



Contra Costa Health Plan
P&T Formulary Update
October 12, 2018

Volume 7

Changes effective: 10/12/2018

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

On October 12, 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"> • DMARDs • Biologics • Urinary tract antispasmodics • Allergic extracts (sublingual) • Antivirals • Androgens 	<ul style="list-style-type: none"> • Vitamin D/Calcium products • Test Strips
Drug Monographs	
<ul style="list-style-type: none"> • None 	
Prior Authorization Criteria Updates	
<p><u>New criteria was created for the following agents:</u></p> <ul style="list-style-type: none"> • Breo Ellipta (fluticasone furoate/vilanterol) • Rhopressa (Netarsudil) • Urea Cream 40% • Aimovig (Erenumab-aooe) • Finacea (Azelaic acid) • Parsabiv (etelcalcetide) • Lovaza (omega-3-ethyl esters) • Enablex (Darifenacin) • Trosium ER 60mg <p><u>Updates were made to the criteria for the following agents:</u></p> <ul style="list-style-type: none"> • Butrans (buprenorphine) transdermal • BP monitors • Testosterone products • Sensipar (cinacalcet) • Detrol (Tolterodine) • Xeljanz (Tofacitinib) 	

- Stelara (Ustekinumab)
- Otezla (Ampremilast)
- Simponi (Golimumab)
- Enbrel (Etanercept)
- Humira (Adalimumab)
- Remicade (Infliximab)
- Vesicare (solifenacin)
- Striant (Testosterone) Buccal

Criteria reviewed and unchanged:

- Acyclovir 5% Cream
- Zovirax (Acyclovir 5% Ointment)
- Myrbetriq (Mirabegron)
- Oxytrol (Oxybutynin transdermal 3.9mg/24 hours)

The following drugs were added to the CCHP formulary:

- Fish oil (omega-3 fatty acid-fish oil 300mg-1000mg)
- Calcium carbonate/vitamin D3
- Vaccines: YF-Vax (yellow fever), Vivotif (oral typhoid), Typhim (typhoid), Ixiaro (Japanese encephalitis), VaxChora (cholera)
- Inflectra (Infliximab-dyyb)
- Reacrit (epoetin alfa-epbx)

Guest Speaker(s)

- None

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

Medication Name & Dosage Strength	Approved Formulary Changes
Breo Ellipta (fluticasone furoate/vilanterol)	Formulary for members 4-11yo. Criteria for Breo requires a trial and failure to Symbicort or Dulera if a diagnosis of asthma. Requires a trial and failure of Symbicort if the diagnosis of COPD.
Rhopressa (Netarsudil)	Criteria for Rhopressa will require a diagnosis of open-angle glaucoma or ocular hypertension AND a trial and failure of at least two other medications to reduce IOP (latanoprost, timolol, brimonidine, pilocarpine or dorzolamide)
Urea Cream 40%	Criteria for Urea 40% cream requires a trial and failure of Urea 20% cream
Aimovig (erenumab-aooe)	Criteria for Aimovig requires a prescription by a neurologist or specialist and a diagnosis of chronic or episodic migraines. An adequate trial (≥ 2 months) and failure, or inadequate response to 3 preventative agents including: amitriptyline, nortriptyline, metoprolol, propranolol, topiramate, or valproate.

Finacea (Azelaic acid)	Criteria for Finacea requires a diagnosis of rosacea, which must be prescribed by a dermatologist and a trial and failure of topical metronidazole
Butrans (buprenorphine) transdermal patch	Criteria for Butrans will require severe pain and a trial and failure to at least three opioid or non-opioid formulary therapies (oral NSAIDs, topical analgesics, corticosteroids, opioids, and anticonvulsants).
Xeljanz (Tofacitinib)	Criteria for Xeljanz will require a trial and failure of corticosteroids, azathioprine, or 6MP AND an aminosalicylate AND Humira
Stelara (Ustekinumab)	<p>Criteria for Stelara requires a diagnosis by a rheumatologist of psoriatic arthritis and requires a trial and failure to at least one NSAID and one of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel and Humira</p> <p>Criteria for Stelara requires a diagnosis of Crohn's disease by a gastroenterologist and a trial and failure to 2 of the following: corticosteroids, azathioprine or 6MP or methotrexate or an aminosalicylate AND Humira.</p>
Remicade (Infliximab)	Criteria for Remicade requires a diagnosis of psoriatic arthritis by a rheumatologist and a trial and failure of at least one NSAID AND a least two of the following: methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, and/or leflunomide AND Enbrel AND Humira
Lovaza (omega-3-ethyl esters)	Criteria for Lovaza requires step therapy with fish oil within the past 30 days
Enablex (Darifenacin)	Criteria for Enablex requires a trial and failure of oxybutynin IR or ER AND tolterodine IR or ER
Trospium ER 60mg	Criteria requires a trial and failure to oxybutynin IR or ER AND tolterodine IR or ER.
Fish oil (omega-3 fatty acid-fish oil 300mg-1000mg)	This drug has been added to the formulary with tier 1 status.
Calcium carbonate/vitamin D3	Added to the formulary with tier 1 status.
YF-Vax (yellow fever)	Added to the formulary with tier 3 status
Vivotif (oral typhoid)	Added to the formulary with tier 2 status
Typhim (typhoid injection)	Added to the formulary with tier 2 status
Ixiaro (Japanese encephalitis)	Added to the formulary with tier 3 status
VaxChola (cholera)	Added to the formulary with tier 2 status
Inflectra (Infliximab-dyyb)	Added to the formulary with tier 3 status.

Reacrit (epoetin alfa-epbx)	Added to the formulary with tier 3 status
New Product Reviews	
<ul style="list-style-type: none"> • Doptelet (Avatrombopag) • Lucemyra (Lofexidine HCl) • Olumiant (Baricitinib) • Palynziq (Pegvaliase-pqpz) • Mektovi (Binimetinib) • Braftovi (Encorafenib) • Aristada Initio (Aripiprazole) • Fulphila (Pegfilrastim-JMDB) • Symtuza (Darunavir-cobicistat-emtriciabine-tenofovir) 	<ul style="list-style-type: none"> • Zemdri (Plazomicin sulfate) • Orilissa (Elagolix) • Tibsovo (Ivosidenib) • Macrilen (Macimorelin) • KelaRx (Dimethicone) • Lokelma (Sodium zirconium cyclosilicate) • Galafold (Migalastat) • Onpattro (Patisiran Lipid) • SilaLite Pak (Triamcinolone/silicone) • Mulpleta (Lusutrombopag) • Poteligeo (Mogamulizumab) • Ilumya (Tildrakizumab-asmn) • Takhzyro (Lanadelumab-flyo)