

Alameda Alliance for Health
FORMULARY UPDATE

Effective January 9, 2012

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 1, 2011 meeting:

- Asthma & COPD
- Pulmonary Hypertension
- Rheumatoid Arthritis: Immunomodulators
- Cancer
- Pain Management: Narcotic Analgesics
- Hematologics

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

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
FLUTICASONE PROPIONATE	FLOVENT DISKUS	ADD TO FORMULARY FOR MEMBERS AGE <5; MEMBERS AGE >5 REQUIRE STEP-THERAPY (TRIAL OF QVAR)
TADALAFIL	ADCIRCA TABLETS	ADD TO FORMULARY WITH AGE LIMIT >21
HEPARIN	HEPARIN 10U/ML SYRINGES	ADD TO FORMULARY
HYDROCODONE-ACETAMINOPHEN	NORCO 10/325MG TABLETS	REDUCE QUANTITY LIMIT (QL) TO 180 TABLETS PER MONTH
HYDROCODONE-ACETAMINOPHEN	LORTAB 10/500MG TABLETS	ADD TO FORMULARY WITH QL=180 TABLETS PER MONTH
HYDROCODONE-ACETAMINOPHEN	ANEXSIA 10/660MG TABLETS	ADD TO FORMULARY WITH QL=120 TABLETS PER MONTH
OXYCODONE-ACETAMINOPHEN	PERCOCET 5/325MG TABLETS	ADD QL=180 TABLETS PER MONTH
OXYCODONE-ACETAMINOPHEN	PERCOCET 7.5/325, 10/325, 7.5/500MG TABLETS	ADD TO FORMULARY WITH QL=180 TABLETS PER MONTH
OXYCODONE-ACETAMINOPHEN	PERCOCET 10/650MG TABLETS	ADD TO FORMULARY WITH QL=120 TABLETS PER MONTH
OXYCODONE-ASPIRIN	PERCODAN 5/325MG TABLETS	ADD TO FORMULARY WITH QL=120 TABLETS PER MONTH

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
TOPOTECAN LEUCOVORIN CALCIUM DASATINIB	HYCAMTIN 1MG CAPSULES LEUCOVORIN 10MG TABLETS SPRYCEL 100MG TABLETS	ADD AGE LIMIT >21
SORAFENIB SUNITINIB ERLOTINIB	NEXAVAR SUTENT TARCEVA (ALL STRENGTHS)	ADD QUANTITY LIMIT= 14 DAYS SUPPLY ON INITIAL 2 FILLS

PRIOR AUTHORIZATION GUIDELINES UPDATES

Cartilaginous Repair Agents

Pradaxa

Pulmozyme

Epoetin Alfa

Effient

Ophthalmic NSAIDs

Opioid Dependency Agents

Kadian/Avinza

Testosterone

Chantix

*Note: Drugs removed from the formulary will NOT be grandfathered for utilizing members unless noted otherwise under "Committee Actions."