



Alameda Alliance for Health
**FORMULARY
 UPDATE**

Effective: February 15, 2018. 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 December 14, 2017 meeting:

Therapeutic Class Reviews		
<ul style="list-style-type: none"> Intranasal antihistamines and corticosteroids Ophthalmic Antihistamines Oral Antihistamines Systemic Contraceptives HP Acthar monograph 	<ul style="list-style-type: none"> Endari monograph Overactive Bladder Irritable Bowel Syndrome Ulcerative Colitis and Crohn's Treatment Potassium Removing Agents 	<ul style="list-style-type: none"> Inhaled Anticholinergics Gender Dysphoria DUR: DPP-4 and GLP-1 inhibitor concomitant use Opioids and Opioid Combinations

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*
Morphine sulfate ER	MS Contin	Add prior authorization to new starts only, lookback 90 days for 1 paid claim for at least 4 days, allow member to decrease dose without PA but do not allow to increase dose without PA
Estradiol twice weekly patches	Alora	Add to formulary; add quantity limit #8 patches per 28 days; add age restriction min 40 years; require PA for males (transgender)
Estradiol once weekly patches	Climara	Add to formulary; add quantity limit #4 patches per 28 days; add age restriction min 40 years; require PA for males (transgender)
Conjugated estrogens	Premarin	Add gender restriction, require PA for males (transgender)
Estradiol tablets	Estrace	Add gender restriction, require PA for males (transgender)
Medroxyprogesterone IM	Depo-Provera	Add gender restriction, require PA for males (transgender)

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Testosterone cypionate 200 mg/ml	Depo-Testosterone	Add prior authorization (grandfather current users)
Testosterone enanthate	Testosterone	Add prior authorization (grandfather current users)
Budesonide nasal spray	Rhinocort Aqua	Remove prior authorization (maintain on formulary); require OTC Rhinocort
Olopatadine	Pazeo	Add to formulary and add prior authorization
Carbinoxamine maleate 4 mg/5ml oral liquid	Palgic 4 mg/5ml oral liquid	Remove from formulary
Promethazine HCl 6.25 mg/5 ml syrup	Phenergan 6.25 mg/5 ml syrup	Remove from formulary
Fexofenadine 60mg, 180mg tablet	Allegra	Remove step therapy; keep quantity limit
Fexofenadine (Children's Allegra) 30 mg/5ml solution	Allegra	Remove step therapy
Loratadine 10 mg tablet	Claritin	Remove quantity limit #30/30
Desloratadine 2.5, 5 mg oral disintegrating tablet	Clarinex	Add to formulary
Corticotropin injection	HP Acthar	Add to formulary and add prior authorization
Darifenacin ER 15mg	Enablex	Add to formulary and add prior authorization
Oxybutynin 5, 10 mg ER tablet	Ditropan XL	Remove quantity limit #30/30
Mirabegron 15, 50 mg ER tablet	Myrbetriq 15, 50 mg ER tablet	Add to formulary and add prior authorization
Oxybutynin	Oxytrol® For Women 3.9 mg/24 hr patch	Add to formulary; add quantity limit #8 patches per 28 days
Trospium 20 mg tablet	Sanctura 20 mg tablet	Add to formulary and add step therapy (prior use of oxybutynin IR, ER, or Oxytrol for Women [OTC, MCAL only]); members 65 or older, will pay at POS
Trospium 60 mg ER capsule	Sanctura XR	Add to formulary and add step therapy (prior use of oxybutynin IR, ER, or Oxytrol for Women [OTC, MCAL only]); unless over 65 (no PA required)
Tolterodine 1, 2 mg tablet	Detrol	Modify step therapy requirement, (must be over 65 years old or have had a trial of oxybutynin IR/ER, or Oxytrol for Women);

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Tolterodine ER 2, 4 mg capsule	Detrol LA 2, 4 mg capsule	Term current step therapy; Create new step therapy for members < 65 y (require trial and failure of oxy IR, oxy ER, or Oxytrol for Women); members 65 y or older, will pay at POS
Linaclotide	Linzess	Remove Prior authorization (maintain on formulary)
Budesonide	Uceris 2 mg	Add to formulary and add Prior authorization
Hydrocortisone acetate aerosol	Cortifoam 10%	Add to formulary and add Prior authorization
Mesalamine	Delzicol	Add step therapy (prior therapy with sulfasalazine, sulfasalazine DR, or balsalazide and grandfather current Delzicol)
Patiromer	Veltassa	Add to formulary and add Prior authorization
Tiotropium bromide and olodaterol	Stiolto Respimat	Add to formulary with quantity limit # 4 g inhaler/30 days
Codeine phosphate/acetaminophen 15-300, 30-300, 60-300 mg tablet	Tylenol w/Codeine No. 2, No. 3, No. 4	Add minimum age 12 years
Codeine phosphate/butalbital/acetaminophen/caffeine 50-325-30 mg capsule	Fioricet With Codeine	Add minimum age 12 years
Tramadol 50 mg tablet	Ultram 50 mg tablet	Add minimum age 18 years
Codeine phosphate/acetaminophen) 120-12 mg/5 ml suspension	Capital® with codeine	Remove from formulary, no grandfathering
Zoster vaccine live	Zostavax	Add prior authorization (prefer Shingrix)
Alprazolam tablets	Xanax	Remove from formulary, grandfather current users
Lorazepam tablets	Ativan	Add quantity limit #4/day, grandfather current users above limit
Clonazepam	Klonopin	Add quantity limit #3/day, grandfather current users above limit
Estradiol valerate injection 20 mg/ml	Delestrogen	Add to formulary and require prior authorization and quantity limit #5 ml vial per 30 days

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Estradiol valerate injection 40 mg/ml	Delestrogen	Add to formulary and require prior authorization and quantity limit #5 ml vial per 30 days
Leuprolide acetate for depot suspension 1, 3, 4, and 6 month	Lupron Depot 1, 3, 4, and 6 month	Add to formulary and add prior authorization
testosterone 1% gel tube	Testim 1% gel tube	Add to formulary and add prior authorization
testosterone 1.62% gel pump	Androgel 1.62% gel pump	Remove from formulary and remove prior authorization
Testosterone buccal tablet	Striant ER buccal tablet	Remove from formulary and remove prior authorization

PRIOR AUTHORIZATION GUIDELINE UPDATES

Ranexa (ranolazine)	Specialty Biological Agents for Juvenile Idiopathic Arthritis
Xifaxan (rifaxamin)	Specialty Biological Agents for Rheumatoid Arthritis
Specialty Biological Agents for Crohn's Disease	Specialty Biological Agents for Psoriatic Arthritis (PsA)
Specialty Biological Agents for Ulcerative Colitis	Specialty Biological Agents for Psoriasis
Specialty Biological Agents for Polyarticular Juvenile Idiopathic Arthritis	Specialty Biological Agents for Non-FDA Approved Medically Accepted Indications
Specialty Biological Agents for Hidradenitis Suppurativa	Specialty Biological Agents for Ankylosing Spondylitis
Injectable/Infusible Osteoporosis Agents	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Oncology without specific criteria	Thalomid (thalidomide)
Blood Glucose Testing Supplies	Gabitril (tiagabine)
Butorphanol (Stadol NS)	Tasmar (tolcapone)
Cialis (tadalafil) for BPH	Topamax (topiramate) sprinkles
Symlin (pramlintide)	Vfend (voriconazole)
Evista (raloxifene)	Gattex (teduglutide)
Banzel (rufinamide)	Injectable Bisphosphonates & Skeletal-Related Events Medications
Sabril (vigabatrin)	Prior Authorization Process For Injectable/Specialty Medications With No Specific Authorization Protocol
Step Therapy Protocol	

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