



Contra Costa Health Plan **P&T Formulary Update** **September 24, 2021**

Changes effective: 11/12/2021

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

On September 24, 2021 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"> Glaucoma agents IBS-C D CIC and opioid induced constipation Chelating agents Peak Flow Meters 	<ul style="list-style-type: none"> Influenza antivirals Intranasal steroids
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"> Albendazole <p><u>Updates were made to the criteria for the following agents:</u></p> <ul style="list-style-type: none"> Cialis 5mg Suvorexant (Belsomra) <p><u>Criteria reviewed and unchanged:</u></p> <ul style="list-style-type: none"> Empagliflozin (Jardiance) Symbicort HFA inhaler quantity limits <p><u>CCHP formulary changes were made to the following drugs:</u></p> <ul style="list-style-type: none"> Diclofenac 1% gel quantity limits 	
Guest Speaker(s)	
<ul style="list-style-type: none"> None 	
<u>CCHP P&T Committee approved the following modifications to the formulary (commercial and BHC members):</u>	
Medication Name & Dosage Strength	Approved Formulary Changes
Diclofenac 1% gel	Increasing quantity limits from 200 to 300gms/30days
Belsomra 5, 10, 15, and 20mg tablet	New criteria; Added to Tier 3 (prior auth required)

Rocklatan 0.02%-0.005% eye drops	New criteria; Added to Tier 3 (prior auth required)
Relistor 150mg tablet	New criteria; Added to Tier 3 (prior auth required)
Relistor 8mg/0.4ml, 12mg/0.6ml subQ syringe and 12mg/0.6ml subQ solution	New criteria; Added to Tier 3 (prior auth required)
Movantik 12.5mg, 25mg tablets	New criteria; Added to Tier 3 (prior auth required)
Symproic 0.2mg tablet	New criteria; Added to Tier 3 (prior auth required)
Lubiprostone (Amitiza) 8mcg, 24mcg capsules	New criteria; Added to Tier 3 (prior auth required)
Motegrity 1mg, 2mg tablet	New criteria; Added to Tier 3 (prior auth required)
Linzess 72mcg, 145mcg, 290mcg capsules	New criteria; Added to Tier 3 (prior auth required)
Trulance 3mg tablet	New criteria; Added to Tier 3 (prior auth required)
Alosetron 0.5mg, 1mg tablet	Removed from the formulary, prior auth now required
Lactulose 10 gram oral pkt	Removed from the formulary, prior auth now required
Kristalose 20 gram oral pkt	Removed from the formulary, prior auth now required
Deferoxamine 500mg, 2gm injection	New criteria; Added to Tier 3 (prior auth required)
Deferasirox 125, 250, 500mg disp tab	New criteria; Added to Tier 3 (prior auth required)
Deferasirox 90mg, 180mg, 360mg tab	New criteria; Added to Tier 3 (prior auth required)
Deferiprone 500mg tablet	New criteria; Added to Tier 3 (prior auth required)
Ferriprox 1,000mg tab	New criteria; Added to Tier 3 (prior auth required)
Ferriprox 100mg/ml oral solutionn	New criteria; Added to Tier 3 (prior auth required)
Airzone Peak Flow Meter	Added to formulary
Asthma Check Meter	Added to formulary
Peak Air Peak Flow Meter	Added to formulary
Pocket Peak Flow Meter	Added to formulary

New Product Reviews (including new indications)

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| <ul style="list-style-type: none"> • Xpovio (Selinexor) 40mg • Zynlonta (loncastuximab tesirine-lpyll) 10mg • Jemperli (dostarlimab-gxly) 50mg/ml IV solution • Accrufer (ferric maltol) 30mg capsule • Ingrezza (valbenazine tosylate) 60mg capsule • Exservan (riluzol) 50mg oral film • Skyrizi (Risankizumab-rzaa) 150mg/ml subcutaneous syringe • Zynrelef (bupivacaine/meloxicam) • Empaveli (pegcetacoplan) 1,080mg/20ml • Kimyrsa (oritavancin diphosphate) 1,200mg IV solution • Truseltiq (infigratinib phosphate) | <ul style="list-style-type: none"> • Ayvakit (avapritinib) 25mg, 50mg tablet • Nymalize (nimodipine) 60mg/10ml oral solution • Brexafemme (ibrexafungerp citrate) 150mg oral tablet • Rylaze (asparaginase erwinia) 10mg/0.5ml injection • Kerendia (finerenone) 10mg tablets • Xofluza (abloxavir marboxil) 80mg tablet • Tirosint (levothyroxine) • Silatrix (sucralfate) 1gram/10gm gel |
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- Lumakras (sotorasib) 120mg tablet
- Aduhelm (aducanumab-away)
100mg/ml IV solutioon