

Alameda Alliance for Health  
**FORMULARY UPDATE**

January 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 at the December 3, 2015 meeting:

- Antitussive Medications
- Ophthalmic Anti-inflammatory Medications
- Inhaled Steroids
- Smoking Cessation Medications

\*The P & T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs:

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
eszopiclone 1mg, 2mg, 3mg tablet	Lunesta	Add to formulary
celecoxib 50mg, 100mg, 200mg, 400mg capsule	Celebrex	Change to formulary with step therapy on 2 formulary non-steroidal anti-inflammatory agents
minocycline 100mg capsule	Minocin	Change step therapy to doxycycline only
guanfacine 1mg, 2mg, 3mg, 4mg tablet ER 24Hr	Intuniv	Add to formulary
docusate 283mg/5ml enema	Enemeez	Add to formulary
neomycin 500mg tablet	--	Add to formulary with quantity limit of 10 tablets per fill
lactulose 10Gm/15ml solution	Generlac	Add to formulary
gabapentin 500mg capsule	Neurontin	Remove quantity limit
ciclopirox 8% solution	Penlac	Add to formulary
cefuroxime 500mg tablet	Ceftin	Add to formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
diphenhydramine 50mg capsule	Benadryl	Add to formulary
chlorhexidine 0.12% oral rinse	Periogard	Remove fill limit
Filgrastim-SNDZ 300mcg/0.5ml, 480mcg/0.8ml syringe, vial	Zarxio	Add to formulary with prior authorization
Flu vaccines syringe, vial	Various	Add to formulary with age minimum of 19 years and fill limit of 1 fill/270 days (flu season)
promethazine-dextromethorphan 6.25-15mg/5ml syrup		Add minimum age of 4 years and quantity limit of 240ml per 30 days
benzonatate 150mg capsule	Zonatuss	Remove from formulary
benzonatate 200mg		Remove fill limit
guaifenesin-codeine 100-10mg/5ml liquid	Cheratussin AC	Add minimum age of 6 years and quantity limit of 480ml per 30 days
hydrocodone/ homatropine 5-1.5mg/5ml syrup	Hydromet	Add quantity limit of 240ml per 30 days
promethazine/codeine 6.25-10mg/5ml syrup		Add minimum age 18 years and POS message "use guaifenesin-codeine" to denied claims
promethazine/VC/ codeine 6.25-5-10mg/5ml syrup		Add minimum age 18 years and POS message "use guaifenesin-codeine" to denied claims
chlorpheniramine/ pseudoephedrine/ dextromethorphan 2-15-15mg/5ml syrup		Remove from formulary
chlorpheniramine/ phenylephrine/ dextromethorphan 4-10-15mg/5ml liquid		Remove from formulary
chlorpheniramine/ pseudoephedrine/ dextromethorphan 2-30-10mg/5ml liquid		Remove from formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
chlorpheniramine/ dextromethorphan 2-15mg/5ml liquid		Remove from formulary
dextromethorphan/ guaifenesin 12-200mg/5ml liquid		Remove from formulary
pseudoephedrine/ dextromethorphan/ guaifenesin 30-10-100mg/5ml syrup		Remove from formulary
fluticasone oral inhalation 100mcg/actuation and 200mcg/actuation	Arnuity Ellipta	Add to formulary
difluprednate 0.05% eye emulsion	Durezol	Add to formulary with diagnosis code (ICD-10) for uveitis and quantity limit of 5ml per 30 days.
nicotine 2mg and 4mg lozenge	Nicorette Lozenge	Add to formulary with quantity limit of 360 per 30 days
varenicline 0.5mg and 1mg tablet	Chantix	Add to formulary with maximum dose #2 per day for 6 fills (6 months) in 1 year
voriconazole 200mg/5ml suspension recon	Vfend	Add to formulary with prior authorization
pamidronate 30mg and 90mg vial		Add to formulary
zoledronic acid 4mg/5ml vial	Zometa	Add to formulary
denosumab 120mg/1.7ml	Xgeva	Add to formulary with prior authorization
<b>PRIOR AUTHORIZATION GUIDELINE UPDATES</b>		
Step Therapy		
Biologic Agents		
Insulin Delivery Systems		
Oral and Non-Oral Contraceptives		
Injectable/Infusible Osteoporosis Agent		
Bisphosphonates and Skeletal-Related Events Medications		
Leuprolide		

Pramlintide
Pregabalin
Raloxifene
Ranolazine
Rifaximin
Rufinamide
Sabril
Sedative Hypnotics
Temazepam
Thalidomide
Tiagabine
Tolcapone
Topical NSAIDs
Topiramate
Tretinoin gel or cream
Varenicline
Voriconazole
Teduglutide
Non-Sedating Antihistamines

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