

Alameda Alliance for Health  
**FORMULARY UPDATE**

Effective May 1, 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 March 5, 2015 meeting:

- Anaphylaxis Agents
- Topical Acne Products
- Proton Pump Inhibitors

\*The P&T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal and Alliance Group Care programs:

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Epinephrine 0.3mg/0.3ml auto injct; 0.15mg/0.3ml auto injct	Epipen, Epipen Jr	Remove quantity limit
Mefloquine 250mg		Remove quantity limit and add fill limit of 1 fill per 365 days
Metoprolol succinate ER 24H 25mg, 50mg, 100mg, and 200mg	Toprol XL	Remove step therapy to make formulary
Valsartan-hydrochlorothiazide	Diovan-HCT	Remove step therapy to make formulary with quantity limit of 1 per day
Oxybutynin ER 5mg, 10mg, and 15mg	Ditropan XL	Add to formulary
Ribavirin 200mg capsule	Ribasphere	Add to formulary
Azelastine 137mcg nasal spray	Astelin	Add to formulary
Azelastine ophthalmic 0.05% drops	Optivar	Add to formulary
Testosterone propionate 2% cream and ointment	First-Testosterone	Add to formulary
Valsartan 40mg, 80mg, 160mg, and 320mg	Diovan	Add to formulary with a quantity limit of 2 per day on 40mg, 80mg and 160mg. The quantity limit on 320mg is 1 per day.

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Testosterone Enanthate 200mg/ml	Delatestryl	Add to formulary with a quantity limit of 5ml per 30 days
Fesoterodine ER Tab 24H 4mg and 8mg	Toviaz	Add to formulary with prior authorization
Flavoxate 100mg		Add to formulary with prior authorization
Oxybutynin Gel 3% and 10%	Gelnique	Add to formulary with prior authorization
Lenalidomide 2.5mg, 5mg, 10mg, 15mg, and 20mg	Revlimid	Add to formulary with prior authorization
Armodafinil 50mg	Nuvigil	Add to formulary with prior authorization
Cyclosporin Ophthalmic 0.05%	Restasis	Add to formulary with prior authorization
Butorphanol nasal spray	Stadol	Add to formulary with prior authorization
Triamcinolone acetonide 55mcg nasal spray	Nasacort AQ	Add to formulary with prior authorization
Ciclesonide 37mcg nasal spray	Zetonna	Add to formulary with prior authorization
Budesonide suspension for inhalation 0.25mg/2ml, 0.5mg/2ml and 1mg/2ml	Pulmicort	Formulary with change to age limit maximum of 8 years and quantity limit of 120ml per 30 days
Potassium Citrate 10meq	Urocit-K 10	Increase quantity limit to 180 per 30 days
Albuterol HFA inhaler	Ventolin	Maintain preferred Ventolin with no quantity limit. For step therapy ProAir and Proventil, change quantity limit to 2 inhalers per 30 days
Benzoyl peroxide 2.5% cleanser	BP Wash	Remove from formulary
Carvedilol ER 24 HR 10mg, 20mg, 40mg, and 80mg	Coreg CR	Remove from formulary
Tretinoin Microsphere 0.1% and 0.04% gel	Retin-A Micro Gel	Remove from formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Alefacept	Amevive	Remove from formulary (obsolete)
Tinzaparin	Innohep	Remove from formulary (obsolete)
Morphine sulfate ER capsule 24H 30mg, 45mg, 60mg, 75mg, 90mg, and 120mg	Avinza	Remove from formulary and PA table
Morphine sulfate ER capsule 24H 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg, 80mg, 100mg, 130mg, 150mg and 200mg	Kadian	Remove from formulary and PA table
Nebivolol 2.5mg, 5mg, 10mg, and 20mg	Bystolic	Remove from formulary and PA table
Olopatadine 0.6% nasal spray	Patanase	Remove from formulary and PA table
Erythromycin and benzoyl peroxide	Benzamycin Gel pak	Remove from formulary and step
Clindamycin and benzoyl peroxide	Benzaclin	Remove from formulary and step
Omeprazole 20mg tablets	Prilosec	Remove from formulary and step with conversion letters to members and providers to change to formulary alternatives or submit prior authorization request by June 10, 2015
Prasugrel 5mg and 10mg	Effient	Remove from formulary with conversion letters to members and providers to submit prior authorization request by June 10, 2015
Dextroamphetamine-amphetamine CAP ER 24H—5mg, 10mg, 15mg, 20mg, 25mg, and 30mg	Adderall XR BRAND	Remove BRAND Adderall XR from formulary

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

**PRIOR AUTHORIZATION GUIDELINES UPDATES**

Albuterol HFA	Memantine—retire guideline
Alefacept—retire guideline	Metoprolol XL—retire guideline
Antipsychotics—retire guideline	Modafinil and Armodafinil
Atomoxetine	Morphine Sustained Release—retire guideline
Atovaquone	Mupirocin Topical—retire guideline
Bisphosphonates—retire guideline	Nasal Antihistamines—retire guideline
Boceprevir—retire guideline	Nasal Steroids
Growth Hormone	Nebivolol—retire guideline
Budesonide Respules—retire guideline	Novel Oral Anticoagulants
Butorphanol Nasal Spray	Ophthalmic Antihistamines
Cartilaginous Repair Agents	Palivizumab
Carvedilol—retire guideline	Pancrelipase—retire guideline
Celecoxib	Prasugel—retire guideline
Clarithromycin—retire guideline	Ribavirin
Cyclosporine Ophthalmic	Sevelamer
Erythropoiesis-Stimulating Agents	Tacrolimus and Pimecrolimus
Lenalidomide	Testosterone
Low Molecular Weight Heparin	Urinary Incontinence Agents
Mefloquine—retire guideline	