



**Contra Costa Health Plan
P&T Formulary Update
September 12, 2025**

Changes effective: 10/17/2025

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

On September 12, 2025 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"> • Fluoroquinolones • Chelating Agents • Bowel Prep agents • Hepatitis C gents • Ophthalmic Antibiotics and corticosteroid combinations 	<ul style="list-style-type: none"> • Respiratory aids and Devices • Rho Immune globulins • VEGF Inhibitors
Drug Monographs	
<ul style="list-style-type: none"> • Ctexli • Vkat XR • Immunoglobulin A Nephropathy Agents 	
Prior Authorization Criteria Updates	
<p><u>New criteria was created for the following agents:</u></p> <ul style="list-style-type: none"> • Inclisiran (Leqvio) • Encelto (Revakinagene taroretcel) • Eye products: riboflavin, dexamethasone implants • Ocrevus • Xdemvy (lotilaner) ophthalmic solution <p><u>Updates were made to the criteria for the following agents:</u></p> <ul style="list-style-type: none"> • Supportive care: Pegfilgrastim • Injectafer • Isotretinoin <p>Formulary updates</p> <ul style="list-style-type: none"> • Fluoroquinolones • MResvia age limit update <p><u>Criteria reviewed and unchanged:</u></p> <ul style="list-style-type: none"> • Bowel Prep agents • Hepatitis C gents 	

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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
Levofloxacin 250mg	Add QL (30tabs/30days)
Levofloxacin 500mg	Add QL (30tabs/30days)
Compact Space Chamber	Add to formulary as F-QL(2Ea/365 days)
Prochamber Holding Chamber	Add to formulary as F-QL(2Ea/365days)
MResvia	Age limit update to 18 yrs+
Alecensa Oral Capsule 150mg	Add to Formulary with PA requirement
Xtandi 40mg, 80mg cap/tab, Tablet	Add to Formulary with PA requirement
Imuldosa SubQ Prefilled syringe 45mg/0.5ml, 90mg/ml	Add to Formulary with PA requirement
Miudella Intrauterine Copper Intrauterine Device	Add to formulary, no restrictions
Rosyrax Oral Tablet	Add to formulary, no restrictions
Galbriela Oral Tablet 0.8-25mg	Add to formulary, no restrictions
Promethazine Oral Syrup 6.25mg/5ml	Add to formulary, no restrictions
Averi Oral Tablet 0.15-0.03mg	Add to formulary, no restrictions
GNP Naloxone Nasal Liquid 4mg/0.1ml	Add to formulary, no restrictions
Motegrity Oral Tablet 1mg, 2mg	Remove from formulary
Prucalopride Oral Tablet 1,2mg	Add to formulary with PA requirement
New Product Reviews (including new indications)	
<ul style="list-style-type: none"> • Dolobid (Diflunisal) oral tablet • Clemastine fumarate oral tablet • Imaavy (Nipocalimab-aahu) IV solution • Tepylute (Thiotepa) IV solution • Livmarli (Maralixibat) oral tablet • Edurant (Rilpivirine) oral tablet • Avmapki Fakzynja (Avutometinib/Defactinib) oral therapy pack • Ryzneuta (Efbemalenograstim alfa-vuxw) subQ syringe • Bucapsol (Buspirone) oral capsules 	<ul style="list-style-type: none"> • Zelsuvmi (Berdazimer gel) 10.3% • Zevaskyn (Prademagene zamikeracel) • Pruradik (Crotamiton) external lotion 10% • Enflonsia (clesrovimab-cfor) prefilled syringe • Andembry (garadacimab-gxii) SubQ solution • Crenessity (crinecerfont) oral capsule • Ibtrozi (taletrectinib) oral capsule • Yeztugo (lenacapavir) subQ solution • Tryptyr (acoltremon) ophthalmic solution

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| <ul style="list-style-type: none">• Emblaveo (Aztreonam-Avibactam) IV solution• Glassia (Alpha1-proteinase) inhibitor• Leqselvi (Deuruxolitinib) oral tablet• Emsacpve (ensartinib) capsules | <ul style="list-style-type: none">• Harliku (nitisinone) oral tablet• Ekterly (Sebetralstat) oral tablet• Carbzah (Carbinoxamine) oral solution |
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