CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

Contra Costa Health Plan

P&T Formulary Update

July 7, 2017

Volume 2 **Changes effective: 8/1/2017**

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

On July 7, 2017 the CCHP P&T Committee reviewed the following Therapeutic Classes, Drug Monographs and PA criteria for efficacy, safety, utilization, cost and safety:

Therapeutic Class Reviews	
• Alzheimer's Disease • Genital Warts • Human Immunodeficiency Virus • PCSK9 Inhibitors • Needles & Pen Needles • Diuretics • Topical Pain Medications • Progestins	• Gaucher's Disease • GLP-1 Agonists • Local Anesthetics • Neuropathic Pain and Fibromyalgia • Pancreatic Enzymes • Systemic Contraceptives • Statins • Topical estrogens
Drug Monographs	
• Xiidra (lifitegrast) ophthalmic solution • Lialda (mesalamine)	
Prior Authorization Criteria	
• Xiidra (lifitegrast) ophthalmic solution • Trutrack, Truetest (diabetes test strips) – criteria for use for T1DM during pregnancy • GLP-1 Agonist: Victoza (liraglutide) • Tanzeum (albiglutide) • PCSK9 inhibitors (draft criteria presented, not approved)	
Guest Speaker(s)	
• None	

CCHP P&T Committee approved the following modifications to the formulary:	
Medication Name & Dosage Strength	**Approved Formulary Changes**
Victoza (liraglutide)	Add to formulary with metformin step therapy. Quantity limit 3 x 3mL pens/month.
Tanzeum (albiglutide)	Add to formulary with metformin step therapy. Quantity limit #4 pens/month.
Xiidra (lifitegrast) 5% Ophthalmic	Add PA criteria: must try and fail artificial tears drops and ointment (same criteria as Restasis). Applies to all members.
Diabetes test strips (TrueTrack, TrueMetrix)	PA criteria added, which allows a higher quantity limit for T1DM patients during pregnancy.
Lialda (mesalamine)	Add to formulary with equivalent status to Asacol, Delzicol, and Pentasa.
Cholecalciferol (vitamin D3) drops	Add to formulary (400 units/mL strength)
Crestor (rosuvastatin)	Add to formulary (remove PA requirements)
Pravachol (pravastatin)	Add to formulary (remove PA requirements)
Prometrium (micronized progesterone)	Add to formulary (remove PA requirements). Quantity limit #30/month.
Vivelle Dot (estradiol) patch	Add to formulary (remove PA requirements). Quantity limit #8/month.
Voltaren (diclofenac) 1% gel	Add to formulary (remove PA requirements). Quantity limit 100gm/month.
Seasonale (levonorgestrel/ethinyl estradiol)	Add to formulary (remove PA requirements).
Ella (ulipristal)	Remove quantity limits.
Aldactazide (spironolactone/HCTZ) 50/50mg (brand)	Remove from formulary. Zero utilization, brand agent (generics available).
Neptazane (methazolamide)	Remove from formulary. Zero utilization, therapeutic alternate(s) available on formulary.
Zenpep (lipase/protease/amylase) 40K-136K	Add to formulary.
Repatha (evolocumab)	Add to formulary with prior authorization.

New Product Reviews	
• Linzess • Selzentry • Triferic • Trulance • Dilaudid • Adynovate • Emflaza • Daxbia • Ryvent • Xermelo • Zonacort • Arymo ER • Vyvanse • Rhofade • Eloctate • Ilaris • Nipride RTU • Bevacizumab • Cyclopentolate-Lido-PE-Tropic • Zytiga • Herceptin • Kisqali Femara Co-Pack • Morphabond ER • Keramatrix • Gelfoam JMI • Tranzarel • Orencia • Brineura • Kevzara • Xadago	• Kisqali • Siliq • Ixinity • Lartruvo • Synjardy XR • Ocrevus • Dupixent • Bavencio • Gammaplex 10% • Austedo • Gelnique • Airduo • Kovanaze • Esbriet • Ingrezza • Tepadina • Zejula • Quflora FE • Tymlos • Lidopac • Rydapt • Alunbrig • Imfinzi • Narcan • Adynovate • P-Care • Iohexol • Radicava • Xatmep • Rubraca