



**Contra Costa Health Plan
P&T Formulary Update
December 13, 2024**

Changes effective: 1/31/2025

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

On December 13, 2024 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"> • Urinary antispasmodics • Calcium and Vitamin D agents • Pulmonary Arterial Hypertension • Topical Agents for Actinic Keratosis • Osteoporosis agents • Blood glucose strips
Drug Monographs
<ul style="list-style-type: none"> • Cobenfy • Rytelo
Prior Authorization Criteria Updates
<p><u>New criteria was created for the following agents:</u></p> <ul style="list-style-type: none"> • Zoryve • Ohtuvayre • Yorvipath • Nemluvio <p><u>Updates were made to the criteria for the following agents:</u></p> <ul style="list-style-type: none"> • Urinary antispasmodics <p><u>Criteria reviewed and unchanged:</u></p> <ul style="list-style-type: none"> • Calcium and Vitamin D agents • Pulmonary Arterial Hypertension • Topical agents for Actinic Keratosis <p><u>CCHP formulary changes were made to the following drugs:</u></p> <ul style="list-style-type: none"> • Risedronate 35mg, 150mg oral tablets
Guest Speaker(s)
<ul style="list-style-type: none"> • None
<p align="center"><u>CCHP P&T Committee approved the following modifications to the formulary</u></p>

<u>(commercial and BHC members):</u>	
Medication Name & Dosage Strength	Approved Formulary Changes
Risedronate 35mg and 150mg	Add to formulary with quantity limit
Glucose Test strips (misc. Brands)	Remove test strips from COM formulary with no utilization to match BHC formulary
Teriparatide Pen-Injector	Add to formulary with prior authorization
Veltassa Oral Packet	Add to formulary with Step Therapy and Quantity limit
Femlyv ODT Tablet	Add to formulary
FreeStyle Libre Sensor	Add to formulary with prior authorization
Oxbryta Tablet	Remove from the formulary
Tolterodine oral Tablet and ER caps	Remove Step therapy requirement
Fexofenadine tablets	Remove Step therapy requirement
New Product Reviews (including new indications)	
<ul style="list-style-type: none"> • Piasky (Crovalimab-akkz) solution • Vafseo (vadadustat) • Livmarli (Maralixibat) • Retevmo (selpercatinib) tablet • Tecelra (afamitresgene Autoleucel) IV • Nemluvio (Nemolizumab) • Tryvio (Aprocitentan) • Ebglyss (lebrikizumab) subcutaneous auto-injector • Miplyffa (Arimoclomol) capsule • Voranigo (Vorasidenib) • Livdelzi (seladelpar) capsule • Lazcluze (Lazertinib) tablet • Tevimbra (Tislelizumab-jsgr) • Yorvipath (palopegteriparatide) pen injector • Rytelo (imetelstat) IV vial • Tremfya (guselkumab) prefilled syringe • Cobenfy (xanomeline-trospium) capsule • Aqneursa (levacetylleucine) oral 	