



Alameda Alliance for Health

FORMULARY UPDATE

**Effective 01/22/2021, 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 December 15, 2020 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> • Test strips (abbreviated) • SGLT2 Inhibitors • Rho immune globulins. • Vitamin D analogs • Continuous glucose monitors • Methergine monograph • Alosetron (Lotronex) • Oral and Non-Oral Contraceptives • Immunizations • Urinary Incontinence Agents 	<ul style="list-style-type: none"> • HP Acthar Criteria • Criteria for Long-Acting Opioids • Proton Pump Inhibitors (PPIs) • Isotretinoin capsules • Lupron Depot and Lupron Depot-Ped • Viberzi (eluxadoline) • Agents for Atopic Dermatitis • Thalomid (thalidomide) • Endari • Phosphate Binders 	<ul style="list-style-type: none"> • Otezla (apremilast) for Behcet Disease • Korlym (mifepristone) • Step Therapy Exception • Prior Authorization Exception • Butorphanol (Stadol NS) • Temazepam (Restoril) • Oral Anti-Fungals • Gattex (teduglutide) • Ranolazine ER (Ranexa) • Growth Hormone

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

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
theophylline ER 400 mg tablet, extended release 24 hr	theophylline	For 636 IHSS Members Add to formulary
theophylline ER 600 mg tablet, extended release 24 hr	theophylline	For 636 IHSS Members Add to formulary
theophylline 80 mg/15 mL oral solution	theophylline	For 636 IHSS Members Change to non-formulary.
clotrimazole- betamethasone 1 %-0.05 % topical cream	clotrimazole- betamethasone	Add to formulary
triamcinolone 55mcg OTC nasal spray	triamcinolone	For 636 IHSS Members Add to formulary
ABSORICA LD 8 MG CAPSULE	ABSORICA	Add to formulary with Prior Authorization
ABSORICA LD 16 MG CAPSULE	ABSORICA	Add to formulary with Prior Authorization
ABSORICA LD 24 MG CAPSULE	ABSORICA	Add to formulary with Prior Authorization
ABSORICA LD 32 MG CAPSULE	ABSORICA	Add to formulary with Prior Authorization

PRIOR AUTHORIZATION GUIDELINE UPDATES

Intranasal steroids	Injectable Methotrexate
Defirasirox	Topical Diclofenac
Entresto (sacubitril/valsartan)	Topiramate (Topamax) sprinkles
Fentanyl Citrate	Specialty Biological Agents for Ankylosing Spondylitis

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Viberzi (eluxadoline)	Prior Authorization Exception
Agents for Atopic Dermatitis	Butorphanol (Stadol NS)
Thalomid (thalidomide)	Temazepam (Restoril)
Endari	Oral Anti-Fungals
Phosphate Binders	Gattex (teduglutide)
Otezla (apremilast) for Behcet Disease	Ranolazine ER (Ranexa)
Korlym (mifepristone)	Growth Hormone
Step Therapy Exception	

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