Contra Costa Health Plan

P&T Formulary Update

January 5, 2018

Volume 4 Changes effective:

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

On January 5, 2018 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 Drugs • Leukotriene Modifiers • Factor Xa Inhibitors • Calcium Channel Blockers • Oxytocin/methergine review • Low molecular weight heparins	• Pediculicide Agents • Overactive Bladder Agents • SGLT2 Inhibitors • Oral Antihistamines • Topical anesthetics (lidocaine patch)
Drug Monographs	
• None	
Prior Authorization Criteria Updates	
<u>New criteria was created for the following agents:</u> • Xolair (omalizumab) in chronic idiopathic urticaria • Jublia (efinaconazole) • Xeljanz (tofacitinib) • Latuda (lurasidone) • Myrbetriq (mirabegron) • Sklice (ivermectin topical) • Malathion topical <u>Updates were made to the criteria for the following agents:</u> • Benzaclin (benzoyl peroxide/clindamycin) • Benzamycin (benzoyl peroxide/erythromycin) • Strattera (atomoxetine)	

- Lyrica (pregabalin)
- Entresto (sacubitril/valsartan)
- Qsymia (phentermine/topiramate)
- Contrave (naltrexone/bupropion)
- Exelon Patch (topical rivastigmine)
- Accolate (zafirlukast)
- Zyflo CR (zileuton)
- Jardiance (empagliflozin)
- Syndardy (empagliflozin/metformin)
- Adalat CC/Procardia XL (nifedipine ER)

Criteria reviewed and unchanged:

- Zithromax (azithromycin)
- Clarinex (desloratadine)
- Capozide (captopril/HCTZ)
- Lovenox (enoxaparin)
- Allegra (fexofenadine)
- Zetia (ezetimibe)
- Razadyne ER (galantamine)

Guest Speaker(s)

- None

CCHP P&T Committee approved the following modifications to the formulary:

Medication Name & Dosage Strength	Approved Formulary Changes
Vaseretic (enalapril/HCTZ)	Remove PA requirements and add to the formulary as a tier 1 preferred agent.
Lotrel (amlodipine/benazepril)	Remove PA requirements and add to the formulary as a tier 1 preferred agent.
Tiazac (diltiazem CR)	Remove PA requirements and add to the formulary as a tier 1 preferred agent.
Lindane topical	Remove from the formulary due to safety concerns. Product banned from use in CA. Zero utilization – no grandfather or patient notification necessary.

New Product Reviews	
• Aliqopa • Baxdela • Endari • Trelegy Ellipta • Fiasp • Symproic • Cyclotens • Loyon • Kamdoy • Verzenio • Vabomere • Ingrezza • Zilretta • Xhance • Zodex • Rebinyn • Hemlibra	• Mixed Vespid Venom Protein • Parsabiv • Enbrel Cartridge • Shingrix • Yescarta • Varubi • Calquence • Ximino • Benzidazole • Bydureon BCise • Qtern • Neocera • Durolane • Tracleer • Fasenra • Xalix