

Alameda Alliance for Health
FORMULARY UPDATE

October 15, 2015 unless otherwise stated

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 September 3, 2015 meeting:

- GLP1 Agonists
- SGLT2 Inhibitors
- Atypical Antipsychotics
- Travel Medications/Malaria Medications
- Orkambi
- Entresto

*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
albiglutide 30mg and 50mg pen-injector, subcutaneous	Tanzeum®	Add to formulary with prior authorization
dulaglutide 0.75mg/0.5mg and 1.5mg/0.5ml solution pen-injector, subcutaneous	Trulicity®	Add to formulary with prior authorization
canagliflozin 100mg and 300mg tablets	Invokana®	Add to formulary with prior authorization
canagliflozin/metformin 50/500mg, 150/500mg, 50/1000mg and 150/1000mg tablets	Invokamet®	Add to formulary with prior authorization
empagliflozin 10mg and 25mg tablets	Jardiance®	Add to formulary with prior authorization
dapagliflozin/metformin 10/500mg, 10/1000mg, and 5/1000mg extended release tablets	Xigduo XR®	Add to formulary with prior authorization
clozapine 200mg tablets	Clozaril®	Add to formulary for Group Care only
clozapine 25mg, 50mg and 100mg tablets	Clozaril®	Remove quantity limits for Group Care only
risperidone 0.25mg ODT	Risperdal®	Add to formulary for Group Care only

aripiprazole 5mg, 10mg and 15mg tablets	Abilify®	Add to formulary for Group Care only
atovaquone/proguanil 250/100mg and 62.5/25mg tablets	Malarone®	Add to formulary with prior authorization
lumacaftor/ivacaftor 200/125mg tablets	Orkambi®	Add to formulary with prior authorization
sacubitril/valsartan 24/26mg, 49/51mg and 97/103mg tablets	Entresto®	Add to formulary with prior authorization
alogliptin 6.25mg, 12.5mg and 25mg tablets	Nesina®	Add to formulary with prior authorization
alogliptin/metformin 12.5/850mg tablets	Kazano®	Add to formulary with prior authorization
duloxetine 20mg, 30mg and 60mg tablets	Cymbalta®	Remove prior authorization requirement to make formulary with a quantity limit of 2 per day for 20mg and 1 per day for 30mg
ketorolac 0.5% ophthalmic solution	Acular®	Remove prior authorization requirement to make formulary
alirocumab 75mg/ml (1ml) and 150mg/ml (1ml) solution pen-injector and prefilled syringe	Praluent®	Add to formulary with prior authorization
evolocumab 140mg/ml prefilled syringe and prefilled SureClick	Repatha®	Add to formulary with prior authorization
testosterone cypionate 200mg/ml	Depo-Testosterone®	Increase quantity limit to 4ml per 28 days
psyllium husk (with sugar)	Metamucil®	Add to formulary
divalproex sodium 500mg	Depakote DR®	Add to formulary
lisdexamfetamine 10mg capsules	Vyvanse®	Add to formulary
methylphenidate CD 10mg, 20mg, 30mg, 40mg, 50mg and 60mg capsules extended release	Metadate CD®	Add to formulary
ivacaftor 150mg tablets and packets (50mg and 75mg)	Kalydeco®	Add to formulary with prior authorization
desvenlafaxine 25mg, 50mg and 100mg tablets extended release 24 hour	Pristiq®	Add to formulary with prior authorization

deferasirox 90mg, 180mg and 360mg tablets	Jadenu®	Add to formulary with prior authorization
aluminum chloride hexahydrate 20% solution	Drysol®	Add to formulary
riluzole 50mg tablets	Rilutek®	Add to formulary with quantity limit of 2 per day for Medi-Cal only
anagrelide 0.5mg and 1mg capsules		Add to formulary for Medi-Cal only
oprelvekin 5mg (1ea) solution reconstituted	Neumega®	Add to formulary with prior authorization for Medi-Cal only
acetylcysteine		Add to formulary with age limit of older than 21 years for Medi-Cal only
iron dextran complex 100mg/2ml vial	Infed®	Add to formulary with age limit of older than 21 years for Medi-Cal only
pentosan polysulfate sodium 100mg capsules	Elmiron®	Add to formulary with prior authorization for Medi-Cal only
milnacipran 12.5mg, 25mg, 50mg and 100mg tablets	Savella®	Add to formulary with prior authorization for Medi-Cal only
succimer 100mg capsules	Chemet®	Add to formulary with quantity limit of 105 per fill for Medi-Cal only
hyaluronidase, human recomb. 150 units per vial	Hylenex®	Add to formulary with prior authorization for Medi-Cal only
hyaluronidase ovine 200mg/ml in 1.2ml vial	Vitrase®	Add to formulary with prior authorization for Medi-Cal only
neomycin 500mg tablets		Add to formulary with quantity limit of 10 per fill
ciclopirox 8% solution	Penlac®	Add to formulary
cefuroxime axetil 500mg tablets	Ceftin®	Add to formulary

PRIOR AUTHORIZATION GUIDELINES UPDATES

ALOSETRON	CYSTIC FIBROSIS AGENTS
ANTIEMETICS	DEFERASIROX
BLOOD GLUCOSE TESTING SUPPLIES	DESVELAFAXINE

PRIOR AUTHORIZATION GUIDELINES UPDATES

DICLOFENAC 3% GEL	INFED
DPP4 INHIBITORS	LIPOTROPICS
DRONABINOL	MALARIA PROPHYLAXIS AGENTS
DRONEDARONE	METHYLNALTREXONE
DULOXETINE (<i>REMOVED CRITERIA</i>)	NIACIN
ELMIRON	OBESITY MEDICATIONS
ENTRESTO	OPHTHALMIC NSAIDs
EPOGEN	OPIOID DEPENDENCY AGENTS
EZETIMIBE	OXYCODONE
FEBUXOSTAT	PCSK9 INHIBITORS
FENTANYL CITRATE	ROSUVASTATIN
FLUTICASONE/SALMETEROL (INHALED)	SAVELLA
HEPATITIS B DRUGS	SGLT2 INHIBITORS
HYALURONIDASE	TESTOSTERONE
INCRETIN MIMETICS	

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