

Alameda Alliance for Health
FORMULARY UPDATE

Effective February 1, 2015 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 December 4, 2014 meeting:

- Contraceptives
- Cystic Fibrosis
- Atypical Antipsychotics

*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
Pioglitazone 15mg, 30mg, and 45mg tablet	Actos	remove step therapy and quantity limit—maintain as formulary with no restriction
Pioglitazone-Metformin 15-500mg and 15-850mg tablet	Actoplus Met	remove from formulary
Polyethylene glycol powder	Miralax	remove quantity limit—maintain as formulary with no restriction
Pramlintide 1500/1.5ml and 2700/2.7ml pen injctr	SymlinPen	add to formulary with prior authorization
Pregabalin 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, and 300mg capsule	Lyrica	No grandfathering, remove from formulary with conversion letters to members and providers to submit prior authorization request by March 1, 2015
Raloxifene 60mg tablet	Evista	remove step therapy and add prior authorization
Rufinamide 200mg and 400mg tablet	Banzel	add prior authorization
Escitalopram 5mg, 10mg, and 20mg tablet	Lexapro	remove prior authorization—maintain as formulary with no restriction
Paroxetine mesylate 10mg, 20mg, 30mg, and 40mg tablet	Pexeva	change to non-formulary--remove from formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Paroxetine 12.5mg, 25mg, and 37.5mg tablet ER 24H	Paxil CR	change to non-formulary—remove from formulary with prior authorization
Zolpidem 5mg and 10mg sublingual tablet	Edluar	add to formulary with prior authorization
Zolpidem 1.75mg and 3.5mg sublingual tablet	Intermezzo	add to formulary with prior authorization
Zolpidem 5mg/act oral solution	Zolpimist	add to formulary with prior authorization
Teriparatide 20mcg/dose pen injctr	Forteo	add to formulary with prior authorization
Denosumab 60mg/ml syringe	Prolia	add to formulary with prior authorization
Ibandronate 3mg/3ml syringe	Boniva	add to formulary with prior authorization
Zoledronic acid 5mg/100ml infus. btl	Reclast	add to formulary with prior authorization
Thalidomide 50mg, 100mg, 150mg, and 200mg capsule	Thalomid	add to formulary with prior authorization
Tolcapone 100mg tablet	Tasmar	add to formulary with prior authorization
Diclofenac 1.3% patch	Flector	add to formulary with prior authorization
Diclofenac 1% gel	Voltaren	add to formulary with prior authorization
Diclofenac 1.5% drops	Pennsaid	add to formulary with prior authorization
Diclofenac 20mg/Gm (2%) sol md pump	Pennsaid	add to formulary with prior authorization
Butoconazole 2% vaginal crm/pf app	Gynazole 1	remove from formulary
Terconazole 80mg vaginal supp	Terazol 3	remove from formulary
Miconazole 2% vaginal cream/appl	Monistat 7	add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Varenicline 0.5mg, 1mg, and Starter Pak tablet	Chantix	add to formulary with prior authorization; add quantity limit of 90 per 90 days
Voriconazole 50mg and 200mg tablet	Vfend	add to formulary with prior authorization
Teduglutide 5mg kit	Gattex	add to formulary with prior authorization
Vigabatrin 500mg powd pack and 500mg tablet	Sabril	add to formulary with prior authorization
Paliperidone 1.5mg, 3mg, 6mg, and 9mg ER 24 tablet	Invega	remove from formulary for IHSS only (Carve Out for MCAL)
Risperidone microspheres 12.5mg/2ml, 25mg/2ml, and 37.5mg/2ml, syringe	Risperdal Consta	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
Paliperidone palmitate 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, and 234mg/1.5ml syringe	Invega Sustenna	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
Olanzapine pamoate 210mg, 300mg, and 405mg vial	Zyprexa Relprevv	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
Aripiprazole 300mg and 400mg suser vial	Abilify Maintena	add to formulary with prior authorization for IHSS only (Carve Out for MCAL)
Bupropion 150mg and 300mg ER 24H tablet	Wellbutrin XL	remove step therapy--maintain as formulary with no restriction
Ivacaftor 150mg tablet	Kalydeco	add to formulary with prior authorization
Aztreonam lysine 75mg/ml vial-neb	Cayston	add to formulary with prior authorization
Tobramycin 28mg capsule	Tobi Podhaler	add to formulary with prior authorization
Dornase alfa 1mg/ml solution	Pulmozyme	add to formulary with prior authorization
Tobramycin in 0.225% NaCl 300mg/5ml ampul-neb	Tobi	add to formulary with prior authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Doxycycline hyclate 100mg tablet		remove from formulary
Doxycycline hyclate 50mg and 100mg capsule	Vibramycin	remove from formulary
Doxycycline monohydrate 100mg tablet		add to formulary
Doxycycline monohydrate 50mg and 100mg capsule	Monodox	add to formulary
Insulin vial	Lantus, Novolog, Novolog mix 70-30, Humalog, Humalog 75-25, Humulin 50-50, Humulin N, Humulin R, Humulin R U-500, Humulin 70-30	change quantity limit from 20ml per 30 days to 30ml per 30 days
Insulin detemir 100U/ml vial	Levemir	remove from formulary
Insulin glargine, hum.rec anlog 100U/ml insulin pen	Lantus Solostar	add to formulary with a quantity limit of 30ml per 30 days
Leflunomide 10mg and 20 mg tablet	Arava	add to formulary
Dexamethasone 0.1% drops susp	Maxidex	remove prior authorization on Brand— maintain as formulary with no restriction
Econazole 1% cream		add to formulary with a quantity limit of 30Gm per 30 days
Ketoconazole 2% cream		add quantity limit of 30Gm per 30 days
Clobetasol propionate 0.05% cream	Temovate	remove from formulary
Fluocinolone acetonide 0.01% cream		remove from formulary
Augmented betamethasone dipropionate 0.05% cream	Diprolene AF	add to formulary
Alclometasone dipropionate 0.05% cream	Aclovate	add to formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Nonoxynol 9 12.5% foam/appl, 3% jelly/appl, 28% film, 4% gel/pf app, 1000mg con. sponge		add to formulary
Medroxyprogesterone 150mg/ml syringe	Depo-Provera	add to formulary
Medroxyprogesterone 104mg/0.65ml syringe	Depo-SubQ Provera	add to formulary with prior authorization
	Apri, Nortrel, Junel FE, Junel, Zovia, Portia, Velivet, Brevicon, Balzivva, Kariva, Tri-Legest FE, and Amethyst,	add to formulary
	Gianvi, Jinteli, Zenchent FE, Introvale, Camrese Lo, Camrese, Lomedia 24 FE, Lo-Loestrin FE, Minstrin 24 FE, Generess FE, Natazia, Safyral, Beyaz, and Quartette	add to formulary with prior authorization
	Diaphragm	add to formulary
	Skylla, Nexplanon, Paragard T 380-A, and Mirena	change to non-formulary (Medical Benefit)
Norelgestromin/ethin. estradiol 150-35/24H patch tdwk	Xulane	remove prior authorization--maintain as formulary with no restriction

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

PRIOR AUTHORIZATION GUIDELINES UPDATES
Pioglitazone/Rosiglitazone—retire guideline
Polyethylene Glycol—retire guideline
Pramlintide
Prednisolone oral solution—retire guideline

PRIOR AUTHORIZATION GUIDELINES UPDATES

Pregabalin

Raloxifene

Ranolazine

Rifaximin

Rufinamide

Selegiline—retire guideline

SSRI—retire guideline

Sedative hypnotics (merge with Sleeping Agents)

Tacrine—retire guideline

Tacrolimus

Telaprevir—retire guideline

Temazepam 7.5mg or 22.5mg

Injectable/Infusible Osteoporosis Agents (merge with Teriparatide)

Thalidomide

Tiagabine

Tolcapone

Topical NSAIDs

Topiramate

Vaginal Antifungals—retire guideline

Varenicline

Voriconazole

Zidovudine/Didanosine—retire guideline

Teduglutide

Sabril—new guideline

Leuprolide

Tretinoin—new guideline

Injectable Atypical Antipsychotics—new guideline