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Alameda Alliance for Health FORMULARY UPDATE

Effective: April 21, 2017. Drugs notated with an * have an undetermined implementation date

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 and drug monographs at the March 2, 2017 meeting:

Therapeutic Class Reviews		Drug Monographs
<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents • Diabetes • Hepatitis B treatment 	<ul style="list-style-type: none"> • Cystic Fibrosis treatment • Asthma & COPD: inhalers • Anti-Tubercular Medications 	<ul style="list-style-type: none"> • Epinephrine Auto-Injector • Specialty Medications Pipeline

The P&T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs:

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Insulin Human injection U-500 vial	Humulin R U-500 vial	Remove Quantity Limit #30/30 and add Quantity Limit #20/30
Insulin lispro protamine/ insulin lispro 50/50	Humalog® Mix 50/50 vial	Remove Quantity Limit #20/30 and add Quantity Limit #30/30
Canagliflozin 100mg, 300mg Tablet	Invokana	Remove PA, add step therapy requiring prior use of Metformin
Canagliflozin/Metformin HCl 50 Mg-500, 50 Mg-1000, 150 Mg-500, 150 Mg-1000 Tablet	Invokamet	Remove PA, add step therapy requiring prior use of Metformin

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Insulin Glargine	Lantus vial	Add PA new starts only
Insulin Glargine	Lantus solostar	Add PA new starts only
Sulfacetamide sodium/sulfur 10-5% (W/W) cleanser	Rosanil	Add to formulary
Sulfacetamide 10% Suspension	Klaron	Remove from formulary
Sulfacetamide sodium/sulfur 10-5% (W/W) lotion	Avar	Remove from Formulary
Sulfacetamide sodium/sulfur 10-5% (W/V) lotion	Rosula	Add to formulary
Tiotropium Bromide With Handihaler 18 Mcg And Inhalation Capsules	Spiriva Handihaler®	Add Quantity Limit #30/30
Aclidinium Bromide inhalation powder 400mcg	Tudorza Pressair	Add Quantity Limit #1/30
Umeclidinium Inhalation Powder	Incruse Ellipta	Add Quantity Limit #30/30
(Fluticasone/Vilanterol) 100-25, 200-25 mcg inhaler	Breo Ellipta®	Add Quantity Limit #120/30

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Tiotropium Bromide inhalation	Spiriva Respimat	Add Quantity Limit #4/30
Salmeterol inhalation	Serevent Diskus®	Remove step therapy
Rifabutin 150mg Capsule	Mycobutin	Add to formulary and add to PA table
Bedaquiline 100mg Tablet	Sirturo	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Cycloserine 250mg Capsule	Seromycin	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Aminosalicylic acid granules	Paser	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Ethionamide Tablet	Trecator	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Icosapent ethyl 0.5 g Capsule	Vascepa	Add to formulary and add to PA table

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Moxifloxacin 400 mg Tablet	Avelox	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Linezolid 100 mg/5 ml Suspension and 600 mg Tablet	Zyvox	Add to formulary, add step therapy requiring history of at least a 6 day supply of ONE of the following in the previous 12 months: isoniazid, rifampin, pyrazinamide, OR ethambutol
Rifapentine 150 mg tablet	Priftin	Add to formulary, limit to 24 tabs/28 days and limit to 3 fills per rolling year
Tobramycin 300 mg/5 ml ampule	Kitabis Pak	Add to formulary and add to PA table
Ivacaftor/Lumacaftor 100-125 mg tablet	Orkambi®	Add to formulary and add to PA table
Naloxone HCL 2 mg/0.4 ml auto-injector	Evzio	Add to carve out list
Tenofovir 25 mg Tablet	Vemlidy	Add to formulary and add to PA table for Group Care
Buprenorphine/Naloxone 0.7 mg - 0.18 mg SL tab	Zubsolv	Add to carve out list
Infliximab	Remicade	Remove from formulary and remove from PA table

nGeneric Name & Strength/Dosage Form	Brand Name	Committee Actions*
Cyclosporine Ophthalmic Emulsion 0.05%	Restasis multidose drop	Add to formulary and add to PA table
Maraviroc 25 mg, 75 mg tablet	Selzentry	Add to carve out list
Fluticasone Furoate Nasal Spray	Veramyst	Remove from formulary (obsolete)

***Note:** Drugs removed from the formulary will be grandfathered for utilizing members unless noted otherwise under “Committee Actions”

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Novel Oral Anticoagulants	Nasal Steroids
Testosterone	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
LMWH Criteria (New)	Synagis 50mg vial, 100mg vial
Urinary Incontinence Agents	Pediculicides
Atomoxetine	Topical Immunosuppressive Agents
Cartilaginous Repair Agents	Makena
Cholinesterase Inhibitors	MCG Ambulatory Care 19th & 20th Edition J-codes Review
Dronabinol	Erythropoiesis-Stimulating Agents
Elmiron	Growth Hormone
Modafinil and Armodafinil	Specialty Medications
Atovaquone	

For questions, please contact the Alliance’s Pharmacy Services department at: (510) 747-4541.