



Alameda Alliance for Health  
**FORMULARY  
 UPDATE**

Effective: **August 8, 2018**

**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 26, 2018 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> <li>• Contraceptive devices</li> <li>• Sucraid monograph</li> <li>• Diabetes Drug Class</li> </ul>	<ul style="list-style-type: none"> <li>• Ridaura monograph</li> <li>• Phosphate binders</li> <li>• Benzodiazepine Drug Class</li> </ul>	<ul style="list-style-type: none"> <li>• Potassium replacement</li> <li>• Opioid Containing Cough Preps</li> <li>• Aimovig Monograph</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*
Ertugliflozin 5, 15 mg tab	Steglatro	Add to formulary with step therapy to Metformin
ertugliflozin/metformin 2.5-500, 2.5-1000, 7.5-500, 7.5-1000 mg tab	Segluromet	Add to formulary with step therapy to Metformin
Semaglutide 0.25 mg, 1 mg pen injector	Ozempic	Add to formulary with step therapy to Metformin
Alprazolam	Alprazolam Intensol® 1 mg/mL oral concentrate	Remove from formulary
Chlordiazepoxide 5, 10, 25mg capsules	Librium	Grandfather existing users above quantity limit #120/30 days; New user quantity limit #120/30
Clonazepam rapid disintegrating tablets 0.125, 0.25, 0.5, 1, 2mg	Klonopin	Grandfather existing users above quantity limit #90/30 days; New user quantity limit #90/30

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Triazolam 0.25, 0.125 mg tablet	Halcion	Grandfather existing users above QL #30/30 days; New user quantity limit #30/30
Oxazepam 10, 15, 30 mg capsule	Serax	Remove from formulary
ereenumab-aooe	Aimovig	Add to formulary with Prior Authorization
Potassium Chloride 20 mEq Tablet ER	K-Tab ER	Add to formulary
Olmesartan tablets	Benicar	Add to formulary
Olmesartan/HCTZ tablets	Benicar/HCTZ tablets	Add to formulary
Tretinoin 0.05% gel	Retin A Micro	Formulary- Age limit max 21 years; Quantity limit #45/30; Prior use of Differin 0.1% gel OTC is required for members 21 years or younger. PA is required for members > 21 years
lansoprazole 15, 30 DR capsule	Prevacid	Add to formulary
esomeprazole 20, 40 mg capsule	Nexium	Add to formulary with step therapy (prior use of omeprazole 40 mg cap and pantoprazole required)
Lacosamide	Vimpat tablets	Add Formulary with Prior Authorization
Nystatin 100,000 unit/g topical powder	Nystop	Add to formulary
Guaifenesin liquid 100 mg/5 ml	Mucinex	Add to formulary
Guaifenesin 200 mg tablet	Mucinex	Add to formulary
Guaifenesin 400 mg tablet	Mucinex	Add to formulary
Guaifenesin DM liquid	Mucinex DM	Add to formulary
Guiafenesin LA 600 mg tablet	Mucinex	Add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
canagliflozin/metformin 50/500, 50/1000, 150/500, 150/1000 mg ER tab	Invokamet® XR	Prior Authorization required for new starts effective 8-8-18 ; Term grandfathered members effective 10/19/2018 and switch to <b>"Steglatro, Ozempic or Segluromet"</b>
Canagliflozin 100, 300 mg tab	Invokana	Prior Authorization required for new starts effective 8-8-18 ; Term grandfathered members effective 10/19/2018 and switch to <b>"Steglatro, Ozempic or Segluromet"</b>
canagliflozin/metformin 50/500, 50/1000,	Invokamet	Prior Authorization required for new starts effective 8-8-18 ; Term grandfathered members effective 10/19/2018 and switch to <b>"Steglatro, Ozempic or Segluromet"</b>
insulin aspart 100 unit/ml pen	NovoLog®FlexPen	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>
insulin lispro 100 unit/ml	Humalog Kwikpen	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>
insulin aspart 100 unit/ml vial	Novolog	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>
insulin lispro vial	Humalog	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
insulin glulisine 100 unit/ml pen	Apidra Solostar	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>
insulin glulisine 100 unit/ml vial	Apidra	Remove from formulary effective 8-8-18 for new starts <b>"Use Admelog"</b> ; Term grandfathered members effective 10/19/2018 and switch to <b>Admelog</b>

#### PRIOR AUTHORIZATION GUIDELINE UPDATES

Angiotensin II Receptor Blockers and Renin Inhibitors	Emflaza
Carbamazepine	Inhaled Corticosteroids/Long-Acting Beta-Agonists (ICS/LABA) Combinations
Corlanor (ivabradine)	Serotonin Receptor Agonists (triptans)
Lyrica and Lyrica CR (pregabalin)	Long-acting opioids
Tretinoin (Retin-A)	Vimpat (lacosamide)
Specialty Biological Agents for Ankylosing Spondylitis	Pulmonary Arterial Hypertension (PAH)
Oral Multiple Sclerosis (MS) Drugs	Veltassa
Proton Pump Inhibitors (PPIs)	Movement Disorders
Hepatitis C Treatment Guideline Updates	

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

Daliresp (roflumilast)	Ampyra (dalfampridine)
Uloric (febuxostat)	White Blood Cell Stimulators
Fenofibrates	Lemtrada
Isotretinoin capsules	Tysabri
Lamotrigine ER	Self-Injectable Disease Modifying Immunomodulators for Multiple Sclerosis (MS)
Levalbuterol (Xopenex/Xopenex HFA)	Makena
Platelet Aggregation Inhibitors	Furosemide oral solution

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