



Alameda Alliance for Health
FORMULARY UPDATE
Effective 11/09/2021, 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 September 21, 2021 meeting:

Therapeutic/Monograph Class Reviews

- IBS-C & D CIC and opioid induced constipation
- Intranasal steroid
- Chelating agents
- Peak Flow Meters
- Glaucoma
- Influenza antivirals

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

<i>Generic Name & Strength/Dosage Form</i>	<i>Brand Name</i>	<i>Committee Actions</i>
<i>Formulary Changes for IHSS</i>		
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	Suboxone	Add quantity limit #90/30
buprenorphine HCl 8 mg sublingual tablet	Suboxone	Add quantity limit #90/30
raloxifene 60 mg tablet	Evista	Add quantity limit #30/30
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	Suboxone	Add quantity limit #180/30
buprenorphine HCl 2 mg sublingual tablet	Suboxone	Add quantity limit #180/30
Linzess 145 mcg capsule	Linzess	Add to formulary with Prior Authorization
Linzess 290 mcg capsule	Linzess	Add to formulary with Prior Authorization
Linzess 72 mcg capsule	Linzess	Add to formulary with Prior Authorization
Bunavail 2.1 mg-0.3 mg buccal film	Bunavail	Add to formulary with Prior Authorization
Bunavail 4.2 mg-0.7 mg buccal film	Bunavail	Add to formulary with Prior Authorization
Bunavail 6.3 mg-1 mg buccal film	Bunavail	Add to formulary with Prior Authorization
Zubsolv 11.4 mg-2.9 mg sublingual tablet	Zubsolv	Add to formulary with Prior Authorization
Zubsolv 0.7 mg-0.18 mg sublingual tablet	Zubsolv	Add to formulary with Prior Authorization
Zubsolv 2.9 mg-0.71 mg sublingual tableT	Zubsolv	Add to formulary with Prior Authorization

Zubsolv 8.6 mg-2.1 mg sublingual tablet	Zubsolv	Add to formulary with Prior Authorization
Xifaxan 200 mg tablet	Xifaxan	Add to formulary with Prior Authorization
Xifaxan 550 mg tablet	Xifaxan	Add to formulary with Prior Authorization
palonosetron 0.25 mg/2 mL intravenous solution	Aloxi	Add to formulary with Prior Authorization
palonosetron 0.25 mg/5 mL intravenous syringe	Aloxi	Add to formulary with Prior Authorization
BromSite 0.075 % eye drops	BromSite	Add to formulary with Prior Authorization
Ziextenzo 6 mg/0.6 mL subcutaneous syringe	Ziextenzo	Add to formulary with Prior Authorization on 10/1/2021
Nivestym 300 mcg/mL injection solution	Nivestym	Add to formulary with Prior Authorization
Nivestym 480 mcg/1.6 mL injection solution	Nivestym	Add to formulary with Prior Authorization
Rhinocort Allergy 32 mcg nasal spray	Rhinocort	Add to Formulary
Mini Wright Peak Flow Meter	Mini Wright Peak Flow Meter	Add to Formulary
Truzone Peak Flow Meter	Truzone	Add to Formulary
Airzone Peak Flow Meter	Airzone	Add to Formulary
Asthma Check Meter	Asthma Check Meter	Add to Formulary
Personal Best Low Range device	Personal Best Low Range device	Add to Formulary
Pocket Peak Flow Meter	Pocket Peak Flow Meter	Add to Formulary

<i>Generic Name & Strength/Dosage Form</i>	Brand Name	Committee Actions
<i>Formulary Changes for MCAL</i>		
raloxifene 60 mg tablet	Evista	Add quantity limit #30/30
Ziextenzo 6mg/0.6ml subcutaneous syringe	Ziextenzo	Add to formulary with Prior Authorization on 10/1/2021
PRIOR AUTHORIZATION GUIDELINE UPDATES		
Specialty Biological Agents for Crohn’s Disease	Oral and Injectable Oncology Medications	
Specialty Biological Agents for Rheumatoid Arthritis	Orilissa (elagolix)	
Calcitonin Gene-Related Peptide (CGRP) Antagonists for Headache Prevention	Injectable/Infusible Agents for Osteoporosis and Paget’s Disease	
Acute Migraine Treatments	Dronabinol	
Oriahnn	Desvenlafaxine succinate (Pristiq)	
Injectable/Infusible Bone-Modifying Agents for Oncology Indications	Corticosteroids for Ulcerative Colitis and Crohn’s disease	
Antiemetics	Ophthalmic Anti-inflammatory Agents	
Topical Acne Agents	Moxifloxacin Oral Tablet	
Adenosine Triphosphate-Citrate Lyase (ACL) inhibitors	Malaria prophylaxis and treatment agents	
Non-Formulary and PA Required Medications without Drug-Specific Criteria	Cartilaginous Repair Agents	
Opioid Dependency Agents	Rifamycin Antibiotics	
Erythropoiesis-Stimulating Agents	Botulinum Toxins A&B	
White Blood Cell Stimulators	Sedative Hypnotics	
Injectable Atypical Antipsychotic Medications	Makena	
Anti-Obesity Medications	Medications for the treatment of Multi-Drug Resistant Tuberculosis	
Pediculicides	Tetracycline Antibiotics	
Raloxifene (Evista)	Diabetes Medications and Diabetes Medications used for Heart Failure or Chronic Kidney Disease	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Safety Edit Exception	Inhaler Assistant Devices
Quantity Limit Exception	Mesalamine
Nuedexta (dextromethorphan/quinidine)	Rifabutin (Mycobutin)
Memantine ER (Namenda XR)	Spravato (esketamine) Intranasal
Vancomycin	Santyl Ointment
Diclofenac sodium (Solaraze) 3% gel	Physician Administered Medication (PAD)/ Medical Benefit Guidelines
Multaq (dronedarone)	Off-label uses

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