

Alameda Alliance for Health
FORMULARY UPDATE

Effective June 11, 2011

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 June 2, 2011 meeting:

- Diabetes: Insulins
- HIV/AIDS
- Antiemetics
- Multiple Myeloma
- Acne Agents
- GI: Ulcerative Colitis, Crohn's Disease
- Atypical Antipsychotics

*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
INSULIN DETEMIR VIALS	LEVEMIR	ADD TO FORMULARY WITH STEP-EDIT FOR LANTUS VIALS: QL= 2 vials per month (Grandfather)
ONDANSETRON 4MG, 8MG IMMEDIATE RELEASE & ODT tablets	ZOFTRAN/ZOFTRAN ODT	ADD TO FORMULARY WITH QL= 60 per month (Remove Step-edit)
ONDANSETRON 4MG/5ML SOLUTION	ZOFTRAN	NON-FORMULARY: ADD PHARMACY MESSAGE "USE ONDANSETRON/ODT TABS"
CYCLOPHOSPHAMIDE 25MG tablets	CYTOXAN	ADD AGE LIMIT TO APPROVE IF > 20; PA IF <20 YRS OLD
MESALAMINE 400MG tablets	ASACOL	ADD TO FORMULARY WITH AGE LIMIT TO APPROVED IF >20; PA IF <20
CETIRIZINE tablets and solution	ZYRTEC	ADD TO FORMULARY
OMEPRAZOLE 40mg	PRILOSEC	ADD TO FORMULARY WITH QL= 30 per month
TAMSULOSIN 0.4MG capsules	FLOMAX	ADD TO FORMULARY
PANTOPRAZOLE 20MG, 40MG tablets	PROTONIX	ADD TO FORMULARY WITH QL=30 per month
RAMIPRIL (all strengths)	ALTACE	ADD TO FORMULARY
PRAVASTATIN (all strengths)	PRAVACHOL	ADD TO FORMULARY

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