

Alameda Alliance for Health
FORMULARY UPDATE

Effective November 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 September 4, 2014 meeting:

- Pulmonary Arterial Hypertension
- Asthma/COPD

*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
epoprostenol	Flolan	add to formulary with prior authorization
sildenafil	Revatio	add prior authorization
treprostinil	Tyvaso	add prior authorization
bosentan	Tracleer	add prior authorization
ambrisentan	Letaris	add to formulary with prior authorization
iloprost	Ventavis	add to formulary with prior authorization
tadalafil	Adcirca	remove from formulary
deferoxamine mesylate	Desferal	add to formulary
diclofenac	Solaraze	add to formulary with prior authorization
fluorouracil	Fluoroplex	remove from formulary
fluorouracil	Carac	remove from formulary

Generic Name/Drug Class	Brand Name	Committee Actions
dornase alfa	Pulmozyme	add to formulary with prior authorization
dolasetron mesylate	Anzemet	add to formulary with prior authorization
palonosetron HCl	Aloxi	add to formulary with prior authorization
ondansetron 24mg	Zofran	add to formulary with prior authorization
aprepitant	Emend	add to formulary with prior authorization
ondansetron oral film	Zuplenz	add to formulary with prior authorization
granisetron	Sancuso	add to formulary with prior authorization
alosetron	Lotronex	add to formulary with prior authorization
hyoscyamine tablets	Levsin	add to formulary
methylnaltrexone	Relistor	add to formulary with prior authorization
terbinafine	Lamisil	remove prior authorization
oxycodone	Oxycontin	add to formulary with prior authorization
fentanyl citrate lozenge	Actiq	add to formulary with prior authorization
fentanyl citrate tablet for buccal application	Fentora	add to formulary with prior authorization
fentanyl citrate sublingual tablet	Abstral	add to formulary with prior authorization
fentanyl citrate intranasal solution	Lazanda	add to formulary with prior authorization
buprenorphine	Subutex	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)

Generic Name/Drug Class	Brand Name	Committee Actions
buprenorphine/naloxone film and sublingual tablets	Suboxone	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
buprenorphine patch	Butrans	remove from formulary for IHSS only (Carve Out for MCAL)
buprenorphine and naloxone	Zubsolv	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
febuxostat	Uloric	add to formulary with prior authorization
ezetimibe	Zetia	add to formulary with prior authorization
sitagliptin and metformin	Janumet XR	add to formulary with prior authorization
saxagliptin and metformin	Kombiglyze XR	add to formulary with prior authorization
estradiol patch	Vivelle Dot and Alora	remove from formulary
epoetin alfa	Epogen	add to formulary with prior authorization
dronabinol	Marinol	add to formulary with prior authorization
fluticasone oral inhalation	Flovent	add to formulary
fluticasone and salmeterol	Advair	No Grandfathering, remove from formulary for members older than 18 years with conversion letters to members and providers to convert to formulary Dulera or Symbicort by December 1, 2014
budesonide and formoterol	Symbicort	add to formulary
mometasone and formoterol	Dulera	keep on formulary with prior authorization removed
adefovir	Hepsera	remove step and add prior authorization
lamivudine	Epivir HBV	add to formulary with prior authorization

Generic Name/Drug Class	Brand Name	Committee Actions
telbivudine	Tyzeka	add to formulary with prior authorization
tenofovir	Viread	add to formulary with prior authorization
niacin tablet extended release 24 hour	Niaspan	add to formulary with prior authorization
omega-3-acid ethyl esters (fish oil)	Vascepa	add to formulary with prior authorization
diclofenac eye drops 0.1%		add to formulary
bromfenac eye drops 0.07% and 0.09%	Prolensa	add to formulary with prior authorization
ketorolac eye drops 0.5%, 0.4%, 0.45%	Acular, Acular LS, Acuvail	add to formulary with prior authorization
napafenac eye drops 0.3%, 0.1%	Ilevro, Nevanac	add to formulary with prior authorization
orlistat	Alli	add to formulary with prior authorization
lorcaserin	Belviq	add to formulary with prior authorization
nateglinide	Starlix	remove from formulary
brinzolamide eye drops 1%	Azopt	remove from formulary
pyrantel pamoate	Pin-X	add to formulary
venlafaxine extended release tablet 24 hour	Effexor XR	remove from formulary
butalbital compound	Fiorinal capsules	remove from formulary
desonide 0.05% cream, ointment, lotion	DesOwen	remove from formulary
promethazine with codeine syrup	Phenergan with Codeine	add quantity limit 240ml per 30 days

Generic Name/Drug Class	Brand Name	Committee Actions
metformin extended release 24 hour	Glucophage XR	remove the quantity limit
esomeprazole	Nexium OTC	add to formulary with step therapy on omeprazole 40mg capsules, pantoprazole 40mg, and Nexium Rx
esomeprazole	Nexium Rx	No Grandfathering remove from formulary with conversion letters to members and providers to convert to Nexium OTC by December 1, 2014
cyclobenzaprine 5mg tablet	Flexeril	add to formulary
Test Strips	FreeStyle and Precision Test Strips	Change quantity limit to 100 per month (remains 200 per month for people taking diabetes medications or prenatal vitamins) on December 1, 2014

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

PRIOR AUTHORIZATION GUIDELINES UPDATES
Pulmonary Arterial Hypertension Agents
Asthma/COPD Agents
Deferasirox (Exjade)
Desvenlafaxine (Pristiq)
Diclofenac 3% Gel (Solaraze)
Dornase Alfa (Pulmozyme)
Antiemetics
Alosetron (Lotronex)
Methylsulfonamide (Relistor)
Terbinafine (Lamisil)—remove guideline
Rosuvastatin (Crestor)
Oxycodone (Oxycontin)
Fentanyl Citrate
Opioid Dependency Agents

PRIOR AUTHORIZATION GUIDELINES UPDATES - Continued

Dronedarone (Multaq)

Febuxostat (Uloric)

Exetimibe (Zetia)

DPP4 Inhibitors

Extended Cycle Contraceptives

Estrogen Patches

Procrit

Epogen

Dronabinol (Marinol)

Duloxetine (Cymbalta)

Drospirenone/Ethinyl Estradiol (Yasmin, Yaz)

Fluticasone Inhaler (Flovent)—remove guideline

Hepatitis B Drugs

Niacin (Niaspan)

Lipotropics (Lovaza, Vascepa)

Norelgestromin/Ethinyl Estradiol (Ortho Evra)

Ophthalmic NSAIDs

Obesity Medications