



Alameda Alliance for Health  
**FORMULARY  
 UPDATE**

**Effective 02/24/2020, 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 17, 2019 meeting:

<b>Therapeutic/Monograph Class Reviews</b>		
<ul style="list-style-type: none"> <li>Blood Glucose test strips</li> <li>Vitamins for ocular health</li> <li>Conventional DMARDs</li> <li>Allergenic Extracts</li> <li>Specialty biological Agents for Ankylosing Spondylitis</li> <li>Butorphanol (Stadol NS)</li> <li>Oral and Non-Oral Contraceptives</li> <li>HP Acthar Criteria</li> <li>Growth Hormone</li> <li>Lupron Depot and Lupron Depot-Ped</li> </ul>	<ul style="list-style-type: none"> <li>Ranolazine (Ranexa)</li> <li>Tolcapone (Tasmar)</li> <li>Oral Anti-Fungals</li> <li>Alosetron (Lotronex)</li> <li>Immunizations</li> <li>Injectable/Specialty Medications</li> <li>Viberzi (eluxadoline)</li> <li>Topical Diclofenac</li> <li>Step Therapy Exception</li> <li>Prior Authorization Exception</li> <li>Endari</li> </ul>	<ul style="list-style-type: none"> <li>Thalomid</li> <li>Topiramate (Topamax) Sprinkles</li> <li>Gattex (teduglutide)</li> <li>Phosphate Binders</li> <li>Hormone replacement therapy</li> <li>Topical acne</li> <li>Conventional agents for psoriasis</li> <li>Urinary tract antispasmodics</li> </ul>

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

<b><i>Generic Name &amp; Strength/Dosage Form</i></b>	<b>Brand Name</b>	<b>Committee Actions</b>
Clindamycin Phosphate/Benzoyl Peroxide 1 %-5 % topical gel	Benzaclin®	Remove from formulary 2/24/2019, grandfather existing members until 7/1/2020
Dulera 200mcg	Dulera	Add to formulary with age limit. Dulera should pay at POS for those age 12 and younger, PA required over age 12
Dulera 100mcg	Dulera	Add to formulary with age limit. Dulera should pay at POS for those age 12 and younger, PA required over age 12

<b><i>Generic Name &amp; Strength/Dosage Form</i></b>	<b>Brand Name</b>	<b>Committee Actions</b>
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Mesalamine DR tablet 1.2gm	Lialda	Add to formulary with Step Therapy. Prior use of sulfasalazine, sulfasalazine DR, or balsalazide required.
Testosterone 30mg/1.5ml solution pump	Axiron	Add to Formulary with Prior Authorization
Testosterone 2% gel pump	Fortesta	Change to Non-Formulary
Androderm (testosterone transdermal patch) 2mg	Androderm	Change to Non-Formulary
Androderm (testosterone transdermal patch) 4mg	Androderm	Change to Non-Formulary
Testopel pellet implant	Testopel	Change to Non-Formulary
Pevnar 13 Syringe	Pevnar	Add to Formulary with quantity limit. Change from 2 fills per lifetime to 1 fill per lifetime
Otezla 30mg tablet	Otezla	Add to Formulary with Prior Authorization
Otezla Starter Pack	Otezla	Add to Formulary with Prior Authorization
Otezla 28 day Starter Pack	Otezla	Add to Formulary with Prior Authorization
Divigel® (estradiol) 0.1% 0.5 mg packet	Divigel®	Change to Non-Formulary for IHSS
Estradiol 0.0375 mg patches semiweekly	Estradiol	Add to Formulary with quantity limit #8 for 28 day supply. Add age limit minimum age 40 years old.
Estradiol 10 mcg vaginal tablet	Vagifem®, Yuvaferm®	Add to formulary
Sevelamer carbonate 800 mg tablets	Renvela	Add to formulary with Step-Therapy. Trial and failure of Calcium Acetate
Lanthanum carbonate 500mg chewable tablets	Fosrenol®	Add to Formulary with Prior Authorization
Lanthanum carbonate 750mg chewable tablets	Fosrenol®	Add to Formulary with Prior Authorization
Lanthanum carbonate 1,000mg chewable tablets	Fosrenol®	Add to Formulary with Prior Authorization
Lanthanum carbonate 750mg powder packets	Fosrenol®	Add to Formulary with Prior Authorization
Lanthanum carbonate 1,000mg powder packets	Fosrenol®	Add to Formulary with Prior Authorization

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Calcipotriene 0.005% ointment	Calcitrene®	Add to formulary with Step-Therapy. Use of two topical corticosteroids
Calcipotriene 0.005% cream	Dovonex®	Add to formulary with Step-Therapy. Use of two topical corticosteroids
Calcipotriene 0.005% scalp solution	Calcipotriene	Add to formulary with Step-Therapy. Use of two topical corticosteroids
Pimecrolimus 1% cream	Elidel®	Keep current Step- therapy (trial and failure of 2 topical corticosteroids) and then ADD additional 2nd Step-therapy (trail and failure tacrolimus ointment)
Oxybutynin 15 mg ER tablet	Ditropan XL	Remove Quantity limit.
Tolterodine 1mg	Detrol	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Tolterodine 2mg	Detrol	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Tolterodine ER 2mg	Detrol LA	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Tolterodine ER 4mg	Detrol LA	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Trospium 20mg	Sanctura	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Trospium ER 60mg	Sanctura XR	Keep current step-therapy. Add use of preferred drugs “in the last 6 months.”
Norethindrone ac-eth estradiol 1-5mcg	Jinteli	Change to Non-formulary
Colchicine 0.6mg tablets	Colcrys	Update coding to quantity limit 30/30

<b>PRIOR AUTHORIZATION GUIDELINE UPDATES</b>	
Hepatitis C Medications criteria	Temazepam (Restoril)
Cystic Fibrosis Agents	Testosterone Agents
Specialty Biological Agents for Ankylosing Spondylitis	Drugs for Gender Dysphoria For Less Than 21 Years Old

Inhaled Corticosteroids/Long-Acting Beta-Agonists (ICS/LABA) Combinations	Drugs for Gender Dysphoria For At Least 21 Years Old
Oral and Injectable Oncology Medications	Tolcapone (Tasmar)
Antibiotic Eye Drops	Oral Anti-Fungals
Butorphanol (Stadol NS)	Alosetron (Lotronex)
Oral and Non-Oral Contraceptives	Ophthalmic Anti-Inflammatory Agents
HP Acthar Criteria	Immunizations
Entresto (sacubitril/valsartan)	Injectable/Specialty Medications
Growth Hormone	Viberzi (eluxadoline)
Lupron Depot and Lupron Depot-Ped	Topical Diclofenac
Lidocaine (Lidoderm)	Mesalamine
Corticosteroids for Ulcerative Colitis and Crohn's disease	Fentanyl Citrate
Proton Pump Inhibitors (PPIs)	Ranolazine (Ranexa)

<b>PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)</b>	
Step Therapy Exception	Thalomid (thalidomide)
Prior Authorization Exception	Topiramate (Topamax) sprinkles
Endari	Gattex (teduglutide)

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