



Alameda Alliance for Health

FORMULARY UPDATE

**Effective 05/12/2023, 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 March 28, 2023, meeting:

Therapeutic/Monograph Class Reviews	
<ul style="list-style-type: none">• Direct oral anticoagulants• Methergine monograph• Tzield monograph + new PAD• Rebyota monograph + new PAD• Agents for Sickle Cell disease + new MRG	<ul style="list-style-type: none">• Mounjaro monograph• Second generation antihistamines• Inhaled anticholinergics• Calcium channel blockers• Pulmonary arterial hypertension

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

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
neostigmine methylsulfate 3 mg/3 mL (1 mg/mL) intravenous syringe	Neostigmine methylsulfate 3 mg/3 mL (1 mg/mL) intravenous syringe	Add to formulary with Prior Authorization
ceritinib 150mg tablet	Zykadia 150mg tablet	Add to formulary with Prior Authorization
opicapone 25mg capsule	Ongentys 25mg capsule	Add to formulary with Prior Authorization
opicapone 50mg capsule	Ongentys 50mg capsule	Add to formulary with Prior Authorization
adulimumab (biosimilar) auto injector 40mg/0.8ml	Amjevita auto injector 40mg/0.8ml	Add to formulary with Prior Authorization. Add point-of-sale (POS) message for non-preferred NDCs: 55513040001 & 55513040002 "Use NDCs 72511040001 or 72511040002"
clonidine 0.1 mg/24 hr transdermal patch	Catapres-TTS-1 0.1 mg/24 hr transdermal patch	Update to Quantity Limit #4/28 days (remove Step Therapy (ST))
clonidine 0.2 mg/24 hr transdermal patch	Catapres-TTS-2 0.2 mg/24 hr transdermal patch	Update to Quantity Limit #4/28 days (remove ST)
clonidine 0.3 mg/24 hr transdermal patch	Catapres-TTS-3 0.3 mg/24 hr transdermal patch	Update to Quantity Limit #4/28 days (remove ST)
propranolol ER 60 mg capsule, 24 hr, extended release	Inderal LA 60 mg capsule, 24 hr, extended release	Remove ST
propranolol ER 80 mg capsule, 24 hr, extended release	Inderal LA 80 mg capsule, 24 hr, extended release	Remove ST
propranolol ER 120 mg capsule, 24 hr, extended release	Inderal LA 120 mg capsule, 24 hr, extended release	Remove ST
propranolol ER 160 mg capsule, 24 hr, extended release	Inderal LA 160 mg capsule, 24 hr, extended release	Remove ST

diltiazem ER 300mg extended-release tablet	Cardizem LA, Matzim LA 300mg extended-release tablet	Change to Non-formulary
diltiazem CD 180 mg capsule, extended release 24 hr	Cardizem CD, Cartia XT 180 mg capsule, extended release 24 hr	Update to Quantity Limit #60/30 days
diltiazem ER 120 mg capsule, 24 hr, extended release	Tiazac, Taztia XT 120 mg capsule, 24 hr, extended release	Add to formulary
diltiazem ER 360 mg capsule, 24 hr, extended release	Tiazac, Taztia XT 360 mg capsule, 24 hr, extended release	Remove Quantity Limit
diltiazem ER 420 mg capsule, 24 hr, extended release	Tiazac, Tiadyt ER 420 mg capsule, 24 hr, extended release	Add to formulary
tiotropium 18 mcg blister with inhaler device	Spiriva® with HandiHaler® 18 mcg blister with inhaler device	Add to formulary with Quantity Limit #30/30 days Add to the 90-day supply maintenance list and the high dollar limit table (\$1,800 per claim) so that 3 inhalers process at POS for one claim.
tirzepatide 2.5mg/0.5ml pen	Mounjaro 2.5mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)
tirzepatide 5mg/0.5ml pen	Mounjaro 5mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)
tirzepatide 7.5mg/0.5ml pen	Mounjaro 7.5mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)
tirzepatide 10mg/0.5ml pen	Mounjaro 10mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)
tirzepatide 12.5mg/0.5ml pen	Mounjaro 12.5mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)
tirzepatide 15mg/0.5ml pen	Mounjaro 15mg/0.5ml pen	Add to formulary with Step Therapy and Quantity Limit-QL (2ml/28 days) (t/f metformin)

olopatadine 0.1% drops	Patanol® 0.1% drops	Remove ST
olopatadine 0.2% drops	Pataday® 0.2% drops	Remove ST
epinastine 0.05% drops	Epinastine 0.05% drops	Update to formulary with Prior Authorization. Remove ST and QL
hydroxyurea 100mg tablet	Siklos 100mg tablet	Add to formulary with Prior Authorization
hydroxyurea 1,000mg tablet	Siklos 1,000mg tablet	Add to formulary with Prior Authorization
voxelotor 300 mg tablet for oral suspension	Oxbryta 300 mg tablet for oral suspension	Add POS message for non-preferred NDC 72786-0111-02: "Use NDC 72786-0111-03"
voxelotor 300 mg tablet	Oxbryta 300 mg tablet	Add POS message for non-preferred NDC 72786-0102-02: "Use NDC 72786-0102-03"

PRIOR AUTHORIZATION GUIDELINE UPDATES

Angiotensin II Receptor Blockers and Renin Inhibitors	Cystic Fibrosis Agents
Brilinta (ticagrelor) tablet	Agents for Atopic Dermatitis
Antifibrotic Respiratory Tract Agents	Synagis
Antihypertensives - retire	Verquvo
Siklos (hydroxyurea) - new	Specialty Biological Agents for Crohn's Disease
Oxbryta (voxelotor)	Specialty Biological Agents for Ulcerative Disease
GLP-1 Agonists, SGLT2 inhibitors, DPP-4 Inhibitors and Combinations	Specialty Biological Agents for Rheumatoid Arthritis
Ophthalmic Antihistamines	Specialty Biological Agents for Adult Psoriatic Arthritis (PsA)
Long-Acting Muscarinic/Long-Acting Beta Agonist/Corticosteroid inhaled Triple Combination Products	Specialty Biological Agents for Psoriasis
Pulmonary Arterial Hypertension (PAH) Criteria	Specialty Biological Agents for Juvenile Idiopathic Arthritis
Corlanor (ivabradine)	Specialty Biological Agents for Ankylosing Spondylitis
Low Molecular Weight Heparins	Specialty Biological Agents for Non-radiographic Axial Spondyloarthritis (nr-axSpA)
Estrogen Patches and Injectables	Specialty Biological Agents for Giant Cell Arteritis
Parkinson's Disease Agents	PCSK-9 Inhibitors
Specialty Biological Agents Preferred Products	Xolair (omalizumab) for Asthma and Urticaria

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Symlin	Thrombocytopenia Agents
Histamine H2 Receptor Antagonists	Corticosteroid Preparations to Treat Hemorrhoids
Elmiron (pentosane polysulfate sodium)	Diuretics
Ezetimibe (Zetia)	Savella (milnacipran) tablet
Antibiotic Eye Medications	Travoprost (Travatan Z) ophthalmic drops
Atovaquone (Mepron)	Arikayce (amikacin)
Tadalafil (Cialis) for BPH	Fexofenadine-pseudoephedrine
Altoprev (lovastatin ER) and Fluvastatin, Fluvastatin ER	Specialty Biological Agents for Hidradenitis Suppurativa
Linezolid	Specialty Biological Agents for Uveitis
Pyridostigmine (Mestinon)	

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