



Alameda Alliance for Health  
FORMULARY UPDATE  
**Effective 08/18/2021, 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 June 15, 2021 meeting:

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

- Benzodiazepines
- Vasopressin antagonists
- Contraceptives, foams, devices
- Phosphate binders
- Gaucher Disease
- Ridaura monograph
- Cabenuva monograph
- Lupkynis monograph
- Verquvo monograph
- Qelbree monograph
- Hereditary Angioedema
- Anticonvulsants

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>
ENTRESTO 24 MG-26 MG TABLET	ENTRESTO 24 MG-26 MG TABLET	Add F-QL (60/30) 632-MCAL and 636 IHSS
ENTRESTO 49 MG-51 MG TABLET	ENTRESTO 49 MG-51 MG TABLET	Add F-QL (60/30) 632-MCAL and 636 IHSS
ENTRESTO 97 MG-103 MG TABLET	ENTRESTO 97 MG-103 MG TABLET	Add F-QL (60/30) 632-MCAL and 636 IHSS
BASAGLAR 100 UNIT/ML KWIKPEN	BASAGLAR 100 UNIT/ML KWIKPEN	No change-632 MCAL NF-636 IHSS
SEMGLEE 100 UNIT/ML PEN	SEMGLEE 100 UNIT/ML PEN	NF-632 MCAL F-QL (30/30)-636 IHSS
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet	SEMGLEE 100 UNIT/ML VIAL	NF-632 MCAL F-QL (30/30)-636 IHSS
TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID 650 MG TABLET	F-PA-QL (30/30)-632 MCAL and 636 IHSS
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet	QUDEXY XR 25 MG CAPSULE	No change-632 MCAL NF-636 IHSS
FLURAZEPAM 15 MG CAPSULE	FLURAZEPAM 15 MG CAPSULE	F-QL (30/30)-632 MCAL F-QL (30/30)-636 IHSS
quinapril 40 mg tablet	quinapril 40 mg tablet	F-QL (30/30)-632 MCAL F-QL (30/30)-636 IHSS
CABENUVA 400 MG-600 MG ER SUSP	CABENUVA 400 MG-600 MG ER SUSP	No change-632 MCAL F-636 IHSS
CABENUVA 600 MG-900 MG ER SUSP	CABENUVA 600 MG-900 MG ER SUSP	No change-632 MCAL F-636 IHSS
trandolapril 2 mg tablet	LUPKYNIS 7.9 MG CAPSULE	F-PA-632 MCAL F-PA-636 IHSS

AURYXIA 210 MG TABLET	AURYXIA 210 MG TABLET	F-PA-632 MCAL F-PA- 636 IHSS
VELPHORO 500 MG CHEWABLE TAB	VELPHORO 500 MG CHEWABLE TAB	F-PA-632 MCAL F-PA- 636 IHSS
VERQUVO (VERICIGUAT) 2.5MG	VERICIGUAT 2.5MG	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS
Verquvo (vericiguat) 5mg	VERICIGUAT 5MG	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS
VERQUVO (VERICIGUAT)10MG	VERICIGUAT 10MG	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS
HYDROCORTISONE 0.5% CREAM	HYDROCORTISONE 0.5% CREAM	No change-632 MCAL Add to formulary 636 IHSS
QELBREE ER 100 MG CAPSULE	QELBREE ER 100 MG CAPSULE	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS
QELBREE ER 150 MG CAPSULE	QELBREE ER 150 MG CAPSULE	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS
QELBREE ER 200 MG CAPSULE	QELBREE ER 200 MG CAPSULE	Add to formulary with Prior Authorization to 632 MCAL and 636 IHSS

**PRIOR AUTHORIZATION GUIDELINE UPDATES**

Entresto	Lidocaine (Lidoderm)
Diabetes Medications and Diabetes Medications used for Heart Failure	Corlanor (ivabradine)
Long-Acting Basal Insulin	Emflaza (deflazacort)
Acute Migraine Treatments	Cholinesterase Inhibitors
Self-administered Disease Modifying Therapies (DMTs) for Multiple Sclerosis (MS)	Long Acting Opioids
Healthcare professional (HCP) administered/IV Disease Modifying Therapies (DMTs) for Multiple Sclerosis (MS)	Short Acting Opioids
Tranexamic acid (Lysteda)	Specialty Biological Agents for Non-Systemic Juvenile Idiopathic Arthritis
Lipotropics	Specialty Biological Agents for Non-FDA Approved Medically Accepted Indications
Prophylactic Calcitonin Gene-Related Peptide (CGRP) Receptor Inhibitors for Injection	Specialty Biological Agents for Systemic Juvenile Idiopathic Arthritis
Hepatitis C	Specialty Biological Agents for Crohn’s Disease
Hepatitis B drugs	Specialty Biological Agents for Psoriatic Arthritis (PsA)
Hemlibra (emicizumab-kxwh)	Specialty Biological Agents for Psoriasis
Movement Disorders	Specialty Biological Agents for Hidradenitis Suppurativa
Sunosi, Wakix, and Xyrem	Specialty Biological Agents for Rheumatoid Arthritis
Specialty Biological Agents for Ulcerative colitis	Serotonin Receptor Agonists (Triptans)
Inhaled Corticosteroids/Long-Acting Beta-Agonists (ICS/LABA) Combinations	Daliresp (roflumilast)
Fenofibrates	Rapid-Acting Insulin
Levalbuterol (Xopenex/Xopenex HFA)	Palforzia

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

Specialty Biological Agents for Ankylosing Spondylitis	Brand Medications When a Generic or Biosimilar is Available
Specialty Biological Agents for Giant Cell Arteritis	Formulary, step therapy required *For drugs without specific criteria
Specialty Biological Agents for Uveitis	Non-formulary and prior authorization required oral liquid formulations
Ophthalmic Anti-inflammatory Immunomodulators	Potassium-removing agents
Nutritional formulas, infant formulas	Febuxostat (Uloric)
Modafinil and Armodafinil	Rectiv (nitroglycerin) ointment

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