ALAMEDA Alliance FOR HEALTH | Alliance Group Care	Alameda Alliance for Health **FORMULARY UPDATE** **Effective 08/01/2026, 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 June 16,2026 meeting:

Therapeutic/Monograph Class Reviews	
• Benzodiazepines Class Review • Contraceptive Foams and Devices Class Review • Diuretics Class Review • Gaucher Disease Agents Class Review • Anaphylaxis Agents Class Review	• Luxturna Monograph • Provenge Monograph • Ridaura Monograph • Sucraid Monograph • Yartemlea Monograph

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**
lisdexamfetamine dimesylate Oral Solution 10 MG/ML	Arynta Oral Solution 10 MG/ML	Add to Formulary with Prior Authorization (F-PA)
lerodalcibep-liga Subcutaneous Solution Prefilled Syringe 300 MG/1.2ML	Lerochol Subcutaneous Solution Prefilled Syringe 300 MG/1.2ML	Add to Formulary with Prior Authorization (F-PA) Quantity Limit (QL) (QL:1.2ml/30days)
denosumab-qbde Subcutaneous Solution Prefilled Syringe 60 MG/ML	Enoby Subcutaneous Solution Prefilled Syringe 60 MG/ML	Add to F-PA
denosumab-qbde Subcutaneous Solution 120 MG/1.7ML	Xtrenbo Subcutaneous Solution 120 MG/1.7ML	Add to F-PA
ePINEPHrine Injection Solution Auto-injector 0.15 MG/0.15ML	Adrenaclick Injection Device 0.15 MG/0.15ML	Add to Formulary (F)
naloxone HCl Nasal Liquid 10 MG/0.11ML	Rezenopy Nasal Liquid 10 MG/0.11ML	Add to F
dapagliflozin Oral Tablet 5 MG	Farxiga Oral Tablet 5 MG	Farxiga: Update to Non-formulary (NF)
dapagliflozin Oral Tablet 10 MG	Farxiga Oral Tablet 10 MG	Farxiga: Update to NF
dapagliflozin Oral Tablet 5 MG	Farxiga Oral Tablet 5 MG	Add to Formulary with Step Therapy and Quantity Limit (F-ST-QL)
dapagliflozin Oral Tablet 10 MG	Farxiga Oral Tablet 10 MG	Add to F-ST-QL
dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 5-500 MG	Xigduo XR: Update to NF
dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 5-1000 MG	Xigduo XR: Update to NF
dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-500 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 10-500 MG	Xigduo XR: Update to NF
dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-1000 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG	Xigduo XR: Update to NF

dapagliflozBase-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-500 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 10-500 MG	Add to F-ST-QL
dapagliflozBase-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-1000 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG	Add to F-ST-QL
dapagliflozBase-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-500 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 5-500 MG	Add to F-ST-QL
dapagliflozBase-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG	Xigduo XR Oral Tablet Extended Release 24 Hour 5-1000 MG	Add to F-ST-QL

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Cholinesterase Inhibitors	Fertility Agents
Zycubo	Kygevvi
Voquezna	Aqvesme
Medications for Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy	Serotonin Receptor Agonists (Triptans)
Xolair (omalizumab) for Asthma, Urticaria, and IgE-Mediated Food Allergy	Daybue (trofinetide)
Transthyretin-mediated Amyloidosis Agents	Specialty Biologic Agents
Anti-Obesity Medications	GLP1 Receptor Agonists (Wegovy/Zepbound) for Non-Weight Loss Indications
Familial Chylomicronemia Syndrome Agents	Injectable/Infusible Bone-Modifying Agents for Oncology Indications
Injectable/Infusible Agents for Osteoporosis and Paget's Disease	PCSK-9 Monoclonal Antibodies (mAbs)
SGLT2 Inhibitors and Combinations	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Formulary, step therapy required *For drugs without specific criteria	Phosphate Binders
Non-formulary and prior authorization required oral liquid formulations	Short acting opioid containing products
Calcitonin Gene-Related Peptide (CGRP) Antagonists for Headache Prevention	Subcutaneous Treatments for Hemophilia
Roflumilast (Daliresp)	Spravato (esketamine) Intranasal
febuxostat (Uloric)	Aptiom (eslicarbazepine)
Hepatitis B Drugs	Rectiv (nitroglycerin) ointment
Injectable Atypical Antipsychotic Medications	Acute Migraine Treatments
Lamotrigine ER	Sleep Disorder Therapy
Levalbuterol (Xopenex/Xopenex HFA)	Adenosine Triphosphate-Citrate Lyase (ACL) inhibitors
Potassium-removing agents	Gonadotropin Releasing Hormone Antagonists
Fenofibrates	Lupkynis
Nutritional formulas, infant formulas	Vaginal Progesterone
Lipotropics	Radicava ORS (edaravone)
Opioid Use Disorder (OUD) Agents	Joenja
Long acting opioids	Skyclarys (omaveloxolone)
Pregabalin (Lyrica and Lyrica CR)	Vyjuvek
Rufinamide (Banzel)	Filsuvez
Vigabatrin (Sabril)	Eohilia
Sedative Hypnotics	Crenessity
Epidiolex (cannabidiol)	MEK Inhibitors for Neurofibromatosis Type 1 (NF1)
Tiagabine (Gabitril)	H. Pylori Treatment Medications
Topiramate (Topamax) sprinkles	

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