



Alameda Alliance for Health

# FORMULARY UPDATE

**Effective 10/28/2022, 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 September 20, 2022 meeting:

Therapeutic/Monograph Class Reviews	
<ul style="list-style-type: none"> <li>• GLP-1 agonists class review</li> <li>• Hepatitis B class review</li> <li>• Dry eye disease class review</li> <li>• Laxatives class review</li> <li>• Pancreatic enzymes class review</li> </ul>	<ul style="list-style-type: none"> <li>• Peak flow meters class review</li> <li>• Mounjaro monograph</li> <li>• Chelating agents class review</li> <li>• SGLT-2 class review</li> <li>• Ibsrela monograph</li> </ul>

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

<i>Generic Name &amp; Strength/Dosage Form</i>	<b>Brand Name</b>	<b>Committee Actions</b>
dapagliflozin and metformin extended release 2.5 mg-1,000 mg	Xigduo XR	Add to formulary with prior authorization
Ibsrela 50 mg tablet	Ibsrela 50 mg tablet	Add to formulary with prior authorization
STC F2A (erectile dysfunction medications) should be removed from the exclusion list (error 367, drug excluded for plan) so that they may pay at point-of-sale, if necessary	n/a	Should be removed from the exclusion list (error 367, drug excluded for plan) so that erectile dysfunction medications pay at point-of-sale
Creon 36,000 unit-114,000 unit-180,000 unit capsule, delayed release	n/a	Add to high dollar limit table \$3,500

**PRIOR AUTHORIZATION GUIDELINE UPDATES**

White Blood Cell Stimulators	Vancomycin
Inhaler Assistant Devices	Scabicides and Pediculicides
Safety Edit Exception	Rifamycin Antibiotics
Antiemetics	Topical Acne Agents
Mesalamine	Tranexamic acid (Lysteda)
Gonadotropin Releasing Hormone Antagonist Combination Products	Adakveo
Topical Antibiotics	Exondys 51
Corticosteroids for Ulcerative Colitis and Crohn's disease	Erythropoiesis-Stimulating Agents
Alosetron (Lotronex)	White Blood Cell Stimulators
Viberzi (eluxadoline)	Iron-containing Products
Vaginal Progesterone	Orilissa (elagolix)
Biologic Agents for Nasal Polyposis	Injectable/Infusible Agents for Osteoporosis and Paget's Disease
Interleukin Receptor Antagonists for Eosinophilic Conditions	Specialty Biological Agents for Crohn's Disease
Multaq (dronedarone)	Off-label uses
Long-Acting Basal Insulin	Non-formulary and PA Required Medications without Drug-Specific Criteria
Constipation Agents	Drugs for Gender Dysphoria For Less Than 21 Years Old
Opioid Use Disorder (OUD) Agents	Drugs for Gender Dysphoria For At Least 21 Years Old
Medications for the treatment of Multi-Drug Resistant Tuberculosis	

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

Makena	Physician Administered Medication (PAD)/ Medical Benefit Guidelines
Rifabutin (Mycobutin)	Dronabinol
Atovaquone-proguanil (Malarone)	Erythropoiesis-Stimulating Agents
Intranasal Steroids	Injectable/Infusible Bone-Modifying Agents for Oncology Indications
Ophthalmic Anti-Inflammatory Agents	Moxifloxacin Oral Tablet
Quantity Limit Exception	Spravato (esketamine) Intranasal
Nuedexta	Santyl Ointment
Cartilaginous Repair Agents	Tetracycline Antibiotics
Memantine ER (Namenda XR)	Adenosine Triphosphate-Citrate Lyase (ACL) inhibitors
Desvenlafaxine succinate (Pristiq)	

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