

Alameda Alliance for Health
FORMULARY UPDATE

Effective: July 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 and drug monographs at the June 2, 2016 meeting:

- Pulmonary Arterial Hypertension Treatment Agents
- Multiple Sclerosis Treatment Agents
- Novel Oral Anticoagulants
- Gaucher's Disease Treatment Agents
- Triptans
- Phosphate Binders
- Nucala
- Lidocaine Ointment
- Corlanor
- Zepatier
- Daliresp

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*
macitentan 10mg tablet	Opsumit	Add to formulary with prior authorization
riociguat 0.5mg, 1mg, 1.5mg, 2mg, and 2.5mg tablet	Adempas	Add to formulary with prior authorization
treprostinil diolamine 0.125mg, 0.25mg, 1mg, and 2.5mg tablet ER	Orenitram	Add to formulary with prior authorization
selexipag 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, and 1600mcg tablet; selexipag 200-800mcg ds pk	Upravi	Add to formulary with prior authorization
tadalafil 20mg tablet	Adcirca	Add to formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
treprostinil sodium 1mg/ml, 2.5mg/ml, 5mg/ml, 10mg/ml vials (20ml)	Remodulin	Add to formulary with prior authorization
sildenafil citrate 10mg/ml susp recon	Revatio Suspension	Remove age limit of 21 years. Remains formulary with prior authorization
sildenafil citrate 10mg/12.5ml vial	Revatio IV	Remove from formulary (Medical Benefit)
epoprostenol sodium (glycine) 0.5mg and 1.5mg vial	Flolan IV	Remove from formulary (Medical Benefit)
dalfampridine 10mg tablet ER 12HR	Ampyra	Add to formulary with prior authorization
peginterferon beta-1a 125mcg/0.5ml and 63- 94mcg/1ml syringe and pen injct	Plegridy	Add to formulary with prior authorization
naratriptan 1mg and 2.5mg tablet	Amerge	Add to formulary with quantity limit #9 tablets/30 days
rizatriptan benzoate 5mg and 10mg tablet; 5mg and 10mg oral disintegrating tablet	Maxalt	Remove step therapy to remain as formulary with quantity limit #12 tablets/30 days
sumatriptan succinate 4mg/0.5ml and 6mg/0.5ml pen injector; 4mg/0.5ml and 6mg/0.5ml cartridge refill	Imitrex	Add to formulary with prior authorization
eletriptan 20mg and 40mg tablet	Relpax	Remove from formulary. Current users will be grandfathered for 3 months. Effective October 15, 2016, grandfathering will stop. Targeted letters to members and providers will be sent out at least 30 days prior to change.
frovatriptan 2.5mg tablet	Frova	Remove step therapy to remain as formulary with prior authorization
almotriptan 6.25mg and 12.5mg tablet	Axert	Remove step therapy to remain as formulary with prior authorization
zolmitriptan 2.5mg and 5mg tablet	Zomig	Add to formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
ivabradine 5mg and 7.5mg tablet	Corlanor	Add to formulary with prior authorization
roflumilast 500mcg tablet	Daliresp	Add to formulary with prior authorization
telmisartan 20mg, 40mg, and 80mg tablet	Micardis	Remove prior authorization to remain as formulary without restriction
amlodipine/valsartan 5mg-160mg, 10mg-160mg, 5mg-320mg, and 10mg-320mg tablet	Exforge	Remove prior authorization to remain as formulary without restriction
calcitonin, salmon, synthetic 200U/spray nasal spray	Miacalcin	Remove step therapy to remain as formulary without restriction
fenofibrate nanocrystallized 48mg and 145mg tablet	Tricor	Remove step therapy to remain as formulary without restriction
fenofibrate, micronized 67mg, 134mg, and 200mg capsule	Lofibra	Add to formulary with quantity limit #1/day
levalbuterol 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml vial-neb; 1.25mg vial	Xopenex	Remove prior authorization and step on treatment failure with albuterol
levalbuterol 45mcg HFA	Xopenex HFA	Remove prior authorization and step on treatment failure with albuterol HFA
mesalamine 4Gm/60ml enema	Rowasa SfRowasa	Remove prior authorization to remain as formulary without restriction
balsalazide 750mg capsule	Colazal	Add to formulary
lidocaine 5% ointment		Add quantity limit 50Gm/30 days. Targeted letters to existing users and providers at least 30 days prior to change.

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

PRIOR AUTHORIZATION GUIDELINE UPDATES

Ophthalmic Antihistamines

Alpha-1 Proteinase Inhibitors

Fuzeon

Angiotensin II Receptor Blocker and Renin Inhibitor Medications

Antibiotic Eye Drops

Calcitonin

Carbamazepine SA

Fenofibrate

Fentanyl Transdermal Patch

Leukine, Mozobil, Neupogen, Neulasta

Isotretinoin

Lacosamide

Lamotrigine XR

Levalbuterol

Lidoderm Patch

Mesalamine

Nutritional Formulas

Proton Pump Inhibitors

Hepatitis C

Infed

Irritable Bowel Syndrome – Constipation

PCSK9 Inhibitors

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