

Alameda Alliance for Health
FORMULARY UPDATE

April 15, 2016

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 3, 2016 meeting:

- Pediculicides
- Inhaled anticholinergics
- Novel oral anticoagulants
- Hepatitis B treatment agents
- Cold sore treatment
- Daliresp monograph
- Breo Ellipta monograph

*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 |
|---------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------|
| ipratropium-albuterol 0.5mg-2.5mg per 3ml solution for nebulization | Duoneb | Remove unit dose exclusion |
| cromolyn 20mg/2ml solution for nebulization | | Remove unit dose exclusion |
| blood glucose meter | FreeStyle and Precision Meter | Add to the pharmacy benefit for 1 meter per year |
| selenium sulfide 2.5% lotion | | Add to formulary |
| hydrochlorothiazide 12.5mg tablet | | Add to formulary |
| malathion 0.5% | Ovide | Add to formulary with prior authorization |
| spinosad 0.9% suspension | Natroba | Add to formulary with prior authorization |
| umeclidinium bromide 62.5mcg/inh | Incruse Ellipta | Add to formulary |
| umeclidinium-vilanterol 62.5-25mcg/inh | Anoro Ellipta | Add to formulary |

| Generic Name & Strength/Dosage Form | Brand Name | Committee Actions |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| fluticasone-vilanterol 100-25mcg/act and 200- 25mcg/act | Breo Ellipta | Add to formulary |
| famciclovir 125mg, 250mg, and 500mg tablet | Famvir | Add to formulary |
| valacyclovir 500mg and 1000mg tablet | Valtrex | Add to formulary |
| docosanol 10% cream | Abreva | Add to formulary |
| budesonide-formoterol 80-4.5mcg/act and 160- 4.5mcg/act | Symbicort | Add prior authorization for new starts only. Grandfather existing users with 1 year look back. |
| triamcinolone 55mcg/act | Nasacort OTC | Add to formulary for Medi-Cal only |
| milnacipran 12.5-25- 50mg tablet ds pk, 12.5mg tablet, 25mg tablet, 50mg tablet, and 100mg tablet | Savella | Add to formulary with step therapy on duloxetine |
| pentosan polysulfate sodium 100mg capsule | Elmiron | Remove prior authorization to make formulary with maximum daily dose of 3/day, fill limit 3/365 days, and age minimum of 16 years |
| prasugrel 5mg and 10mg tablet | Effient | Add to formulary with step therapy on clopidogrel |
| dronabinol 2.5mg, 5mg, and 10mg capsule | Marinol | Remove prior authorization requirement for ICD-10 code B20 (HIV disease)—all other diagnoses will require prior authorization |
| hyaluronidase 200U/ml vial, hyaluronidase 150U/ml | Vitrase, Hylanex | Remove from formulary |
| nicotine cartridge 10mg | Nicotrol 10mg Inhaler | Add to formulary with quantity limit (504/30 days or 3x168 cartridge inhalers) maximum daily dose #16.8 cartridges/day, maximum fills of 6fills/365 days |
| nicotine 10mg/ml | Nicotrol NS | Add to formulary with quantity limit (120ml/30 days or 12 bottles of 10ml spray) maximum daily dose #4ml/day and maximum 3 fills/365 days |

| PRIOR AUTHORIZATION GUIDELINE UPDATES |
|--------------------------------------------------------|
| Albuterol HFA |
| Urinary Incontinence Agents |
| Atomoxetine |
| Atovaquone |
| Cartilaginous Repair Agents |
| Celecoxib |
| Novel Oral Anti-Coagulants |
| Erythropoiesis-Stimulating Agents: Procrit and Aranesp |
| Epogen |
| Growth Hormone |
| Lenalidomide |
| Modafinil and Armodafinil |
| Palivizumab |
| Tacrolimus/Pimecrolimus |
| Ribavirin |
| Cyclosporine Ophthalmic |
| Butorphanol Nasal Spray |
| Cholinesterase Inhibitors |
| Testosterone |
| Sevelamer |
| Nasal Steroids |
| Makena |
| Dronabinol |
| Savella |
| Hyaluronidase |
| Elmiron |

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