

Alameda Alliance for Health
FORMULARY UPDATE

Effective April 1, 2014 unless otherwise noted

Alameda Alliance for Health Pharmacy & Therapeutics (P&T) Committee Decisions

The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories at the March 6, 2014 meeting:

- Alzheimer's Agents
- Bile Acid Sequestrants
- IBS Agents
- Long-Acting Anticholinergic Agents
- Direct Factor Xa Inhibitors
- Phosphate Binders

The P&T Committee approved the following modifications to the formulary for the Alliance Medi-Cal and Alliance Group Care programs:

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
donepezil tablets 5mg, 10mg	Aricept	Remove prior authorization
cholestyramine light packets	Prevalite	Remove quantity limit
tiotropium capsule for inhalation	Spiriva	Remove step therapy requirement
acridinium aerosol powder breath activated	Tudorza	Add to formulary
Olopatadine HCl	Pataday	Add step on ketotifen
Olopatadine HCl	Patanol	Update step on Pataday
Levocetirizine Dihydrochloride	Xyzal	Remove prior authorization
urea 40% cream		Add to formulary with quantity limit
montelukast tablets 10mg	Singulair	Add to formulary with quantity limit

montelukast 4mg granules and 5mg chew tablets	Singulair	Add to formulary with quantity limit and age restriction
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The P&T Committee reviewed and updated the following Prior Authorization Guidelines for the Alliance Medi-Cal and Alliance Group Care programs:

PRIOR AUTHORIZATION GUIDELINES UPDATES
Biologic Agents
Alpha-1 Proteinase Inhibitors
Fuzeon
Infergen
Multiple Sclerosis Agents
Cancer Agents
Tysabri
Intranasal Corticosteroids
Ophthalmic Antihistamines
Pulmicort Respules
Second Generation Antihistamines
Stadol Nasal Solution
Testosterone
Sovaldi