • Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least two weeks prior to the first dose of ULTOMIRIS, unless the risks of delaying therapy with ULTOMIRIS outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against meningococcal bacteria in patients receiving a complement inhibitor. For additional guidance on the management of the risk of serious infections caused by meningococcal bacteria. • Patients receiving ULTOMIRIS are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected.
VYTORIN *(ezetimibe; simvastatin)*	Contraindications	VYTORIN is contraindicated in the following conditions: • Concomitant use of strong CYP3A4 inhibitors (select azole anti-fungals, macrolide antibiotics, anti-viral medications, and nefazodone). • Concomitant use of strong CYP3A4 inhibitors (select azole anti-fungals, macrolide antibiotics, anti-viral medications, and nefazodone). • Concomitant use of cyclosporine, danazol, or danazol. • Acute liver failure or decompensated cirrhosis.

Drug	Type of Change	Change
SOLIRIS *(eculizumab)*		SOLIRIS, a complement inhibitor, increases the risk of serious infections caused by Neisseria meningitidis. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early. • Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least two weeks prior to the first dose of SOLIRIS, unless the risks of delaying therapy with SOLIRIS outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against meningococcal bacteria in patients receiving a complement inhibitor. • Patients receiving SOLIRIS are at increased risk for invasive disease caused by Neisseria meningitidis, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected. Because of the risk of serious meningococcal infections, SOLIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called SOLIRIS REMS.

Drug Shortages

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

Drug Product	Affected Manufacturers	Summary
Progesterone vaginal insert (Endometrin) 100mg	• Ferring	• Ferring voluntarily recalled Endometrin in late-2023 due to a detection of Burkholderia bacteria found in four unreleased batches during a quality control check. **Estimated Resupply Dates** Ferring estimates a release date in late-second quarter 2024.
Naltrexone oral tablet 50mg	• Accord • Avet • Mallinckrodt • Major • Sun • Tagi	• Shortage of active ingredients. Demand increase for the drug. **Estimated Resupply Dates** • Accord, Avet and Tagi did not provide estimated release date. • Major estimates a release date in early-April 2024. • Sun estimates a release date in late-March 2024.
Humulin R 100 unit/ml 3ml, 10ml vial	• Lilly	• Lily discontinued Humulin R in 3ml vials. The 10ml vials on shortage due to increased demand. **Estimated Resupply Dates** Lily has Humulin R 100unit/ml in 10ml vials on intermittent back order and the company is releasing supplies as they become available.
Mometasone furoate (Asmanex) inhalers HFA 50mcg, 100mcg, 200mcg, Twisthaler 110mcg, 220mcg	• Organon	• Organon states customer demand for Asmanex HFA and Asmanex Twisthaler has increased due to the discontinuation of Flovent HFA and Flovent Diskus in late-2023. **Estimated Resupply Dates** Organon did not provide an estimated release date.
Varenicline (Chantix) tablets 0.5mg, 1mg	• Pfizer	• Pfizer has Chantix on shortage due to a manufacturing delay to evaluate the active ingredient of the product. • The generic presentations are not affected by this shortage. **Estimated Resupply Dates** Pfizer has Chantix on back order and the company cannot estimate a release date.

Drug Product	Affected Manufacturers	Summary
Erythromycin ophthalmic ointment	• Armas • Bausch • Padagis • Fera	• Akorn ceased operation in February 2023. • Bausch Health did not provide a reason for the shortage. • Padagis discontinued erythromycin ophthalmic ointment in August 2023. • Armas recently launched the 3.5-gram tubes and 1 gram unit-dose presentations. They are currently accepting direct orders only to prevent excess ordering. **Estimated Resupply Dates** • Armas has 0.5% erythromycin 3.5-gram and 1-gram presentations available for direct orders only. • Bausch has limited availability. • Fera Pharmaceuticals has limited supply of the imported product.
Alprostadil (Muse) urethral suppositories 125mcg, 250mcg, 500mcg	• Mylan (Viatris)	• Viatris did not provide a reason for the shortage. **Estimated Resupply Dates** Viatris cannot estimate a release date.
Quinapril oral tablet 5mg, 10mg, 20mg, 40mg	• Pfizer • Lupin • Solco	• Lupin discontinued quinapril tablets in February 2023 and recalled four lots of quinapril in December 2022 due to the presence of a nitrosamine impurity. • Pfizer has all Accupril presentations on back order due to a manufacturing delay. • Solco discontinued all quinapril tablet presentations. **Estimated Resupply Dates** Pfizer cannot estimate a release date.
Dulaglutide (Trulicity) injection 1.5mg/0.5ml pen	• Lilly	• Lily has Trulicity on shortage due to increased demand. **Estimated Resupply Dates** Lilly has all Trulicity 1.5 mg/0.5 mL on intermittent back order and the company estimates this will continue through April 2024.
Liraglutide (Saxenda) injection 6mg/ml pen	• Novo Nordisk	• Novo Nordisk has Saxenda on shortage due to increased demand. **Estimated Resupply Dates** Novo Nordisk has Saxenda 6 mg/mL 3 mL pens available in limited supply. This is expected to continue indefinitely.

FDA Drug Recalls

This section includes drug recalls that have been reported by the FDA this quarter. Click here to view this information on the FDA website.

Date	Drug / Device	Recall Summary	Company	NDCs and Lot Numbers
March 12, 2024	Treprostinil 20mg/20ml injection	Endo International (Par Pharmaceutical, Inc) is voluntarily recalling one lot of Teprostinil Injection 20mg/2ml due to the potential for the presence of silicone particulates in the product solution.	Endo International, Par Pharmaceuticals, Inc.	42023-0206-01 Lot #57014 (exp. April 2024)
Jan. 24, 2024	Zenzedi (dextroamphetamine sulfate tablets, USP) 30 mg	Azurity Pharmaceuticals, Inc. is voluntarily recalling one lot (F230169A) of Zenzedi® CII (dextroamphetamine sulfate tablets, USP) 30 mg to the consumer level. The product is being recalled due to a report from a pharmacist in Nebraska who opened a bottle of Zenzedi® 30 mg tablets and found tablets of Carbinoxamine Maleate, an antihistamine drug. Upon learning of the incident, the manufacturer opened a product complaint and an investigation followed.	Azurity Pharmaceuticals, Inc.	24338-0856-03 Lot #F230169A (exp. June 2025)

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Pharmacy Newsletter

Q2 2024

APRIL 2024

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