ALAMEDA Alliance FOR HEALTH	Alameda Alliance for Health **FORMULARY UPDATE** **Effective 2/1/2026, unless indicated below under Committee Actions.**

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 and drug monographs at the December 16, 2025, meeting:

Therapeutic/Monograph Class Reviews	
• Blood Glucose Test Strips Class Review • Multivitamins Drug List Review • Topical Antivirals Class Review • Urinary Tract Antispasmodics Class Review	• Hereditary Angioedema Agents Class Review • PCSK9 Inhibitors Class Review

The P&T Committee approved the following modifications to the formulary for the Alliance's Group Care programs.

Generic//Biosimilar Name & Strength/Dosage Form	**Brand Name**	**Committee Actions**
alirocumab Subcutaneous Solution Auto-Injector 75 MG/ML	Praluent Subcutaneous Solution Auto-injector 75 MG/ML	Add to Formulary with Prior Authorization and Quantity Limit (F-PA-QL) (2 ML per 28 days)
alirocumab Subcutaneous Solution Auto-Injector 150 MG/ML	Praluent Subcutaneous Solution Auto-injector 150 MG/ML	Add to F-PA-QL (2 ML per 28 days)
evolocumab Subcutaneous Soln Prefilled Syringe 140 MG/ML	Repatha Subcutaneous Solution Prefilled Syringe 140 MG/ML	Add to F-PA-QL (6 ML per 28 days)
evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML	Repatha SureClick Subcutaneous Solution Auto-injector 140 MG/ML	Add to F-PA-QL (6 ML per 28 days)
evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML	Repatha SureClick Subcutaneous Solution Auto-injector 140 MG/ML	Add to F-PA-QL (6 ML per 28 days)
isotretinoin Cap 10 MG	Accutane Oral Capsule 10 MG	Add to Formulary with Prior Authorization (F-PA)
isotretinoin Cap 20 MG	Accutane Oral Capsule 20 MG	Add to F-PA
isotretinoin Cap 40 MG	Accutane Oral Capsule 40 MG	Add to F-PA
isotretinoin Cap 30 MG	Accutane Oral Capsule 30 MG	Add to F-PA
tocilizumab-anoh IV Inj 80 MG/4ML	Avtozma Intravenous Solution 80 MG/4ML	Add to F-PA
tocilizumab-anoh IV Inj 200 MG/10ML	Avtozma Intravenous Solution 200 MG/10ML	Add to F-PA
tocilizumab-anoh IV Inj 400 MG/20ML	Avtozma Intravenous Solution 400 MG/20ML	Add to F-PA
denosumab-nxxp Inj Soln Prefilled Syringe 60 MG/ML	Bildyos Subcutaneous Solution Prefilled Syringe 60 MG/ML	Add to F-PA
denosumab-nxxp Inj 120 MG/1.7ML	Bilprevda Subcutaneous Solution 120 MG/1.7ML	Add to F-PA
insulin glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	Toujeo SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML	Add to F-PA
insulin glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	Toujeo Max SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML	Add to F-PA

insulin degludec Soln Pen-Injector 200 Unit/ML	Tresiba FlexTouch Subcutaneous Solution Pen-injector 200 UNIT/ML	Add to F-PA

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Endari	Injectable Methotrexate
Growth Hormone	Testosterone Agents
Long-Acting Basal Insulin	Otezla (apremilast) for Behcet Disease
Fentanyl Citrate	Specialty Biologic Agents
Proton Pump Inhibitors (PPIs)	Thrombocytopenia Agents
Complement Inhibitors for the Treatment of Myasthenia Gravis	Ileal bile acid transporter inhibitors (IBATs)
Sohonos	Isotretinoin
Pulmonary Hypertension (PH) Agents	Agents for Primary Biliary Cholangitis
Ohtuvayre	Complement Inhibitors for the Treatment of PNH
Injectable/Infusible Bone-Modifying Agents for Oncology Indications	Injectable/Infusible Agents for Osteoporosis and Paget's Disease
Wegovy	Zepbound for Moderate to Severe Obstructive Sleep Apnea
Anti-Obesity Medications	Rezdiffra

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Oral and Injectable Oncology Medications	Gattex (teduglutide)
Non-Formulary/Prior Authorization Required Medications	Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors
Step Therapy Exception	Rayaldee (calcifediol ER)
Prior Authorization Exception	Korlym (mifepristone)
Butorphanol (Stadol NS)	Tetracycline Antibiotics
Diclofenac sodium (Solaraze) 3% gel	Botulinum Toxins A&B
Rapid-Acting Insulin	Agents for graft versus host disease
Gonadotropin Releasing Hormone (GNRH) Agonists	Janus Kinase Inhibitors for Nonsegmental Vitiligo
Ophthalmic Anti-Inflammatory Agents	Budesonide Nebulization Solution (Pulmicort Respules)
Ranolazine (Ranexa, Aspruzyo)	HIF-PH Inhibitors (Hypoxia-inducible Factor Prolyl Hydroxylase Inhibitors) for CKD Anemia
Temazepam (Restoril)	Lodoco
Thalomid (thalidomide)	Nemluvio
Topical Diclofenac	Yorvipath
Oral Anti-Fungals	Cobenfy

For questions, please contact the Alliance's Pharmacy Services department at: (510) 747-4541.