



Alameda Alliance for Health
**FORMULARY
 UPDATE**

**Effective: May 6, 2019, unless indicated
 below under Committee Actions.**

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 March 12, 2019 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> • Methergine Monograph • Second generation antihistamines • Platelet aggregation inhibitors 	<ul style="list-style-type: none"> • Pulmonary arterial hypertension (PAH) • Inhaled short-acting beta-2 agonists abbreviated review • Inhaled anticholinergics 	<ul style="list-style-type: none"> • Cystic fibrosis • Thrombocytopenia • Pyridostigmine 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
Amikacin liposome 590 mg/8.4 mL inhalation suspension	Arikayce®	Add to Formulary with Prior Authorization
Umeclidinium bromide/vilanterol 62.5 mcg-25 mcg inhalation	Anoro® Ellipta®	Add to formulary with PA. Grandfather current members (suggested length of time – 6 months) Effective 07/01/2019
Fluticasone/umeclidinium/vilanterol 100 mcg-62.5 mcg-25 mcg inhalation	Trelegy Ellipta®	Add to Formulary with Prior Authorization
Albuterol sulfate 5 mg/mL inhaled solution	Albuterol sulfate	Add to formulary
Albuterol sulfate 2.5 mg/0.5 mL inhaled solution	Albuterol sulfate	Change to Non-Formulary Grandfather current members (suggested length of time - 6 months) Effective 07/01/2019
Emgality 120mg/ml syringe	galcanezumab	Add to Formulary with Prior Authorization
Prasugrel 5mg tablet	Effient®	Remove Quantity Limit
Prasugrel 10 mg tablet	Effient®	Remove Quantity Limit

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
ticagrelor 60 mg tablet	Brilinta	Add to Formulary with Prior Authorization
ticagrelor 90 mg tablet	Brilinta	Add to Formulary with Prior Authorization
Desloratadine 2.5 mg orally disintegrating tablet	Clarinetx®	Change to Non-Formulary Grandfather current members (suggested length of time - 6 months) Effective 07/01/2019
Desloratadine 5 mg orally disintegrating tablet	Clarinetx®	Change to Non-Formulary Grandfather current members (suggested length of time - 6 months) Effective 07/01/2019
Fexofenadine 60 mg tablet	Allegra®	Remove Quantity Limit
Fexofenadine 180 mg tablet	Allegra®	Remove Quantity Limit
Fexofenadine 30 mg/5 mL oral suspension	Allegra®	Remove Quantity Limit
Cetirizine-pseudoephedrine 5 mg-120 mg ER tablet	Zyrtec-D	Add to formulary
Fexofenadine-pseudoephedrine 60 mg-120 mg ER tablet	Allegra-D	Remove Quantity Limit
Fexofenadine-pseudoephedrine 180 mg-240 mg ER tablet	Allegra-D	Remove Quantity Limit
Loratadine-pseudoephedrine 5 mg-120 mg ER tablet	Claritin-D	Remove Quantity Limit
Loratadine-pseudoephedrine 10 mg-240 mg ER tablet	Claritin-D	Remove Quantity Limit
Olopatadine 0.2% drops	Pataday®	Add to formulary with Step Therapy (prior use of ketotifen or azelastine eye drops)& Quantity limit #2.5ml/30 days
eltrombopag 12.5 mg tablet	Promacta®	Remove Age Limit
eltrombopag 25mg tablet	Promacta®	Remove Age Limit
eltrombopag 50mg tablet	Promacta®	Remove Age Limit
eltrombopag 75 mg tablet	Promacta®	Remove Age Limit
lusutrombopag 3 mg tablet	Mupleta®	Add to Formulary with Prior Authorization
fluticasone/salmeterol 100-50 mcg DPI	Advair Diskus®	Add to formulary with Quantity limit #60/30 (generic only) Effective 07/01/2019

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
fluticasone/salmeterol 250-50 mcg DPI	Advair Diskus®	Add to formulary with Quantity limit #60/30 (generic only) Effective 07/01/2019
fluticasone/salmeterol 500-50 mcg DPI	Advair Diskus®	Add to formulary with Quantity limit #60/30 (generic only) Effective 07/01/2019
fluticasone/vilanterol 100-25 mcg DPI	Breo® Ellipta®	Add to Formulary with Prior Authorization Grandfather users for a suggested 6 months Effective 07/01/2019
fluticasone/vilanterol 200-25 mcg DPI	Breo® Ellipta®	Add to Formulary with Prior Authorization Grandfather users for a suggested 6 months Effective 07/01/2019
budesonide/formoterol 80-4.5 mcg, 160-4.5 mcg aerosol	Symbicort®	Add to Formulary with Prior Authorization term grandfathering on new starts as of 6 month timeframe Effective 07/01/2019
budesonide/formoterol 80-4.5 mcg, 160-4.5 mcg aerosol	Symbicort®	Add to Formulary with Prior Authorization term grandfathering on new starts as of 6 month timeframe Effective 07/01/2019

PRIOR AUTHORIZATION GUIDELINE UPDATES

Atovaquone (Mepron)	Rifabutin (Mycobutin)
Blood glucose testing supplies	Medications for the treatment of Multi-Drug Resistant Tuberculosis
Cialis (tadalafil) for BPH	PCSK-9 Inhibitors
Low Molecular Weight Heparins	ADHD medications
Hepatitis B drugs	Safety Edit Exception
Synagis	Quantity Limit Exception

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Cartilagenous Repair Agents	Modafinil and Armodafinil
Elmiron (pentosane polysulfate sodium)	Altoprev (lovastatin ER) and Fluvastatin, Fluvastatin ER
Ezetimibe (Zetia)	Symmlin (pramlintide)

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