

Alameda Alliance for Health  
**FORMULARY UPDATE**

Effective February 1, 2014

**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 December 5, 2013 meeting:

- Hepatitis C and B
- Pulmonary Hypertension
- TNF
- Antidepressants
- Oral Antihistamines

\*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                  |
|--|------------|------------------------------------|
| Riociguat  | Adempas    | Add to Formulary with Step Therapy |
| Macitentan   | Opsumit    | Add to Formulary with Step Therapy |
| Clopidogrel  | Plavix     | Remove Code 1 restriction          |
| Montelukast  | Singulair  | Add to Formulary                   |
| <b>PRIOR AUTHORIZATION GUIDELINES UPDATES</b>                                      |            |                                    |
| Astelin- Changed to Nasal Antihistamines, added Astropro, Patanase, Dymista        |            |                                    |
| Nasal Steroids- Added QNASL, Zetonna and Omnaris to guideline                      |            |                                    |
| Cartilaginous Repair Agents- added pharmacy guidelines to match medical guidelines |            |                                    |

\*Note: Drugs removed from the formulary will NOT be grandfathered for utilizing members unless noted otherwise under “Committee Actions.”