

Alameda Alliance for Health

FORMULARY UPDATES

Effective May 1, 2007

Alameda Alliance for Health Pharmacy & Therapeutics (P&T) Committee Decisions

The Alameda P&T committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories at the March 13, 2007 P&T meeting:

- Hyperlipidemia
- Hypertension
- Narcotic Analgesics

*The P&T Committee has approved the following modifications:

Generic Name	Brand Name	Strength	Dosage Form	Committee Actions
Simvastatin	Zocor	5, 10, 20, 40, 80mg	Tablet	Add to formulary with tablet splitting (QL= #1 tab/ 2 days)
Atorvastatin	Lipitor	40, 80mg	Tablet	PA required (Criteria will allow for use in Acute Coronary Syndrome)
Lovastatin	Mevacor	40mg	Tablet	Remove from formulary
Fenofibrate	Tricor	All	Tablet	Add to formulary with step-edit: look back for 30 days supply of gemfibrozil within past 90 days QL= 1 per day
Cholestyramine/Aspartame & Cholestyramine/Sucrose	Questran	-	Powder and Packets	Add all generics to formulary with QL (1 box of 60 packet / mo; 1 can of 378gm powder / mo)
Amlodipine/Benazepril	Lotrel	All	Tablet	Modify step-edit: look back for 30 days supply of Norvasc within past 90 days; QL of #1/day; grandfather all current users
Propranolol LA	Inderal LA	All	Capsules	Add step-edit: look back for generic propranolol within the past 90days QL=1 per day
Sotalol	Betapace	80, 120, 160, 240mg	Tablet	Add generic to formulary QL=2 per day
Felodipine ER Nifedipine ER	Plendil Nifedipine XL	All	Tablet	QL= 1 per day
Captopril	Capoten	All	Tablet	Remove age limit (18 y.o.)

Generic Name	Brand Name	Strength	Dosage Form	Committee Actions
Clonidine	Catapres patch	All	Patch	Add step-edit: look back for Clonidine (oral) within past 180 days QL= 4patches/month
Bumetanide	Bumex	All	Tablet	Add to formulary with step-edit: look back for furosemide within past 180 days
Metolazone	Metolazone	All	Tablet	Add to formulary with step-edit: look back for HCTZ within past 180 days. QL= 1 per day
Atenolol/Chlorthalidone Bisoprolol/HCTZ Propranolol/HCTZ	Tenoretic Ziac Inderide	All	Tablet	Add generics to formulary
Amlodipine	Norvasc	All	Tablet	Add to formulary with step-edit: look back for felodipine within the past 90 days. QL= 1 per day
Diltiazem SR	Cardizem CD 360mg	360mg	Capsule	Remove brand drug from formulary and add POS message: Use Generic Diltiazem SR 24HR (Biovail)
Chlorthalidone	Thalitone	15mg	Tablet	Remove from formulary since other strengths have generics available
Minoxidil Reserpine Reserpine/HCTZ	Minoxidil Reserpine Reserpine/HCTZ	ALL	Tablet	Add to formulary
Acetaminophen/Codeine	Tylenol/Codeine	All	Elixir	QL= 946ml/month
Acetaminophen/Codeine Aspirin/Codeine Carisoprodol/Codeine/Aspirin	Tylenol/Codeine Empirin/Codeine Soma Compound	All	Tablet	QL= 120 tabs/month
Fentanyl	Duragesic	25, 50, 75, 100mcg	Patch	Modify step-edit: look back 180 days for cancer/chemo agent. QL= 10 patches/month
Hydrocodone/Acetaminophen	Hydrocodone/Acetaminophen	10/325, 5/500, 7.5/500, 10/500mg	Tablet	QL= 180 tabs/month
Hydrocodone/Acetaminophen	Hydrocodone/Acetaminophen	7.5/650, 7.5/750, 10/650mg	Tablet	QL= 120 tabs/month

Generic Name	Brand Name	Strength	Dosage Form	Committee Actions
Hydrocodone/Acetaminophen	Hydrocodone/Acetaminophen	2.5-167mg/5ml	Liquid	QL= 1770ml/month (15 bottle, 118ml per bottle)
Hydromorphone	Dilaudid	2, 4, 8mg	Tablet	QL= 180 tabs/month
Morphine Sulfate SR	MS Contin	15, 30, 60, 100, 200mg	Tablet	QL= 60 tabs/month
Oxycodone/Acetaminophen	Percocet, Tylox	5/325mg, 5/500mg	Tablet	QL= 180 tabs/month
Plavix	Clopidogrel	All	Tablet	Add to formulary with Code 1 restriction for hospital discharge, stent or Acute Coronary Syndrome

***Note: Drugs removed from the formulary will be grandfathered for all utilizing members.**