

	<p style="text-align: center;">Alameda Alliance for Health FORMULARY UPDATE</p> <p style="text-align: center;"><u>Effective November 2, 2020 unless indicated below under Committee Actions.</u></p>
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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 15, 2020 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> • Antitubercular Agents • Ophthalmic steroids • Desvenlafaxine succinate (Pristiq) • Diclofenac sodium (Solaraze) 3% gel • Hepatitis B Drugs • Pregabalin (Lyrica and Lyrica CR) • Sedative Hypnotics • Makena • Multaq (dronedarone) • Lipotropics 	<ul style="list-style-type: none"> • Malaria prophylaxis and treatment • Moxifloxacin Oral Tablet • Raloxifene (Evista) • Constipation agents • Dronabinol • Opioid Dependency Agents • Anti-Obesity Medications • Pediculicides • Memantine ER (Namenda XR) • Nuedexta 	<ul style="list-style-type: none"> • Physician Administered Medication (PAD)/ Medical Benefit Guidelines • Off-label uses • Non-Formulary and PA Required Medications without Drug-Specific Criteria • Santyl Ointment • Oral and Topical Antivirals • Ulcerative colitis • Chelating Agents • Nexletol monograph • Nexlizet monograph • Oriahnn monograph

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>	Brand Name	Committee Actions
INCOBOTULINUMT OXINA 50 UNIT VIAL	XEOMIN	Add to formulary with Prior Authorization
INCOBOTULINUMT OXINA 100 UNIT VIAL	XEOMIN	Add to formulary with Prior Authorization
INCOBOTULINUMT OXINA 200 UNIT VIAL	XEOMIN	Add to formulary with Prior Authorization
FREESTYLE LIBRE 2 SENSOR	FREESTYLE LIBRE	Add to formulary with Prior Authorization
FREESTYLE LIBRE 2 READER	FREESTYLE LIBRE	Add to formulary with Prior Authorization
SUCCIMER 100 MG CAPSULE	CHEMET	Change to Non-Formulary For IHSS members only
BEMPEDOIC ACID 180 MG TABLET	NEXLETOL	Add to formulary with Prior Authorization
BEMEMPEDOIC ACID/EZETIMIBE 180-10 MG TABLET	NEXLIZET	Add to formulary with Prior Authorization
DOCOSANOL 10% CREAM	ABREVA	Change to Non-Formulary For IHSS members only
ORIAHNN 300-1- 0.5MG/300MG CAPS	ORIAHNN	Add to formulary with Prior Authorization
MESALAMINE 1,000 MG SUPP	CANASA	Add to Formulary
BUDESONIDE EC 3 MG CAPSULE	ENTOCORT EC	Add to formulary with quantity limit #540 for 365 day supply
RIFAMYCINDR 194 MG TABLET	AEMCOLO	Add to formulary with Prior Authorization

PRIOR AUTHORIZATION GUIDELINE UPDATES

Diabetes Medications Diabetes Medications used for Heart Failure	Injectable/Infusible Agents for Osteoporosis and Paget's Disease
Antiemetics	Injectable/Infusible Bone-Modifying Agents for Oncology Indications
FreeStyle Libre	Orilissa (elagolix)
Vancomycin	Spravato (esketamine) Intranasal
Erythropoiesis-Stimulating Agents	Intranasal Steroids
White Blood Cell Stimulators	Injectable Atypical Antipsychotic Medications
Rifamycin Antibiotics	Inhaler Assistant Devices

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Antitubercular Agents	Ophthalmic steroids
Pregabalin (Lyrica and Lyrica CR)	Makena
Multaq (dronedarone)	Lipotropics
Malaria prophylaxis and treatment	Moxifloxacin Oral Tablet
Raloxifene (Evista)	Constipation agents
Dronabinol	Opioid Dependency Agents
Memantine ER (Namenda XR)	Off-label uses
Nuedexta (dextromethorphan/quinidine)	Non-Formulary and PA Required Medications without Drug-Specific Criteria
Physician Administered Medication (PAD)/ Medical Benefit Guidelines	Santyl Ointment

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