



Alameda Alliance for Health

# FORMULARY UPDATE

**Effective 04/23/2021, 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 16, 2021 meeting:

### **Therapeutic/Monograph Class Reviews**

- Parkinson's Disease
- Antiplatelet Agents
- Low Molecular Weight Heparins
- PCSK9 inhibitors
- Second Generation Antihistamines
- Renin Angiotensin Aldosterone System (RAAS) Agents
- Pulmonary Arterial Hypertension

The P&T Committee approved the following modifications to the formulary for the Alliance's Medi-Cal, and Alliance Group Care programs.

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Budesonide, Glycopyrrolate, and Formoterol Fumarate inhalation aerosol	Breztri Aerosphere inhaler	Add to formulary with Prior Authorization
Fosinopril 20 mg tablet	Fosinopril 20 mg tablet	Add to formulary
Fosinopril 40 mg tablet	Fosinopril 40 mg tablet	Add to formulary
Treprostinil ER 5MG tablet	Orenitram ER 5 MG tablet	Add to formulary with Prior Authorization
Quinapril 10 mg tablet	Accupril 10 mg tablet	Add to formulary
quinapril 10 mg- hydrochlorothiazide 12.5 mg tablet	Accuretic 10mg - 12.5mg tablet	Add to formulary
quinapril 20 mg tablet	Accupril 20 mg tablet	Add to formulary
quinapril 20 mg- hydrochlorothiazide 12.5 mg tablet	Accuretic 20mg - 12.5mg tablet	Add to formulary
quinapril 20 mg- hydrochlorothiazide 25 mg tablet	Accuretic 20mg - 25mg tablet	Add to formulary
quinapril 40 mg tablet	Accupril 40 mg tablet	Add to formulary
quinapril 5 mg tablet	Accupril 5 mg tablet	Add to formulary
trandolapril 1 mg tablet	Mavik 1 mg tab	Add to formulary
trandolapril 2 mg tablet	Mavik 2 mg tab	Add to formulary

trandolapril 4 mg tablet	Mavik 4 mg tab	Add to formulary
Telmisartan 40 mg- Hydrochlorothiazide 12.5 mg tablet	Micardis HCT 40 mg - 12.5 mg	Add to formulary with Prior Authorization to 636 IHSS Members
Telmisartan 80 mg- Hydrochlorothiazide 12.5 mg tablet	Micardis HCT 80 mg – 12.5 mg	Add to formulary with Prior Authorization to 636 IHSS Members
Telmisartan 80 mg- Hydrochlorothiazide 25 mg tablet	Micardis HCT 80 mg – 25 mg	Add to formulary with Prior Authorization to 636 IHSS Members

### PRIOR AUTHORIZATION GUIDELINE UPDATES

PCSK9 inhibitors	Antibiotic Eye Medications
Second Generation Antihistamines	Drugs for Gender Dysphoria For Less Than 21 Years Old
Estrogen Patches and Injectables	Drugs for Gender Dysphoria For At Least 21 Years Old
Cystic Fibrosis Agents	Testosterone Agents
Synagis	Xolair (omalizumab)
Eosinophilic Asthma Agents	Thrombocytopenia Agents
Idiopathic Pulmonary Fibrosis	Trelegy Ellipta
Aptiom (eslicarbazepine)	Biologic Agents for Nasal Polyposis
Pulmonary Arterial Hypertension (PAH) Criteria	

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

Parkinson's Disease	Altoprev (lovastatin ER) and Fluvastatin, Fluvastatin ER
Antiplatelet Agents	Symlin (pramlintide)
Low Molecular Weight Heparins	Histamine H2 Receptor Antagonists
Injectable/Specialty Medications	Topical Acne Agents
Atovaquone (Mepron)	Tranexamic acid (Lysteda)
Tadalafil (Cialis) for BPH	Linezolid
Elmiron (pentosane polysulfate sodium)	Criteria for short acting opioid containing products
Ezetimibe (Zetia)	Pyridostigmine (Mestinon)
Corticosteroid Preparations to Treat Hemorrhoids	Diuretics
Antihypertensives	Savella
Travoprost (Travatan Z)	Arikayce (amikacin)
Oxbryta (voxelotor)	Angiotensin II Receptor Blockers and Renin Inhibitors

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