



Alameda Alliance for Health

# FORMULARY UPDATE

**Effective 11/07/2024, 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 September 24, 2024 meeting:

<b>Therapeutic/Monograph Class Reviews</b>	
<ul style="list-style-type: none"><li>• Chelating Agents Class Review</li><li>• Continuous Glucose Monitors (CGMs) Class Review</li><li>• Pancreatic Enzymes Class Review</li><li>• Duvyzat Monograph</li></ul>	<ul style="list-style-type: none"><li>• Glaucoma Agents Class Review</li><li>• New MRG: Rho Kinase Inhibitors</li><li>• Hepatitis B Class Review</li></ul>

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

<b>Generic//Biosimilar Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
apraclonidine HCl Ophthalmic Solution 0.5 %	Iopidine Ophthalmic Solution 0.5 %	Update to non-formulary (NF)
adefovir dipivoxil Oral Tablet 10 MG	Hepsera Oral Tablet 10 MG	Add to formulary (F) with Prior Authorization (PA)
lamivudine Oral Tablet 100 MG	Epivir HBV Oral Tablet 100 MG	Add to formulary with Prior Authorization (PA)
adalimumab-aaty (1 Pen) Subcutaneous Auto- injector Kit 80 MG/0.8ML	Yuflyma (1 Pen) Subcutaneous Auto- injector Kit 80 MG/0.8ML	Add to F with Quantity Limit (QL)
adalimumab-aaty (2 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Yuflyma (2 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Add to F with QL
adalimumab-aaty (1 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Yuflyma (1 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Add to F with QL
adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML	Yuflyma (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML	Add to F with QL
adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML	Yuflyma (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML	Add to F with QL
adalimumab-ryvk (2 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Simlandi (2 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Add to F with QL
adalimumab-ryvk (1 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Simlandi (1 Pen) Subcutaneous Auto- injector Kit 40 MG/0.4ML	Add to F with QL
tocilizumab-aazg Intravenous Solution 80 MG/4ML	Tyenne Intravenous Solution 80 MG/4ML	Add to F with PA

tocilizumab-aazg Intravenous Solution 200 MG/10ML	Tyenne Intravenous Solution 200 MG/10ML	Add to F with PA
tocilizumab-aazg Intravenous Solution 400 MG/20ML	Tyenne Intravenous Solution 400 MG/20ML	Add to F with PA
tocilizumab-aazg Subcutaneous Solution Auto-injector 162 MG/0.9ML	Tyenne Subcutaneous Solution Auto-injector 162 MG/0.9ML	Add to F with PA
tocilizumab-aazg Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Tyenne Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Add to F with PA
tocilizumab-bavi Intravenous Solution 200 MG/10ML	Tofidence Intravenous Solution 200 MG/10ML	Add to F with PA
tocilizumab-bavi Intravenous Solution 400 MG/20ML	Tofidence Intravenous Solution 400 MG/20ML	Add to F with PA
tocilizumab-bavi Intravenous Solution 80 MG/4ML	Tofidence Intravenous Solution 80 MG/4ML	Add to F with PA
tocilizumab Intravenous Solution 80 MG/4ML	Actemra Intravenous Solution 80 MG/4ML	Update to NF
tocilizumab Intravenous Solution 200 MG/10ML	Actemra Intravenous Solution 200 MG/10ML	Update to NF
tocilizumab Intravenous Solution 400 MG/20ML	Actemra Intravenous Solution 400 MG/20ML	Update to NF
tocilizumab Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Actemra Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Update to NF
tocilizumab Subcutaneous Solution Auto-injector 162 MG/0.9ML	Actemra ACTPen Subcutaneous Solution Auto-injector 162 MG/0.9ML	Update to NF

pegfilgrastim-cbqv (Inf Dev) Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Udenyca Onbody Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Add to F with PA
naloxone HCl Nasal Liquid 4 MG/0.25ML	Rextovy Nasal Liquid 4 MG/0.25ML	Add to F
pneumococcal 21-valent conjugate vaccine	Capvaxive Intramuscular Solution Prefilled Syringe 0.5 ML	Add to F with QL and Age Limit (AL)
respiratory Syncytial Virus Vaccine	MResvia intramuscular suspension Prefilled Syringe 50 mcg/0.5mL	Add to F with QL and Age Limit (AL)

#### PRIOR AUTHORIZATION GUIDELINE UPDATES

Antiemetics	Injectable/Infusible Bone-Modifying Agents for Oncology Indications
Drugs for Gender Dysphoria For At Least 21 Years Old	Erectile Dysfunction Medications
Mesalamine	New MRG: Xolremdi
Corticosteroids for Ulcerative Colitis and Crohn's disease	New MRG: Duvyzat
Intranasal Steroids	New MRG: Rho Kinase Inhibitors
Scabicides and Pediculicides	

<b>PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)</b>	
Physician Administered Medication (PAD)/ Medical Benefit Guidelines	Dronabinol
Off-label uses	Multaq (dronedarone)
Safety Edit Exception	Erythropoiesis-Stimulating Agents
Quantity Limit Exception	Drugs for Gender Dysphoria For Less Than 21 Years Old
Antibiotic Eye Medications	Atovaquone-proguanil (Malarone)
Nuedexta (dextromethorphan/quinidine)	Topical Acne Agents
Cartilaginous Repair Agents	Alosetron (Lotronex)
Memantine ER (Namenda XR)	Viberzi (eluxadoline)
Ophthalmic Anti-inflammatory Immunomodulators	Rifabutin (Mycobutin)
Penicillamine (Depen, Cuprimine), Trientine HCl (Syprine) for Wilson's disease	Medications for the treatment of Multi-Drug Resistant Tuberculosis
Iron-chelating Agents	Topical Antibiotics
Vancomycin	Fertility Agents
Vowst	Spravato (esketamine) Intranasal
Tranexamic acid (Lysteda)	Santyl Ointment
Moxifloxacin Oral Tablet	Specialty Biologic Agents
White Blood Cell Stimulators	Constipation agents
Vaginal Progesterone	Injectable/Infusible Agents for Osteoporosis and Paget's Disease
Fabhalta	Vasodilators for Pulmonary Arterial Hypertension (PAH)
Palforzia	Rifamycin Antibiotics

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