



Contra Costa Health Plan
P&T Formulary Update
March 4, 2021

Volume 17

Changes effective: 4/15/2021

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

On March 4, 2021 the CCHP P&T Committee reviewed the following Therapeutic Classes, Drug Monographs and PA criteria for efficacy, safety, utilization, cost and safety:

Formulary Changes

Formulary Additions

- **Entresto (Sacubitril-valsartan)** with Quantity limit #60 per 30 days for all strengths
- **Baclofen 5mg oral tablet** with Quantity limits #90 per 30days
- **Clindamycin 75mg/5ml Oral Solution** is no longer restricted by age
- **Prasugrel 5mg, 10mg tablet** Quantity limit #30 per 30days
- **Fosinopril 10mg, 20mg, 40mg tablet**
- **Quinapril 5mg, 10mg, 20mg tablet**
- **Trandolapril 1mg, 2mg, 4mg tablet**
- **Telmisartan 20mg, 40mg, 80mg tablet**
- **Quinapril 10mg-12.5mg, 20mg-12.5mg, 20mg-25mg hydrochlorothiazide tablet**

Formulary edits to restrictions

- **Clopidogrel 300mg tablets** Quantity limit increased to #2 per 30 days

Removed from Formulary

- **Carbidopa-levodopa-entacapone (Stalevo) 37.5mg-150mg-200mg, 25mg-100mg-200mg, 12.5mg-50mg-200mg tablets**
- **Benzotropine 1mg/ml injection solution**
- **Eptifibatide 0.75mg/ml, 2mg/ml IV solution**
- **Aggrastat 12.5mg/250ml IV**
- **Papaverine 30mg/ml injection solution**
- **Enalaprilat 1.25mg/ml IV solution**
- **Trandopril-verapamil 2mg-180mg ER, 1mg-240mg, 2mg-240mg, 4mg-240mg tablet**
- **Epoprostenol 0.5mg, 1.5mg IV solution**
- **Treprostinil 1mg/ml, 2.5mg/ml, 5mg/ml, 10mg/ml IV solution**
- **Velettri 1.5mg IV solution**

Prior Authorization Criteria Updates

New criteria:

- **Cosentyx (secukinumab)** requires a trial and failure of Enbrel and Humira for all indications. (Topical therapeutics, systemic DMARDs, and/or NSAID may also be required, which is dependent on indication)

Updates were made to the criteria for the following agents:

- **Benralizumab (Fasenra), Dupilumab (Dupixent), Meprolizumab (Nucala)**-consolidation of criteria. Dupixent will no longer require systemic therapy for atopic dermatitis
- **Cystic Fibrosis Agents (Pulmozyme, TOBI, Kalydeco)** remove requirements for labs such as FEV1, liver transaminase level, bilirubin
- **ESA Agents**-Update lab requirements according to ASCO guidelines
- **Evolocumab (Repatha)**-requires trial and failure of ezetimibe
- **Antifibrotic Respiratory Tract Agents (Ofev, Esbriet)**- New criteria for new indications such as Chronic Fibrosing ILDS with progressive phenotype
- **Omalizumab (Xolair)**-Immunotherapy no longer required; New criteria for nasal polyps requires trial and failure of corticosteroids and saline irrigations
- **Pulmonary Arterial Hypertension**-consolidation of criteria. Pregnancy tests and documentation of medical records no longer needed

Guest Speaker(s)

- None

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

Medication Name & Dosage Strength	Approved Formulary Changes
CLINDAMYCIN (PEDI) 75 MG/5 ML Oral solution	Change to T1 Formulary Status
fosinopril 40 mg tablet	
fosinopril 10 mg tablet	
fosinopril 20 mg tablet	
quinapril 10 mg tablet	
quinapril 20 mg tablet	
quinapril 5 mg tablet	
quinapril 40 mg tablet	
trandolapril 1 mg tablet	
trandolapril 2 mg tablet	
trandolapril 4 mg tablet	
telmisartan 40 mg tablet	
telmisartan 80 mg tablet	
telmisartan 20 mg tablet	
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet	
Ozempic 1 mg/dose (4 mg/3 mL) SubQ pen injector	Change to Tier 2 Formulary status with Quantity limitations
Entresto (Sacubitril-valsartan) 24mg-26mg tablet	
ENTRESTO 97 MG-103 MG TABLET	
ENTRESTO 49 MG-51 MG TABLET	
BACLOFEN 5 MG TABLET	
clopidogrel 300 mg tablet	

prasugrel 5 mg tablet	
prasugrel 10 mg tablet	
New Product Reviews (including new indications)	
• Qdolo (tramadol) oral solution • Impeklo (clobetasol) 0.05% topical lotion • Olinvyk (oliceridine) 30mg/30ml IV solution • Eysuvis (loteprednol etabonate) 0.25% eye drops • Nyvepria (pegfilgrastim-apgf) 6mg/0.6ml • Oxlumo (lumasiran) 94.5mg/0.5ml subQ solution • Danyelza (naxitamab-gqgk) 4mg/ml IV solution • Winlevi (clocosoterone) 1% topical cream	• Zokinvy (Lonafamib) 50mg,75 mg capsule • Imcivree (setmelanotide) 10mg/ml SubQ • Byfavo (remimazolam) 20mg IV solution • Gemtesa (vibegron) 75mg tablet • Iclusig (ponatinib) 30mg tablet • Ongentys (opicapone) 25mg capsule • Klisyri (tirbanibulin) 1% topical ointment packet