



Alameda Alliance for Health

# FORMULARY UPDATE

**Effective 05/02/2022, 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 15, 2022 meeting:

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| <ul style="list-style-type: none"> <li>• Skeletal Muscle Relaxants</li> <li>• Oral iron preparations</li> <li>• Direct Oral Anticoagulants</li> <li>• Non-Opioid Antitussives/Expectorants</li> <li>• Methergine monograph</li> </ul> | <ul style="list-style-type: none"> <li>• Inhaled Corticosteroid/ Long-Acting Beta Agonist (ICS/LABA) Combinations</li> <li>• First Generation Antihistamines</li> <li>• "New" Oral Medications for Heart Failure</li> </ul> |
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The P&T Committee approved the following modifications to the formulary for the Alliance's Group Care programs.

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
budesonide-formoterol HFA 80 mcg-4.5 mcg/actuation aerosol inhaler	Symbicort	Add to formulary
budesonide-formoterol HFA 160 mcg-4.5 mcg/actuation aerosol inhaler	Symbicort	Add to formulary
diphenhydramine 25 mg capsule	diphenhydramine	Add to formulary
Clemastine 1.34mg tablet	Allergy Relief, Dayhist Allergy	Add to formulary
Corlanor 5 mg/5 mL oral solution	Corlanor	Add to formulary with Prior Authorization
Steglujan 5 mg-100 mg tablet	Steglujan	Add to formulary with step-therapy. Trial and failure of Metformin containing products
Steglujan 15 mg-100 mg tablet	Steglujan	Add to formulary with step-therapy. Trial and failure of Metformin containing products

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Rinvoq 15 mg tablet, extended release	Rinvoq	Add to formulary with Prior Authorization
Rinvoq 30 mg tablet, extended release	Rinvoq	Add to formulary with Prior Authorization
Skyrizi 150 mg/mL subcutaneous syringe	Skyrizi	Add to formulary with Prior Authorization
Skyrizi 150 mg/1.66 mL(75 mg/0.83 mL x 2) subcutaneous syringe kit	Skyrizi	Add to formulary with Prior Authorization
Skyrizi 150 mg/mL subcutaneous pen injector	Skyrizi	Add to formulary with Prior Authorization
Bronchitol 40 mg capsule with inhalation device	Bronchitol	Add to formulary with Prior Authorization
Zerviate 0.24% eye drop	Zerviate	Add to formulary with Prior Authorization
moxifloxacin 0.5% eye drops	Vigamox	Add to formulary
Ciloxan 0.3% eye ointment	Ciloxan	Add to formulary with step-therapy. Trial and failure of ciprofloxacin 0.3% eye drops, ofloxacin eye drops, OR moxifloxacin (Vigamox) 0.5% eye drops
atovaquone 750 mg/5 mL oral suspension	Mepron	Add to formulary with prior authorization
fexofenadine 180mg / pseudoephedrine 240mg tablet ER	Allegra-D 24 hour	Add to formulary with step-therapy. Trial and failure of loratadine, cetirizine or levocetirizine.

**PRIOR AUTHORIZATION GUIDELINE UPDATES**

Thrombocytopenia Agents	Specialty Biological Agents for Giant Cell Arteritis
Long-Acting Muscarinic /Long-Acting Beta Agonist/ Corticosteroid inhaled Triple Combination Products	Specialty Biological Agents for Uveitis
Antifibrotic Respiratory Tract Agents	Specialty Biological Agents for FDA (if no indication specific criteria) and Non-FDA Approved Medically Accepted Indications - Retire
Oxbryta (voxelotor)	Agents for Atopic Dermatitis
Specialty Biological Agents for Nonradiographic Axial Spondyloarthritis (nr-axSpA)	PCSK-9 Inhibitors
Specialty Biological Agents for Crohn’s Disease	Cystic Fibrosis Agents
Specialty Biological Agents for Ulcerative Colitis	Ophthalmic Antihistamines
Specialty Biological Agents for Rheumatoid Arthritis	Antibiotic Eye Medications
Specialty Biological Agents for Psoriatic Arthritis (PsA)	Pulmonary Arterial Hypertension (PAH) Criteria
Specialty Biological Agents for Psoriasis	Brilinta (ticagrelor) tablet
Specialty Biological Agents for Polyarticular Juvenile Idiopathic Arthritis	Xolair (omalizumab) for Asthma and Urticaria
Specialty Biological Agents for Ankylosing Spondylitis	Atovaquone (Mepron)
Specialty Biological Agents for Hidradenitis Suppurativa	Fexofenadine-pseudoephedrine

**PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)**

Synagis	Elmiron (pentosane polysulfate sodium)
Corticosteroid Preparations to Treat Hemorrhoids	Ezetimibe (Zetia)
Diuretics	Altoprev (lovastatin ER) and Fluvastatin, Fluvastatin ER
Antihypertensives	Symlin (pramlintide)
Savella (milnacipran) tablet	Histamine H2 Receptor Antagonists
Travoprost (Travatan Z) ophthalmic drops	Parkinson’s Disease Agents
Arikayce (amikacin)	Linezolid
Tadalafil (Cialis) for BPH	Angiotensin II Receptor Blockers and Renin Inhibitors
Estrogen Patches and Injectables	Pyridostigmine (Mestinon)
Low Molecular Weight Heparins	

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