



**Contra Costa Health Plan**  
**P&T Formulary Update**  
**July 6, 2018**

**Volume 6**

**Changes effective: 8/1/2018**

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

*On July 6, 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	
<ul style="list-style-type: none"> <li>• Pancreatic enzymes</li> <li>• Ophthalmic antihistamines</li> <li>• Hepatitis C</li> <li>• Topical anti-inflammatories</li> <li>• Sleep medications</li> <li>• Topical retinoids</li> <li>• Clostridium difficile therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Skeletal muscle relaxants</li> <li>• Chelating agents</li> <li>• Intranasal steroids</li> <li>• Oral fluoroquinolones</li> <li>• Testosterone replacement therapy</li> <li>• COPD</li> <li>• Select anti-convulsants</li> </ul>
Drug Monographs	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
Prior Authorization Criteria Updates	
<p><u>New criteria was created for the following agents:</u></p> <ul style="list-style-type: none"> <li>• Daliresp (roflumilast)</li> <li>• Pazeo (olopatadine)</li> <li>• Pennsaid (diclofenac)</li> <li>• Onfi (clobazam)</li> <li>• Belsomra (suvorexant)</li> </ul> <p><u>Updates were made to the criteria for the following agents:</u></p> <ul style="list-style-type: none"> <li>• Topical Testosterone</li> <li>• Pataday (olopatadine)</li> <li>• Alocril (nedocromil)</li> <li>• Noroxin (norfloxacin)</li> </ul> <p><u>Criteria reviewed and unchanged:</u></p> <ul style="list-style-type: none"> <li>• Caverject (alprostadil)</li> <li>• Azopt (brinzolamide)</li> <li>• Amrix (cyclobenzaprine XR)</li> <li>• Cubicin (daptomycin)</li> </ul>	

- Declomycin (demeclocycline)
- Famvir (famciclovir)
- Levaquin (levofloxacin)
- Zyvox (linezolid)
- Vigamox (moxifloxacin)
- Xifaxan (rifaximin)

The following drugs were added to the CCHP formulary:

- Firvanq (vancomycin oral solution)
- Vancocin (vancomycin oral capsules)
- Uroxatral (alfuzosin)
- Metaglip (metformin/glipizide)
- Glucovance (metformin/glyburide)
- Personal Best Peak Flow Meter
- Differin OTC (adapalene 0.1% gel)
- Shingrix (shingles vaccine)

#### **Guest Speaker(s)**

- None

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

<b>Medication Name &amp; Dosage Strength</b>	<b>Approved Formulary Changes</b>
Daliresp (roflumilast)	Criteria for Daliresp will require a diagnosis of severe COPD/chronic bronchitis, and a history of exacerbations with continued worsening despite current therapy with LABA, ICS and LAMA
Pazeo (olopatadine 0.7% ophthalmic)	Criteria for Pazeo will require a diagnosis of allergic conjunctivitis and a trial and failure of ketotifen, cromolyn, Patanol, and Pataday.
Pennsaid (diclofenac 2% topical)	Criteria for Pennsaid will require a diagnosis of osteoarthritis of the knee and a trial and failure of at least 2 formulary oral NSAIDs, topical 1% diclofenac, topical 1.5% diclofenac, and medical necessity determination by the CCHP medical director.
Onfi (clobazam)	Criteria for Onfi will require that the member is at least 2 years of age with a definitive diagnosis of Lennox Gastaut Syndrome, must be currently receiving treatment with at least 1 other antiepileptic medication in combination with Onfi, and a trial and failure of at least 1 of the following: valproic acid, topiramate, lamotrigine, felbamate, or rufinamide.
Belsomra (suvorexant)	Criteria for Belsomra will require that the member is at least 18 years of age with a diagnosis of insomnia, and a trial and failure of zolpidem, eszopiclone, zaleplon, and zolpidem ER.

Topical testosterone therapy	Injectable testosterone (cypionate or enanthate) are still the preferred formulary agents. Topical agents such as Androderm (patch) and Androgel (gel) are available through the PA process, and will require trial and failure of injectable testosterone OR documented clinical reason why injectable formulation can't be used (such as extreme needle phobia, etc.).
Pataday (olopatadine ophthalmic)	Criteria for Pataday will require trial and failure of ketotifen, cromolyn, and Patanol.
Alocril (nedocromil)	Criteria for Alocril will require trial and failure of ketotifen, cromolyn, Patanol, and Pataday.
Noroxin (norfloxacin)	Criteria retired - this product has been discontinued.
Firvanq (vancomycin oral solution)	Criteria has been retired, and this drug has been added to the formulary with tier 1 status.
Vancocin (vancomycin oral capsules)	Criteria has been retired, and this drug has been added to the formulary with tier 1 status.
Uroxatral (alfuzosin)	Criteria has been retired, and this drug has been added to the formulary with tier 1 status.
Metaglip (metformin/glipizide)	Added to the formulary with tier 1 status.
Glucovance (metformin/glyburide)	Added to the formulary with tier 1 status.
Personal Best Peak Flow Meter	Added to the formulary with tier 2 status; limited to #1 per member per 180 days.
Differin OTC (adapalene 0.1% gel)	Added to the formulary; limited to members <40 years of age, and limited to 15gm per 30 days.
Shingrix (shingles vaccine)	Added to the formulary; limited to members >50 years of age, and limited to 2 shots per lifetime.

#### New Product Reviews

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| <ul style="list-style-type: none"> <li>• Biktarvy (bictegr/emtricitabine/tenofovir)</li> <li>• Endari (glutamine packets)</li> <li>• Symdeko (tezacaftor/ivacaftor)</li> <li>• Erleada (apalutamide)</li> <li>• Lonhala (glycopyrrolate)</li> <li>• Zenpep (pancreatic enzymes)</li> <li>• Makena (hydroxyprogesterone)</li> <li>• DiThol (diclofenac 1.5% menthol)</li> <li>• Imbruvica (ibrutinib)</li> <li>• Bonjesta (doxylamine/pyridoxine)</li> <li>• Symfi Lo (efavirenz/lamivudine/tenofovir)</li> <li>• Tisseel (thrombin kit)</li> <li>• Trogarzo (ibalizumab)</li> <li>• Rhopressa (netarsudil)</li> <li>• Tasigna (nilotinib)</li> <li>• Tavalisse (fostamantoin)</li> <li>• Dexycu (dexamethasone ocular)</li> </ul> | <ul style="list-style-type: none"> <li>• Lucentis (ranibizumab)</li> <li>• Cimduo (lamivudine/tenofovir)</li> <li>• Symfi (efavirenz/lamivudine/tenofovir)</li> <li>• Toujeo Max (insulin glargine)</li> <li>• Esomep-EZS (esomeprazole)</li> <li>• Balcoltra (levonorgestrel/ethinyl estradiol Fe)</li> <li>• Photrexa (ophthalmic solution)</li> <li>• HyperRAB (rabies immune globulin)</li> <li>• Hyclodex (hypochlorous acid spray)</li> <li>• Zypitamag (pitavastatin)</li> <li>• Steritalc (talc powder)</li> <li>• Crysvita (burosumab)</li> <li>• Lidotrex (lidocaine/aloe)</li> <li>• Jynarque (tolvaptan)</li> <li>• Humira Kits (adalimumab)</li> <li>• Kymriah (tisagenlecleucel)</li> <li>• Evivo (bifidobacterium packet)</li> </ul> |
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| <ul style="list-style-type: none"><li>• Norvir (ritonavir packet)</li><li>• Osmolex ER (amantadine)</li><li>• Aimovig (erenumab)</li></ul> | <ul style="list-style-type: none"><li>• Akynzeo (fosnetupitant)</li><li>• Andexxa (factor Xa solution)</li><li>• Eskata (hydrogen peroxide solution)</li></ul> |
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