



Alameda Alliance for Health
**FORMULARY
 UPDATE**

Effective 02/03/2022, 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 December 21, 2021 meeting:

| Therapeutic/Monograph Class Reviews | |
|---|--|
| <ul style="list-style-type: none"> • Androgens • Wegovy monograph • Pneumonia vaccine monograph/comparator • Urinary antispasmodics | <ul style="list-style-type: none"> • Ketone test strips (abbrev) • Topical Agents for Actinic Keratosis • Multi vitamins with fluoride • Gout • Fluoride dental preps |

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

| Generic Name & Strength/Dosage Form | Brand Name | Committee Actions |
|--|-------------------|---|
| Wegovy 1.7 mg/0.75 mL solution in single-dose pen injector | Wegovy | Add to formulary with Prior Authorization |
| Wegovy 2.4 mg/0.75 mL solution in single-dose pen injector | Wegovy | Add to formulary with Prior Authorization |
| Wegovy 1mg/0.5ml solution in single-dose pen injector | Wegovy | Add to formulary with Prior Authorization |
| Wegovy 0.5mg/0.5ml solution in single-dose pen injector | Wegovy | Add to formulary with Prior Authorization |
| Wegovy 0.25mg/0.5ml solution in single-dose pen injector | Wegovy | Add to formulary with Prior Authorization |
| naltrexone/bupropion 8 mg-90 mg tablet | Contrave | Add to formulary with Prior Authorization |

| Generic Name & Strength/Dosage Form | Brand Name | Committee Actions |
|---|-------------------|--|
| Saxenda 3 mg/0.5 mL (18 mg/3 mL) subcutaneous pen injector | Saxenda | Add to formulary with Prior Authorization |
| Testosterone 20.25 mg/1.25 gram (1.62 %) transdermal gel pump | AndroGel | Add to formulary with Quantity limit #150/30 days |
| pneumococcal 20-valent conjugate vaccine (PF) 0.5 mL intramuscular syringe | Prevnar 20 | Add to formulary with Quantity limit 0.5 per fill. 1 Fill per lifetime. Age limit min. 19 years. |
| pneumococcal 15-valent conjugate vaccine crm197 protein adsorbed /0.5 mL injection suspension | Vaxneuvance | Add to formulary with Quantity limit 0.5 per fill. 1 Fill per lifetime. Age limit min. 19 years. |
| Solifenacin 5 mg tablet | Vesicare | Add to Formulary |
| Solifenacin 10 mg tablet | Vesicare | Add to Formulary |
| tolterodine 1 mg tablet | Detrol | Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin |
| tolterodine 2 mg tablet | Detrol | Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin |
| Tolterodine 2 mg ER capsule 24 hr | Detrol LA | Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin |
| tolterodine 4 mg ER capsule 24 hr | Detrol LA | Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin |
| nafarelin acetate 2mg/ml nasal spray | Synarel | Add to formulary with Prior Authorization |

PRIOR AUTHORIZATION GUIDELINE UPDATES

| | |
|---|---|
| Biologic Agents for Nasal Polyps | Injectable Methotrexate |
| Interleukin Receptor Antagonists for Asthma | Agents for Atopic Dermatitis |
| Isotretinoin capsules | Oral Anti-Fungals |
| Lupron Depot and Lupron Depot-Ped | Growth Hormone |
| Diclofenac sodium (Solaraze) 3% gel | Oral and Injectable Oncology Medications |
| Injectable/Specialty Medications | Brand Medications When a Generic or Biosimilar is Available |
| Otezla (apremilast) for Bechet Disease | Fentanyl Citrate |
| dalfampridine (Ampyra) | Prior Authorization Exception |
| Proton Pump Inhibitors (PPIs) | Endari |
| Topical Diclofenac | Testosterone Agents |
| Drugs for Gender Dysphoria for less than 21 Years Old | Drugs for Gender Dysphoria for at least 21 Years Old |
| Anti-Obesity Medications | Immunizations |
| Urinary Incontinence Agents | Biological Agents for Nasal Polyposis |
| Interleukin Receptor Antagonists for Asthma | Isotretinoin capsules |
| Lupron Depot and Lupron Depot-Ped | Injectable Methotrexate |
| Agents for Atopic Dermatitis | Oral Anti-Fungals |
| Growth Hormone | |

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

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|----------------------------------|---------------------------|
| Step Therapy Exception | Temazepam (Restoril) |
| Botulinum Toxins A&B | Thalomid (thalidomide) |
| Blood Glucose Testing Supplies | Rayaldee (calcifediol ER) |
| Oral and Non-Oral Contraceptives | Korlym (mifepristone) |
| Acthar Gel Criteria | Butorphanol (Stadol NS) |
| Ranolazine ER (Ranexa) | |

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