



Alameda Alliance for Health
**FORMULARY
 UPDATE**

Effective: **October 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 September 1, 2016 meeting:

Therapeutic Class Reviews	Drug Monographs
<ul style="list-style-type: none"> Agents to Treat Fibromyalgia and Neuropathic Pain Oral NSAIDs and COX-2 Inhibitors Topical Anti-Inflammatory and Counter Irritants 	<ul style="list-style-type: none"> Epclusa Veltassa Xolair

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*
Sodium Polystyrene Sulfonate Suspension and Powder	Kayexalate, SPS	Add to Formulary
Omalizumab	Xolair	Add to Formulary with Prior Authorization
Duloxetine 60mg	Cymbalta	Add Quantity Limit of #1 Per Day
Lamotrigine 25 mg Dose Pack, Lamictal XR Dose Pack, Lamotrigine ODT Dose Pack	Lamictal	Remove from Formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions*
Oxcarbazepine 150mg, 300mg, 600mg Tablet	Trileptal	Remove Quantity Limit
Carbamazepine 200 mg Tablet and Carbamazepine 100mg/5 ml Suspension	Carbatrol, Tegretol	Remove Prior Authorization to Remain as Formulary Without Restriction
Ketoprofen 50mg Tablet	Ketoprofen	Add to Formulary
Ketorolac 10mg Tablet	Ketorolac	Add Quantity Limit of #20 Per 5 Days
Celecoxib All Strengths	Celebrex	Remove Step Therapy and Age Limit to Remain as Formulary with New Quantity Limits (See Next Two Lines)
Celecoxib 50, 100, 200mg Capsules	Celebrex	Add Quantity Limit of #2 Per Day
Celecoxib 400mg Capsules	Celebrex	Add Quantity Limit of #1 Per Day
Diclofenac 1% Gel	Voltaren	Remove Prior Authorization to Remain as Formulary with New Quantity Limit of #200 Grams per 30 Days
Trolamine Salicylate 10% Cream, 10% Spray	Various	Add to Formulary
Capsaicin 0.1%, 0.03%, 0.08% Cream	Various	Add to Formulary

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

PRIOR AUTHORIZATION GUIDELINE UPDATES

Injectable Atypical Antipsychotics	Lipotropics
Incretin Mimetics	Rosuvastatin
Alosetron	Methylsalsalicylic acid
Deferasirox	SGLT2 Inhibitors
DPP-IV Inhibitors	Entresto
Niacin	Opioid Dependency Agents
Obesity Medications	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Inhaler Assistant Devices	Dornase Alfa
Cystic Fibrosis Agents	Dronabinol
Blood Glucose Testing Supplies	Epoetin Alfa (Procrit, Epogen)
Desvenlafaxine	Malaria Prophylaxis Agents
Diclofenac 3% Gel	Febuxostat
Ezetimibe	

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