



Alameda Alliance for Health  
**FORMULARY  
 UPDATE**

Effective: **October 29, 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 September 11, 2018 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> <li>• Hemlibra</li> <li>• Pancreatic Enzymes</li> <li>• Clostridium Difficile Infection</li> <li>• Freestyle Libre Device</li> </ul>	<ul style="list-style-type: none"> <li>• Intranasal Steroids</li> <li>• Osteoporosis</li> <li>• Acid Suppression</li> <li>• Erythropoiesis-Stimulating Agents</li> </ul>	<ul style="list-style-type: none"> <li>• Chelating Agents</li> <li>• Peak Flow Meters and Spacers</li> <li>• Nuedexta</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*
cimetidine 200, 300, 400, 800 mg tablets	Tagamet	Add to formulary with Step therapy (prior use of ranitidine tabs, solution or famotidine tabs)
Cimetidine 200 mg tablets (OTC)	Tagamet HB®	Add to formulary with Step therapy (prior use of ranitidine tabs, solution or famotidine tabs)
cimetidine 300 mg/5 ml oral solution	Tagamet	Add to formulary with Step therapy (prior use of ranitidine tabs, solution or famotidine tabs)
ranitidine 150, 300 mg capsules	Zantac®	Add to formulary with Step therapy (prior use of ranitidine tabs, solution or famotidine tabs)
ranitidine 75 tablets (OTC)	Zantac®	Add to formulary
esomeprazole	Nexium®	Formulary with Step therapy. Add quantity limit #60/30days

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Rabeprazole 20 mg tablets, DR	Aciphex®	Add to formulary with step therapy (prior use of omeprazole 40 mg and pantoprazole 40 mg) Quantity limit #60 / 30 days
omeprazole 20 mg capsules, DR	Prilosec	Add to formulary with quantity limit #60/30days
pencillamine 250 mg capsule	Cuprimine®	Add to Formulary with Prior Authorization
Vancomycin 125 mg capsule	Vancocin®	Add to formulary with quantity limit #40/28days
Vancomycin 250 mg capsule	Vancocin®	Add to formulary with quantity limit #80/28days
vancomycin HCl 25 mg/ml solution reconstitution	Firvanq™	Add to formulary with quantity limit #200/28days
vancomycin HCl)50 mg/ml solution reconstitution	Firvanq™	Add to formulary with quantity limit #400/28days
dextromethorphan/ quinidine 20-10mg cap	Nuedexta	Add to Formulary with Prior Authorization
	FreeStyle Libre Reader	Add to Formulary with Prior Authorization
	FreeStyle Libre Sensor	Add to Formulary with Prior Authorization
epoetin alfa-epbx 2,000 U/mL, 3,000 U/mL, 4,000 U/mL, 10,000 U/mL, 40,000 U/mL	Retacrit™	Add to Formulary with Prior Authorization
ciclesonide 50 mcg/actuation nasal suspension	Omnaris®	Change to Non-Formulary
ciclesonide 37 mcg/actuation nasal aerosol solution	Zetonna®	Change to Non-Formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
Flunisolide 0.025% spray	Aerospan	Add to formulary with Step therapy ( Trial & failure of fluticasone or triamcinolone)
Mometasone 50 mcg actuation nasal suspension spray	Asmanex	Add to formulary with Step therapy (Trial & failure of fluticasone or triamcinolone) Quantity Limit #17/30days
abaloparatide 80 mcg/dose pen injector	Tymlos®	Add to Formulary with Prior Authorization
	Assess Peak Flow Meter	Change to Non-Formulary
	Asthmamentor Peak Flow Meter	Change to Non-Formulary
Calamine-Zinc Oxide	Calamine Lotion	Add to Formulary
Terbinafine cream	Lamisil	Add to Formulary
Guaifenesin 100mg/5 mL syrup	Mucinex	Add to Formulary
Guaifenesin Dm Liquid	Mucinex DM	Add to Formulary
Diphenhydramine 12.5mg/5ml solution	Banophen	Add to Formulary
Naltrexone 50mg tablet	ReVia	No Change
ferrous gluconate 324mg tab		Add to Formulary
Zinc oxide 20%		Change to Non-Formulary
galantamine 8, 16, 24 mg capsules	Razadyne ER	Add to Formulary with Prior Authorization
galantamine 4mg/mL solution	Razadyne ER	Add to Formulary with Prior Authorization

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions*</b>
rivastigmine 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24 patches	Exelon	Add to Formulary with Prior Authorization
dronabinol 2.5, 5, 10mg capsules	Marinol	Add to Formulary with Prior Authorization (DX code exception) Quantity Limit #60/30days

### **PRIOR AUTHORIZATION GUIDELINE UPDATES**

Antiemetics	Agents for Atopic Dermatitis
Cholinesterase Inhibitors	Dronabinol Anti-Emetics Criteria
Flector® (diclofenac epolamine) and Pennsaid® (diclofenac)	Inhaled Corticosteroids/Long-Acting Beta Agonists (ICS/LABA) Combinations
Anti-Obesity medications	

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

Namenda XR® (memantine)	Ophthalmic Anti-inflammatory Agents
Pristiq® (desvenlafaxine)	Fuzeon®
Solaraze® (diclofenac sodium) 3%	Multaq® (dronedarone)
Inhaler Assistant Devices	Specialty Biological Agents for Hidradenitis Suppurativa
Lipotropics	Alpha-1 Proteinase Inhibitors
Injectable Methotrexate	Opioid Dependency Agents
Sedative Hypnotics	Pediculicides
Malaria prophylaxis and treatment agents	Injectable Atypical Antipsychotic Medications

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