



Alameda Alliance for Health  
**FORMULARY  
UPDATE**  
Effective: **October 27, 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 September 14, 2017 meeting:

Therapeutic Class Reviews		
<ul style="list-style-type: none"> <li>• Chelating Agents</li> <li>• ADHD Treatment Agents</li> <li>• Opioid Dependency Agents</li> <li>• Atypical Antipsychotics</li> <li>• Alzheimer’s Disease Agents</li> </ul>	<ul style="list-style-type: none"> <li>• Parkinson’s Disease Agents</li> <li>• Hepatitis C</li> <li>• Movement Disorders</li> <li>• Agents for Atopic Dermatitis</li> <li>• Insulins</li> </ul>	<ul style="list-style-type: none"> <li>• Insomnia Agents</li> <li>• Pediculicides</li> <li>• Methotrexate Injections</li> </ul>

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*
Deferasirox	Jadenu Granule Packet	Add to formulary and add prior authorization
Penicillamine	Depen	Add prior authorization
Penicillamine	Cuprimine	Remove from formulary
Trientine	Syprine	Add prior authorization
Dimercaptosuccinic acid	Chemet	Remove fill limit of #105/fill
Dexmethylphenidate 2.5, 5, 10 mg tablet	Focalin 2.5, 5, 10 mg tablet	Add age restriction 6-18 years
Rivaroxaban	Xarelto 15 mg	Remove prior authorization, add quantity limit # 2/day

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Dextroamphetamine and Amphetamine 5, 7.5, 10, 12.5, 15, 20, 30 mg tablet	Adderall 5, 7.5, 10, 12.5, 15, 20, 30 mg tablet	Add age restriction 3-18 years
Methylphenidate HCl 40, 50, 60 mg Capsule ER	Metadate CD 40, 50, 60 mg Capsule ER	Add age restriction max 18 years; change age minimum from 3 years to 6 years
Methylphenidate HCl ER 10 mg tablet ER	Metadate 10 mg tablet ER	Add age restriction 6-18 years, increase quantity to #3/day to allow for three times daily dosing
Methylphenidate HCl ER 20 mg tablet ER	Metadate 20 mg tablet ER	Add age restriction 6-18 years
Methylphenidate HCl 5, 10, 20 mg tablet	Ritalin 5, 10, 20 mg tablet	Add age restriction 6-18 years, quantity limit #3/day
quinidine gluconate 324 mg SR tab	Quinidine Gluconate 324 mg SR tab	Remove from formulary (no grandfather, no utilization)
Methylphenidate 10 mg/9, 15 mg/9, 20 mg/9, 30 mg/9 hr transdermal patch	Daytrana	Add age restriction 6-18 years and quantity limit # 1 patch/day
Atomoxetine 10, 18, 25, 40, 60, 80, 100 mg capsule	Strattera 10, 18, 25, 40, 60, 80, 100 mg capsule	Remove step therapy and add quantity limit #1/1 day
Guanfacine ER 1, 2, 3, 4 mg Tablet ER (24 hours)	Intuniv 1, 2, 3, 4 mg Tablet ER (24 hours)	Add quantity limit #1 per day
Methylphenidate HCl 20, 30, 40 mg Capsule ER (24 hours)	Ritalin LA 20, 30, 40 mg Capsule ER (24 hours)	Add age restriction 6-18 years, quantity limit #1 per day
Methylphenidate HCl 10 mg Capsule ER (24 hours)	Ritalin LA 10 mg Capsule ER (24 hours)	Add age restriction 6-18 years, quantity limit #1 per day
Dextroamphetamine 5, 10 mg tablet	Dexedrine 5, 10 mg tablet	Add age restriction 3 – 18 years and add quantity limit #4 per day
Dextroamphetamine 5, 10, 15mg capsule	Dexedrine 5, 10, 15mg capsule	Remove from formulary (grandfather current users)
Lisdexamfetamine 10, 20, 30, 40, 50, 60 mg chewable tablet	Vyvanse 10, 20, 30, 40, 50, 60 mg chewable tablet	Add to formulary with quantity limit #1/1 day
Eszopiclone 1 mg, 2 mg, 3 mg tablet	Lunesta 1 mg, 2 mg, 3 mg tablet	Add quantity limit #1/1 day
Flurazepam 15 mg, 30mg capsule	Dalmane	Add quantity limit #1/1 day
Temazepam 15, 30 mg capsule	Restoril 15, 30 mg capsule	Add quantity limit #1/1 day
Doxepin 3, 6 mg tablet	Silenor 3, 6 mg tablet	Add POS message "Use doxepin concentrate"
Memantine 5, 10 mg tablet and 5/10 mg dose pack	Namenda 5, 10 mg tablet and 5/10 mg dose pack	Remove step therapy (maintain as formulary)

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Memantine 2 mg/ml oral solution	Namenda 2 mg/ml oral solution	Remove from formulary and remove step therapy
Memantine XR	Namenda XR	Update step therapy to include prior use of memantine (in addition to donepezil)
Bromocriptine 5 mg capsule	Cycloset 5 mg capsule	Remove from formulary and remove prior authorization
Amantadine 50 mg/ml syrup	Symmetrel 50 mg/ml syrup	Remove from formulary
Glecaprevir/Pibrentasvir	Mavyret	Add to formulary and add prior authorization
Insulin Glargine	Lantus vial	Term grandfathering and remove from formulary
Insulin Glargine	Lantus Solostar	Term grandfathering and remove from formulary
Insulin Glulisine	Apidra	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Glulisine	Apidra Solostar	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Lispro	Humalog Kwikpen 100 unit/ml	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Aspart	Novolog Flexpen	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Isophane	Humulin N Kwikpen	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Lispro Protamine/ Insulin Lispro	Humalog Mix 50-50 Kwikpen	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Lispro Protamine/ Insulin Lispro	Humalog Mix 75-25 Kwikpen	Add to formulary and add quantity limit #30 ml per 30 days
Insulin Aspart Protamine and Insulin Aspart	Novolog Mix 70-30 Flexpen	Add to formulary and add QL #30 ml per 30 days
Insulin Isophane and Insulin Regular	Humulin 70-30 Kwikpen	Add to formulary and add QL #30 ml per 30 days
Natroba	Spinosad	Remove prior authorization, maintain on formulary and add step therapy (trail and failure of permethrin OTC or piperonyl/pyrethrins in previous 45 days)
Malathion	Ovide	Remove prior authorization, maintain on formulary and add step therapy (trail and failure of permethrin OTC or piperonyl/pyrethrins in previous 45 days)
Benzyl Alcohol Lotion	Ulesfia	Add to formulary and add step therapy (trail and failure of permethrin OTC or piperonyl/pyrethrins in previous 45 days)

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Ivermectin	Sklice	Add to formulary and add step therapy (trail and failure of permethrin OTC or piperonyl/pyrethrins in previous 45 days)
Piperonyl butoxide/pyrethrins/permethrin kit		Add to formulary
Permethrin 1% liquid	Elimite 1% liquid	Add to formulary
Piperonyl/pyrethrins liquid	Medi-Lice	Remove from formulary (obsolete)
Methotrexate 25 mg/ml vial		Add to formulary
Methotrexate	Trexall	Remove from formulary, grandfather current users
Methotrexate	Otrexup	Add to formulary and add prior authorization
Methotrexate	Rasuvo	Add to formulary and add prior authorization
Tolterodine	Detrol	Remove prior authorization, maintain on formulary and add step therapy (trail and failure of oxybutynin or oxybutynin ER)
Tolterodine ER	Detrol LA	Remove prior authorization, maintain on formulary and add step therapy (trail and failure of oxybutynin or oxybutynin ER)
Lifitegrast Ophthalmic solution	Xiidra	Add to formulary and add prior authorization

**PRIOR AUTHORIZATION GUIDELINE UPDATES**

Urinary Incontinence Agents PA Criteria	Testosterone agents
Lipotropics	Cyclosporine Ophthalmic (Restasis)
Multaq® (dronedarone)	Malaria
Entresto® (sacubitril/valsartan)	Anti-emetics

**PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)**

Solaraze® (diclofenac sodium) 3%	Relistor (methylnaltrexone)
DPP4 Inhibitors	Anti-Obesity
Incretin Mimetics/GLP-1 Agonists	SGLT2 inhibitors
Inhaler Assistant Devices	Flector® (diclofenac epolamine) and Pennsaid® (diclofenac)
Niaspan® (niacin)	Xolair®
Cystic Fibrosis Agents	Pristiq® (desvenlafaxine)

**For questions, please contact the Alliance's Pharmacy Services department at:  
510.747.4541**