

Alameda Alliance for Health
FORMULARY UPDATE

Effective August 1, 2014 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 June 5, 2014 meeting:

- Ulcerative Colitis
- Multiple Sclerosis
- Hydrocodone/APAP
- Growth Hormone
- Pancreatic Enzymes
- Proton Pump Inhibitors
- Angiotensin II Receptor Blockers

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

Generic Name /Drug Class	Brand Name	Committee Actions
mesalamine 4gm/60ml enema	SfRowasa	move from non-formulary to formulary with prior authorization
balsalazide 750mg capsule	Colazal	add generic to formulary
teriflunomide 7mg and 14mg tablet	Aubagio	add prior authorization
Multiple Sclerosis Agents	Avonex, Rebir Betaseron, Extavia, Copaxone, Tysabri, Gilenya, Tecfidera, Aubagio, Ampyra	add prior authorization to Aubagio; add all non-formulary agents to formulary with prior authorization except for Ampyra; keep Ampyra as non-formulary; make Avonex and Copaxone the preferred injectable agents; make Tecfidera and Gilenya the preferred oral agents
hydrocodone-acetaminophen 7.5-325/15ml solution		add to formulary with a quantity limit of 1770ml per 30 days
pancreatic enzymes	Creon, Pancreaze, Pertzye, Ultresa, Viokace, Zenpep	make Creon and Zenpep preferred formulary; move Pancreaze, Pertzye, Ultresa and Viokace to non-formulary

Generic Name /Drug Class	Brand Name	Committee Actions
Rx lansoprazole 15mg DR capsule	Prevacid	No Grandfathering remove from formulary with conversion letters to members and providers to convert to lansoprazole OTC 15mg or other formulary agents
OTC lansoprazole 15mg DR capsule	Prevacid OTC	add step therapy on omeprazole 40mg AND pantoprazole 40mg
losartan 25mg, 50mg, and 100mg tablet	Cozaar	remove quantity limit
losartan-hct 50-12.5, 100-12.5, and 100-25 tablet	Hyzaar	remove quantity limit
valsartan 40mg and 80mg tablet	Diovan	remove step therapy; now prior authorization required
felodipine ER 2.5mg, 5mg and 10mg tablet	Plendil	remove prior authorization
gabapentin 100mg and 300mg capsule	Neurontin	remove quantity limit
desmopressin	DDAVP	remove step therapy; now formulary
pravastatin 10mg, 20mg, 40mg, and 80mg tablet	Pravachol	No Grandfathering remove from formulary with conversion letters to members and providers to convert to formulary atorvastatin or simvastatin by September 1, 2014
dextroamphetamine and amphetamine 5mg, 10mg, 15mg, 20mg, 25mg, and 30mg extended release capsule	Adderall XR	No Grandfathering remove from formulary with conversion letters to members and providers to convert to formulary Brand Adderall XR for Medi-Cal only by September 1, 2014

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

The P&T Committee reviewed and updated the following Prior Authorization Guidelines for the Alliance Medi-Cal and Alliance Group Care programs:

PRIOR AUTHORIZATION GUIDELINES UPDATES
Ulcerative Colitis Agents
Multiple Sclerosis Agents
Proton Pump Inhibitors
Angiotensin Receptor Blockers
Aliskiren and Aliskiren combination products
Fenofibrate
Fentanyl Patch
Granulocyte Colony Stimulating Factors
Incretin Mimetics
Inhaler Assist Devices
Isotretinoin
Vimpat
Levalbuterol
Keppra XR
Carbamazepine SA
Calcitonin
Aripiprazole
Sovaldi
Enteral Nutrition Policy