



Alameda Alliance for Health
**FORMULARY
 UPDATE**

**Effective: Tuesday, August 13, 2019,
 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 June 25, 2019 meeting:

Therapeutic/Monograph Class Reviews	
<ul style="list-style-type: none"> • Contraceptives- (condoms, diaphragms, gels, foams) class review • Triptans class review • Sucraid monograph • Ridaura monograph 	<ul style="list-style-type: none"> • Anticonvulsants • Biologic DMARDs • Potassium removing agents • Multiple Sclerosis • Hemlibra monograph

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
Zolmitriptan 2.5mg tablet	Zomig	Add to formulary with step therapy. Prior use of sumatriptan tablet required. Add Quantity Limit #6/30
Zolmitriptan 5 mg tablet	Zomig	Add to formulary with step therapy. Prior use of sumatriptan tablet required. Add Quantity Limit #6/30
Divalproex Sodium 250 mg DR tablet	Depakote	Add to formulary. Changes non applicable for MCAL members.
Divalproex Sodium 500 mg DR tablet	Depakote	Add to formulary. Changes non applicable for MCAL members.
Divalproex Sodium 500 mg DR tablet	Depakote	Add to formulary. Changes non applicable for MCAL members.
Divalproex Sodium 500 mg ER tablet	Depakote	Add to formulary. Changes non applicable for MCAL members.
Ethotoin 250 mg tablet	Peganone	Change to Non-Formulary. No utilization on class review.
Felbamate 600 mg/5 mL oral suspension	Felbatol	Change to Non-Formulary. No utilization on class review.
Felbamate 400 mg tablet	Felbatol	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
Felbamate 600 mg tablet	Felbatol	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Lamotrigine 25 mg tablet	Lamictal	Remove Quantity Limit. Changes non applicable for IHSS members
Lamotrigine 5 mg (84 tablets)-100 mg (14 tablets) tablets in a dosepak	Lamictal	Change to Non-Formulary. No utilization on class review.
Lamotrigine 25 mg (42 tablets)-100 mg (7 tablets) tablets in a dosepak	Lamictal	Change to Non-Formulary. No utilization on class review.
Lamotrigine 25 mg rapid dissolve tablets	Lamictal	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
Lamotrigine 50 mg rapid dissolve tablets	Lamictal	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
Lamotrigine 100 mg rapid dissolve tablets	Lamictal	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
Lamotrigine 200 mg rapid dissolve tablets	Lamictal	Change to Non-Formulary. No utilization on class review.
Lamotrigine 25 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members
Lamotrigine 50 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Lamotrigine 100 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Lamotrigine 200 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Lamotrigine 250 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Lamotrigine 300 mg XR tablet	Lamictal	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Levetiracetam 500 mg XR tablet	Keppra	Add to formulary with quantity limit #120/30. Remove age limit.
Levetiracetam 750 mg XR tablet	Keppra	Add to formulary with quantity limit #120/30. Remove age limit.
methsuximide 300 mg capsule	Celontin	Change to Non-formulary
Oxcarbazepine 300 mg/5 mL oral suspension	Trilepta	Change to Non-Formulary. Changes non applicable for IHSS members.
oxcarbazepine 150 mg XR tablets	Oxtellar	Change to Non-Formulary. No utilization on class review.

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
oxcarbazepine 300 mg XR tablets	Oxtellar	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
oxcarbazepine 600 mg XR tablets	Oxtellar	Change to Non-formulary. Grandfathering occurs from 8-13-19 to 9-17-19
Topiramate 25 mg XR sprinkle capsules	Topamax	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Topiramate 25 mg sprinkle capsules	Topamax	Add to formulary with Prior Authorization. Changes non applicable for MCAL members.
Zonisamide 25 mg capsule	Zonegran	Remove quantity limit
Zonisamide 50 mg capsule	Zonegran	Remove quantity limit
diazepam 2.5 mg rectal kit	Diastat	Change to Non-Formulary. Changes non applicable for IHSS members. Grandfathering occurs from 8-13-19 to 9-17-19.
Diazepam 2.5 mg rectal kit	Diastat	Add to formulary with quantity limit #2 kits per 365 days. Changes non applicable for IHSS members.
diazepam 5 mg-7.5 mg-10 mg rectal kit	Diastat® AcuDial™	Change to non- Formulary. No Utilization on class review. Changes non applicable for IHSS Members.
diazepam 12.5 mg-15 mg-20 mg rectal kit	Diastat® AcuDial™	Change to Non-Formulary. Changes non applicable for MCAL members.
Diazepam 5 mg-7.5 mg-10 mg rectal kit	Diastat® AcuDial™	Add to formulary with quantity limit #2 kits per 365 days. Changes non applicable for IHSS members.
secukinumab 150 mg/mL syringe	Cosentyx	Add to formulary with Prior Authorization
secukinumab 150 mg/mL pen	Cosentyx	Add to formulary with Prior Authorization
ixekizumab 80 mg/mL pen	Taltz	Add to formulary with Prior Authorization
ixekizumab 80 mg/mL syringe	Taltz	Add to formulary with Prior Authorization
sarilumab 150mg pen	Kevzara	Add to formulary with Prior Authorization
Sarilumab 150mg syringe	Kevzara	Add to formulary with Prior Authorization
sarilumab 200 mg pen	Kevzara	Add to formulary with Prior Authorization
sarilumab 150mg pen	Kevzara	Add to formulary with Prior Authorization
sodium zirconium cyclosilicate 5 g powder packet	Lokelma	Add to formulary with Prior Authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
sodium zirconium cyclosilicate 10 g powder packet	Lokelma	Add to formulary with Prior Authorization
fingolimod 0.5 mg capsule	Gilenya	Add to formulary with Prior Authorization. Remove age limit.
Caya® Contoured Diaphragm 60 mm – 85 mm	Caya Contoured Diaphragm	Add to formulary. Changes non applicable for MCAL members.
Femcap Cervical Cap 22 mm	Femcap	Add to formulary. Changes non applicable for MCAL members.
Femcap Cervical Cap 26 mm	Femcap	Add to formulary
Femcap Cervical Cap 30 mm	Femcap	Add to formulary
Wide-Seal Diaphragm 60 mm	Wide-Seal Diaphragm	Add to formulary. Changes non applicable for MCAL members.
Wide-Seal Diaphragm 65 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 70 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 75 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 80 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 85 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 90 mm	Wide-Seal Diaphragm	Add to formulary
Wide-Seal Diaphragm 95 mm	Wide-Seal Diaphragm	Add to formulary
JANUMET 50-1,000 MG TABLET	JANUMET	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
JANUMET 50-500 MG TABLET	JANUMET	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
JANUMET XR 100-1,000 MG TABLET	JANUMET	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
Janumet XR 50-500mg	JANUMET	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
JANUMET XR 50-1,000 MG TABLET	JANUMET	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
JANUVIA 100 MG TABLET	JANUVIA	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
JANUVIA 25 MG TABLET	JANUVIA	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
JANUVIA 50 MG TABLET	JANUVIA	Add to formulary with Prior Authorization for new starts only. Step therapy is prior use of Metformin.
PRALUENT 75 MG/ML PEN	PRALUENT	This NDC will be blocked from paying with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 75 MG/ML PEN	PRALUENT	This NDC will be blocked from paying with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 150 MG/ML PEN	PRALUENT	This NDC will be blocked from paying with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 150 MG/ML PEN	PRALUENT	This NDC will be blocked from paying with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 150 MG/ML PEN	PRALUENT	This NDC will be blocked from paying with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 75 MG/ML PEN	PRALUENT	Only preferred NDC pays with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked
PRALUENT 150 MG/ML PEN	PRALUENT	Only preferred NDC pays with PA. Pays with PA for preferred NDC, non-preferred NDCs are blocked

PRIOR AUTHORIZATION GUIDELINE UPDATES	
Emflaza	Angiotensin II Receptor Blockers and Renin Inhibitors
Furosemide oral solution	Claravis, Myorisan, Zenatane (isotretinoin), Absorica (isotretinoin)
Criteria for long-acting opioids	Tretinoin (Retin-A)
Movement Disorders	Renagel and Renvela (sevelamer)
Diabetes Medications	Fenofibrates
Drugs for Gender Dysphoria For Less Than 21 Years Old	Anti-Inflammatory Ophthalmic Agents
Drugs for Gender Dysphoria For At Least 21 Years Old	Agents for Atopic Dermatitis Guidelines

Non-formulary & PA Required Medications Without Drug-Specific Criteria	Cholinesterase Inhibitors
Central Nervous System Stimulants	PCSK-9 inhibitors

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)	
Corlanor	Levalbuterol (Xopenex/Xopenex HFA)
Daliresp	NUTRITIONAL FORMULAS, INFANT FORMULAS: STC C5F, C5C
Uloric (febuxostat)	Long-Acting Basal Insulin

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