

 <p>ALAMEDA <b>Alliance</b> FOR HEALTH</p> <p>Health care you can count on. Service you can trust.</p>	<p>Alameda Alliance for Health</p> <h1>FORMULARY UPDATE</h1> <p><u>Effective: July 14, 2017. Drugs notated with an * have an undetermined implementation date</u></p>
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### 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 1, 2017 meeting:

Therapeutic Class Reviews		Drug Monographs
<ul style="list-style-type: none"> <li>• Diuretics</li> <li>• Pancreatic Enzymes</li> <li>• Gout Treatment agents</li> <li>• Novel Oral Anticoagulants</li> <li>• Platelet Aggregation Inhibitors</li> </ul>	<ul style="list-style-type: none"> <li>• Antiarrhythmic agents Asthma &amp; COPD: inhalers</li> <li>• Phosphate Binders</li> <li>• Pulmonary Arterial Hypertension</li> <li>• Multiple Sclerosis agents</li> <li>• Injectable and Infusible Biologic agents</li> </ul>	<ul style="list-style-type: none"> <li>• Emflaza</li> </ul>

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*
Amiloride 5mg	Midamor	Remove quantity limit #30/30
Hydrochlorothiazide and Spironolactone 50-50 mg	Aldactazide 50-50 mg	Remove from formulary (no grandfather, no utilization)
Bumetanide	Bumex	Add step therapy and grandfathering (prior use of torsemide 100 mg or furosemide 80 mg required)
Furosemide oral solution	Lasix	Add prior authorization requirement
Colchicine 0.6 mg tablet	Colcrys 0.6 mg tablet	Add quantity limit #1 per day
Dabigatran	Pradaxa	Remove prior authorization, add quantity limit # 2/day
Rivaroxaban	Xarelto 15 mg	Remove prior authorization, add quantity limit # 2/day

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Rivaroxaban	Xarelto 10 and 20 mg	Remove prior authorization, add quantity limit #1/day
Rivaroxaban	Xarelto dose pack	Add to formulary and add quantity limit #51/30 days
Apixaban	Eliquis	Remove prior authorization, add quantity limit # 2/day
Ticagrelor	Brilinta	Add to formulary, add limit of #1 fill/365 days
Prasugrel	Effient	Remove step therapy, add quantity limit #1/day and add fill limit of #1 fill/365 days
quinidine gluconate 324 mg SR tab	Quinidine Gluconate 324 mg SR tab	Remove from formulary (no grandfather, no utilization)
Diltiazem 360 mg ER 24h cap	Cardizem 360 ER 24h cap	Remove from formulary, remove PA, remove quantity limit (grandfather one existing user)
Flecainide	Tambocor	Remove quantity limit #90/30 days
Propranolol SA 24 h capsule	Inderal XL	Remove quantity limit #30/30
Sotalol	Betapace	Remove quantity limit #60/30
Verapamil ER tablet	Calan SR	Remove quantity limit #30/30
Verapamil 24h capsule	Verelan PM	Remove quantity limit #30/30
Diltiazem ER 24 h cap	Cardizem LA	Remove quantity limit #30/30
Diltiazem 180, 240, 300, 360 mg ER capsule	Tiazac®	Remove quantity limit #30/30
Diltiazem HCl ER 60, 90, 120 mg ER 12h capsule	Cardizem SR	Remove quantity limit #30/30
Diltiazem HCl ER 120, 180, 240 mg ER capsule	Cartia XT	Remove quantity limit #30/30
Verapamil 100, 200, 300 mg 24h capsule	Verelan 100, 200, 300 mg 24 h capsule	Add to formulary
Sildenafil 20 mg tablet	Revatio	Add quantity limit # 3/day
Deflazacort	Emflaza	Add to formulary with PA
Adapalene gel 0.1% I	Differin 0.10% OTC gel	Add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Tretinoin 0.025, 0.05, 0.5% cream, 0.01, 0.025% gel	Retin-A	Add step therapy requiring trial and failure of Differin 0.1% OTC (For members 21 years old or younger)
Rabeprazole 20 mg tablet	Aciphex 20 mg	Add to formulary and add step therapy requiring trial and failure of omeprazole 40 mg <b>AND</b> pantoprazole
Epinastine	Elestat	Remove PA, add step therapy requiring trial and failure of ketotifen or azelastine and add quantity limit of #5 ml per 30 days. Grandfather existing users
Olopatadine	Pataday	Remove step therapy, add prior authorization. Grandfather existing users
Linaclotide 72 mcg	Linzess 72 mcg	Add to formulary and add prior authorization
oxybutynin chloride	Gelnique pump	Add to formulary and add prior authorization
Maraviroc 25, 75 mg tablet	Selzentry 25, 75 mg tablet	Add to carve out list
Antihemophilic Factor (Recombinant), Pegylated	Adynovate	Add to carve out list
Antihemophilic Factor (Recombinant), Fc Fusion Protein	Eloctate	Add to carve out list
coagulation factor IX (recombinant)	Ixinity	Add to carve out list

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

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Ophthalmic antihistamines	Angiotensin II Receptor Blocker and Renin Inhibitor Medications
Serotonin receptor agonists (triptans)	Lyrica
Long Acting Oral Opioid containing products	Lidoderm (lidocaine) 5% patches
Non-formulary & PA Required Medications without Drug-Specific Criteria	Nutritional Formulas, Infant Formulas: STC, C5F, C5C

**PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)**

Tegretol SR (Carbamazepine SA)	Lamictal XR (Lamotrigine XR)
Ivabradine (Corlanor)	Xopenex (Levalbuterol)
Daliresp (Roflumilast)	Lialda (Mesalamine)
Fenofibrate and Fenofibric Acid	Alpha-1 Proteinase Inhibitors (Human)
White Blood Cells Stimulators	Fuzeon (Enfuvirtide)
Vimpat (Lacosamide)	Praluent (Alirocumab) and Repatha® (Evolocumab)

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