

 <p>ALAMEDA Alliance FOR HEALTH</p> <p>Health care you can count on. Service you can trust.</p>	<p>Alameda Alliance for Health</p> <h1>FORMULARY UPDATE</h1> <p><u>Effective: January 19, 2017. Drugs notated with an * have an undetermined implementation date</u></p>
---	--

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 December 1, 2016 meeting:

Therapeutic Class Reviews		Drug Monographs
<ul style="list-style-type: none"> • Oral Antihistamines • Systemic Contraceptives • Ophthalmic Preparations • Antineoplastics – Systemic Enzyme Inhibitor Agents 	<ul style="list-style-type: none"> • Irritable Bowel Syndrome Class • Benign Prostatic Hyperplasia • Opioids & Opioid Combination • Benzodiazepines 	<ul style="list-style-type: none"> • Venclexta • Viberzi

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*
Loratadine 10 mg tablet/ Loratadine 15 mg/5 ml solution	Claritin	Remove Quantity Limit
Cetirizine 5, 10 mg tablet/ Cetirizine 1 mg/ml solution	Zyrtec	Remove Quantity Limit
Desloratadine 5 mg tablet	Calrinex	Add to Formulary
Diphenhydramine 12/5 mg/5 ml liquid	Benadryl	Add to Formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Chlorpheniramine 12 mg tablet	Chlor-Trimeton	Remove Prior Authorization to Remain as Formulary Without Restriction
Levonorgestrel-ethinyl estradiol 0.15-0.03 mg 3 mo.. tablet dose pack tablet	Seasonale	Remove Prior Authorization to Remain as Formulary Without Restriction
Ethinyl estradiol/drospironone 0.02 mg-3 mg (24) tablet	Gianvi	Remove Prior Authorization to Remain as Formulary Without Restriction
Ethinyl estradiol/drospironone 0.03 mg-3 mg tablet	Ocella	Remove Prior Authorization to Remain as Formulary Without Restriction
Phenylephrine 2.5% drops	Altafrin	Remove from Formulary
Phenylephrine 10% drops	Altafrin	Add to Formulary (MCAL only)
Echothiophate Iodide 0.125% drops	Phospholine Iodide	Remove from Formulary
Gentamicin/prednisolone acetate 0.3-0.6% ointment	Pred-G S.O.P.	Remove from Formulary
Gentamicin/prednisolone acetate 0.3-0.1% drops	Pred-G	Remove from Formulary
Sulfacetamide/prednisolone 10-0.2% ointment	Blephamide S.O.P	Remove from Formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Sulfacetamide/prednisolone 10-0.2% drops	Blephamide	Remove from Formulary and Remove Prior Authorization
Timolol maleate PF 0.25% droperette/ Timolol maleate PF 0.5% droperette	Timoptic Ocudose®	Remove from Formulary and Remove Prior Authorization
Trifluridine 1% drops	Viroptic	Add to Formulary (MCAL only)
Ganciclovir 15% gel	Zirgan	Add to Formulary (tier1), with quantity limit 5 grams/fill & 2 fills/365 days (MCAL)
Lubricant eye drops 0.3-0.4%	Systane	Add to Formulary (MCAL only)
Ofloxacin 0.3% drops	Ocuflox®	Add to Formulary (MCAL only)
Ketorolac tromethamine 0.5% drops	Acular	Remove Quantity Limit
Ciprofloxacin 0.3% drops	Ciloxan	Remove Quantity Limit
Eluxadoline	Viberzi	Add to formulary (tier 1 MCAL, tier 2 IHSS) and Prior Authorization
Finasteride 5 mg tablet	Proscar	Remove Quantity Limit

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Dutasteride 0.5 mg capsule	Avodart	Add to Formulary
Tamsulosin extended-release 0.4 mg capsule	Flomax	Remove Quantity Limit
Alfuzosin extended-release 10 mg tablet	Uroxatral	Add to Formulary
Pazopanib 200 mg tablet	Votrient	Add Prior Authorization and add age limit of 21 years
Vandetanib 100, 300 mg tablet	Caprelsa	Add Prior Authorization
Dasatinib 20, 50, 70, 80, 100, 140 mg tablet	Sprycel	Add age limit of 21 years
Crizotinib 200, 250 mg capsule	Xalkori	Add age limit of 21 years
(elbasvir/grazoprevir)	Zepatier	Add to Formulary
Codeine/butalbital/aspirin/caffeine 30-50-325mg	Fiorinal with Codeine	Remove from Formulary
Methadone 5, 10, 40mg tablets & oral solutions	Dolophine	Remove from Formulary and add Prior Authorization for New Starts only
(fentanyl citrate)	Actiq, Fentora, Abstral, Lazanda, Subsys	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered.

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
(lumacaftor/ivacaftor) 100-125 mg tablets	Orkambi	Add to Formulary and Add Prior Authorization
Triazolam*	Halcion	Grandfather the 17 members on the medication for 2 years
Alprazolam 0.25, 0.5, 1, 2 mg tablet/ Alprazolam 1 mg/ml oral concentrate*	Xanax	Add Quantity Limit #90 per 30 days and Grandfather with over quantity limit existing users with proactive Prior Authorization for 2 years
Lorazepam 0.5, 1, 2 mg tablet* Lorazepam 2 mg/ml oral concentrate*	Ativan	Add Quantity Limit #90 per 30 days and Grandfather with over quantity limit existing users with proactive Prior Authorization for 2 years
Chlordiazepoxide HCl 5,10, 25 mg capsule: #90/30 days*		Add Quantity Limit #90 per 30 days and Grandfather with over quantity limit existing users with proactive Prior Authorization for 2 years
Clonazepam 0.5, 1, 2 mg tablet and 0.125, 0.25, 0.5, 1, 2 mg ODT*	Klonopin	Add Quantity Limit #60 per 30 days and Grandfather with over quantity limit existing users with proactive Prior Authorization for 2 years ICD-10 to override quantity limit and allow increased dosing (up to 20 mg/day indicated) for seizure disorders.
Temazepam 15, 30mg add QL #30/30*	Restoril	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered.
Onfi® (clobazam) 10, 20 mg tablet*	Restoril	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered.
Oxazepam 10, 15, 30 mg capsule*	Restoril	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered.
Temazepam (Restoril®) 7.5, 22.5 capsule & GF existing users*	Restoril	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered for 2 years

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Lorazepam 2 mg vial*	Ativan	Remove from Formulary and Remove Prior Authorization Current users will be grandfathered for 2 years

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

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Specialty Biological Agents for Psoriasis	Specialty Biological Agents for Juvenile Idiopathic Arthritis
Specialty Biological Agents for non-FDA approved indications	Specialty Biological Agents for Rheumatoid arthritis
Injectable/Infusible Osteoporosis Agents	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Specialty Biological Agents for Crohn’s	Specialty Biological Agents for Ulcerative Colitis
Specialty Biological Agents for Psoriatic Arthritis	Specialty Biological Agents for Polyarticular Juvenile Idiopathic Arthritis
Specialty Biological Agents for Ankylosing spondylitis	Specialty Biological Agents for hidradenitis suppurativa
Symlin (pramlintide)	Evista (raloxifene)
Ranexa (ranolazine)	Banzel (rufinamide)
Sabril (vigabatrin)	Sedative hypnotics
Vfend (voriconazole)	Restoril (temazepam)
Gabitril (tiagabine)	Tasmar (tolcapone)
Topamax (topiramate) sprinkles	Tretinoin (Retin-A) gel or cream
Gattex (teduglitide)	Injectable Bisphosphonates
Lupron Depot/Depot-Ped (leuprolide)	Insulin Pens

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