



Alameda Alliance for Health
**FORMULARY
 UPDATE**

**Effective 11/11/2019, 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 09/24/2019 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> Fluoroquinolones(oral) Glaucoma Respiratory Devices-Masks Methergine Monograph Inhaler Assistant Devices 	<ul style="list-style-type: none"> Makena Off-label uses White Blood Cell Simulators HIV Medications ADHD Medication 	<ul style="list-style-type: none"> Constipation and IBS: IBS-C/D, CIC, OIC Chelating Agents Spravato Wound Care

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
Emgality Syringe 100 mg/mL subcutaneous syringe	Emgality	Add to formulary with Prior Authorization
Orilissa	Orilissa	Add to formulary with Prior Authorization
filgrastim-aafi 300 mcg/0.5 mL	Nivestym	Add to Formulary with Prior Authorization
filgrastim-aafi, 480 mcg/0.8 mL syringe	Nivestym	Add to Formulary with Prior Authorization
pegfilgrastim-cbqv 6 mg/0.6 mL solution syringe	Udenyca	Add to Formulary with Prior Authorization
Abacavir 300 mg oral tablet	Ziagen	Add to Formulary for IHSS Changes non applicable for MCAL members
Abacavir 20 mg/mL oral solution	Ziagen	Add to Formulary for IHSS Changes non applicable for MCAL members
Tenofovir disoproxil fumarate 300 mg oral tablet	Viread	Add to Formulary for IHSS Changes non applicable for MCAL members

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
doravirine 100 mg oral tablet	Pifeltro	Add to Formulary for IHSS
Efavirenz 50 oral capsule	Sustiva	Add to Formulary for IHSS
Efavirenz 200 oral capsule	Sustiva	Add to Formulary for IHSS
Efavirenz 600 oral tablet	Sustiva	Add to Formulary for IHSS
Nevirapine ER 100 mg extended release oral tablet	Viramune	Add to Formulary for IHSS
etravirine 100 mg oral tablet	Intence	Add to Formulary for IHSS
etravirine 200 mg oral tablet	Intence	Add to Formulary for IHSS
Nevirapine ER XR 100 mg extended release oral tablet	Viramune	Add to Formulary for IHSS
Nevirapine ER XR 400 mg extended release oral tablet	Viramune	Add to Formulary for IHSS
darunavir 150mg oral tablet	Prezista	Add to Formulary for IHSS
darunavir 600 mg oral tablet	Prezista	Formulary with quantity limit #60/30 days
darunavir 800 mg oral tablet	Prezista	Add to Formulary for IHSS Changes non applicable for MCAL members
darunavir 100 mg/mL oral suspension	Prezista	Add to Formulary for IHSS Changes non applicable for MCAL members
atazanavir-cobicistat 300-150 mg oral tablet*	Evotaz	Add to Formulary for IHSS Changes non applicable for MCAL members
fosamprenavir 50 mg/mL oral suspension	Lexiva	Add to Formulary for IHSS Changes non applicable for MCAL members
ritonavir 100 mg oral powder packet	Norvir	Add to Formulary for IHSS Changes non applicable for MCAL members
tipranavir 100 mg/mL oral solution	Aptivus	Add to Formulary for IHSS Changes non applicable for MCAL members
tipranavir 250 mg oral capsule	Aptivus	Add to Formulary for IHSS Changes non applicable for MCAL members
enfuvirtide 90 mg SQ solution	Fuzeon	Update to Non- Formulary

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
dolutegravir 10 mg oral tablet	Tivicay	Add to Formulary for IHSS Changes non applicable for MCAL members
dolutegravir 25 mg oral tablet	Tivicay	Add to Formulary for IHSS Changes non applicable for MCAL members
dolutegravir 50 mg oral tablet	Tivicay	Add to Formulary for IHSS Changes non applicable for MCAL members
raltegravir 25mg oral chewable tablet	Isentress	Add to Formulary for IHSS Changes non applicable for MCAL members
raltegravir 100 mg oral chewable tablet	Isentress	Add to Formulary for IHSS Changes non applicable for MCAL members
raltegravir 400 mg oral tablet	Isentress	Add to Formulary for IHSS Changes non applicable for MCAL members
raltegravir 600 mg oral tablet	Isentress®	Add to Formulary for IHSS Changes non applicable for MCAL members
raltegravir 100 mg oral powder packet	Isentress®	Add to Formulary for IHSS Changes non applicable for MCAL members
maraviroc 25mg oral tablet	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
maraviroc 75 mg oral tablet	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
maraviroc 75 mg oral tablet	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
maraviroc 150mg oral tablet	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
Selzenmaraviroc 300 mg oral tablet	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
maraviroc 20 mg/mL oral solution	Selzentry	Add to Formulary for IHSS Changes non applicable for MCAL members
Abacavir-lamivudine Epzicom 600-300 mg oral tablet	Epzicom	Add to Formulary for IHSS Changes non applicable for MCAL members
Truvada® emtricitabine-tenofovir disoproxil fumarate 100-150 mg oral tablet	Truvada	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine-tenofovir disoproxil fumarate 100-150 mg oral tablet	Truvada	Add to Formulary for IHSS Changes non applicable for MCAL members

emtricitabine-tenofovir disoproxil fumarate 133-200 mg oral tablet	Truvada	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine-tenofovir disoproxil fumarate 167-250 mg oral tablet	Truvada	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine-tenofovir disoproxil fumarate 200-300 mg oral tablet	Truvada	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine-tenofovir alafenamide 200-25 mg oral tablet	Descovy	Add to Formulary for IHSS Changes non applicable for MCAL members
lamivudine-tenofovir disoproxil fumarate 300-300 mg oral tablet	Cimduo	Add to Formulary for IHSS Changes non applicable for MCAL members
abacavir-dolutegravir-lamivudine 600-50-300 mg oral tablet	Triumeq	Add to Formulary for IHSS Changes non applicable for MCAL members
abacavir-lamivudine-zidovudine 300-150-300 mg oral tablet	Trizivir	Add to Formulary for IHSS Changes non applicable for MCAL members
bictegravir emtricitabine-tenofovir alafenamide 50-200-25 mg oral tablet	Biktarvy®	Add to Formulary for IHSS Changes non applicable for MCAL members
darunavir-cobicistat-emtricitabine-tenofovir alafenamide 800-150-200-10 mg oral tablet	Symtuza®	Add to Formulary for IHSS Changes non applicable for MCAL members
dolutegravir-lamivudine 50-300 mg oral tablet	Dovato	Add to Formulary for IHSS Changes non applicable for MCAL members
dolutegravir-rilpivirine 50-25 mg oral tablet	Juluca	Add to Formulary for IHSS Changes non applicable for MCAL members
doravirine-lamivudine-tenofovir disoproxil fumarate 100-300-300 mg oral tablet	Delstrigo	Add to Formulary for IHSS Changes non applicable for MCAL members
efavirenz-emtricitabine-tenofovir disoproxil fumarate 600-200-300 mg oral tablet	Atripla	Add to Formulary for IHSS Changes non applicable for MCAL members
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg oral tablet	Symfi Lo	Add to Formulary for IHSS Changes non applicable for MCAL members
efavirenz-lamivudine-tenofovir disoproxil fumarate) 600-300-300 mg oral tablet	Symfi	Add to Formulary for IHSS Changes non applicable for MCAL members

elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide 150-150-200- 10 mg oral tablet	Genvoya	Add to Formulary for IHSS Changes non applicable for MCAL members
elvitegravir-cobicistat- emtricitabine-tenofovir disoproxil fumarate 150- 150-200-300 mg oral tablet	Stribild	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine- rilpivirine- tenofovir disoproxil fumarate 200-25-300 mg oral tablet	Complera	Add to Formulary for IHSS Changes non applicable for MCAL members
emtricitabine- rilpivirine- tenofovir alafenamide 200- 25-25 mg oral tablet	Odefsey	Add to Formulary for IHSS Changes non applicable for MCAL members
dextroamphetamine- amphetamine 5mg	Adderall	Formulary with Age Limit (min. 3yrs – max. 18yrs) Add quantity limit 60/30
dextroamphetamine- amphetamine 7.5mg	Adderall	Formulary with Age Limit (min. 3yrs – max. 18yrs) Add quantity limit 60/30
Lisdexamfetamine 10 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 20 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 30 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 30 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 40 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 50 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 60mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 70 mg capsules	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 10mg chewable tablets	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 20 mg chewable tablets	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 30 mg chewable tablets	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 40mg chewable tablets	Vyvanse	Formulary with PA- Grandfather previous members
Lisdexamfetamine 50mg chewable tablets	Vyvanset	Formulary with PA- Grandfather previous members

Lisdexamfetamine 60 mg chewable tablets	Vyvanse	Formulary with PA- Grandfather previous members
methylphenidate 10/9 hr transdermal patch	Daytrana	Formulary with PA- Grandfather previous members
methylphenidate 15mg/9 hr transdermal patch	Daytrana	Add to Formulary with Prior Authorization- Grandfather previous members
methylphenidate 20mg/9 hr transdermal patch	Daytrana	Add to formulary with Prior Authorization- Grandfather previous members
methylphenidate 30 mg/9 hr transdermal patch	Daytrana	Formulary with PA- Grandfather previous members
methylphenidate HCl 60 mg ER capsules	Ritalin LA	Formulary Step Therapy, Age limit (min. 6yrs – max. 18yrs) –Add QL (30/30)
methylphenidate HCl 36mg ER tablets	Concerta	IHSS Change quantity limit from 30/30 to 60/30 Changes non applicable for MCAL members
Ciprofloxacin 100mg tablet	Cipro	Formulary with quantity limit 60/30
Ofloxacin 400 mg tablet	Floxin	Change to Non- Formulary
Apraclonidine 0.5% ophthalmic drops	Iopidine	Add to formulary, Changes non applicable for IHSS members.
apraclonidine 1% ophthalmic drops	Iopidine	Non-Formulary, Changes non applicable for IHSS members
methylnaltrexone 150 mg tablet	Relistor	Add to Formulary with Prior Authorization
naloxegol 12.5 mg tablet	Movantik	Add to Formulary with Prior Authorization
naloxegol 25 mg tablet	Movantik	Add to Formulary with Prior Authorization
Naldemedine 0.2 mg tablet	Symproic	Add to Formulary with Prior Authorization
Motegrity™ prucalopride 1 mg tablet	Motegrity™ e	Add to Formulary with Prior Authorization
prucalopride 2 mg tablet	Motegrity™	Add to Formulary with Prior Authorization
plecanatide 3 mg table	Trulance	Add to Formulary with Prior Authorization
Vortex Frog Child Mask	Vortex Frog Child Mask	Add to Formulary, Changes non applicable for IHSS members no change
Vortex Ladybug Toddler Mask	Vortex Ladybug Toddler Mask	Add to formulary with quantity limit (2 fills per 365)
Esketamine 56mg dose pack	Spravato	Add to formulary with Prior Authorization
Esketamine 84mg dose pack	Spravato	Add to formulary with Prior Authorization

Santyl Ointment	Santyl Ointment	Add to formulary with Prior Authorization
Gentamicin 0.1% cream	Gentamicin 0.1% cream	Add to formulary with quantity limit (2 fills per 365)
Gentamicin 0.1% ointment	Gentamicin 0.1% ointment	Add to formulary with quantity limit (2 fills per 365)
LYRICA 25 MG CAPSULE	LYRICA 25 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 50 MG CAPSULE	LYRICA 50 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 100 MG CAPSULE	LYRICA 100 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 150 MG CAPSULE	LYRICA 150 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 200 MG CAPSULE	LYRICA 200 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 300 MG CAPSULE	LYRICA 300 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
LYRICA 225 MG CAPSULE	LYRICA 225 MG CAPSULE	Formulary with step therapy and quantity (60/30); Tried and Failed Gabapentin
Microchamber spacer	Microchamber spacer	Formulary with quantity Limit (2 per 365 days)
ProChamber	ProChamber	Formulary with quantity limit (2 per 365 days)
ARALAST NP 500 MG VIAL	ARALAST NP 500 MG VIAL	Change to Non-Formulary
ARALAST NP 1,000 MG VIAL	ARALAST NP 1,000 MG VIAL	Change to Non-Formulary

PRIOR AUTHORIZATION GUIDELINE UPDATES

Pregabalin (Lyrica and Lyrica CR)	Inhaler Assistant Devices
Criteria for long-acting opioids	Injectable Atypical Antipsychotic Medications
Non-Formulary and PA Required Medications without Drug-Specific Criteria	Anti-Obesity Medications
Freestyle Libre	Opioid Dependency Agents
Erythropoiesis-Stimulating Agents	Injectable Methotrexate
Antiemetics	Sedative Hypnotics

Injectable/Infusible Osteoporosis Agents	Injectable Bisphosphonates & Skeletal- Related Events Medications
Flector, Pennsaid, Diclofenac	Alpha-1 Proteinase Inhibitors (Human)
Xolair (omalizumab)	Calcitonin Gene-Related Peptide (CGRP) Receptor Inhibitors
Drugs for Gender Dysphoria For Less Than 21 Years Old	Drugs for Gender Dysphoria For At Least 21 Years Old
Cartilagenous Repair Agents	

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Makena	Off-label uses
Nuedexta (dextromethorphan/quinidine)	Dronabinol
Intranasal Steroids	Histamine H2 Receptor Antagonists
Memantine ER (Namenda XR)	Multaq (dronedarone)
Malaria prophylaxis and treatment agents	Desvenlafaxine succinate (Pristiq)
Vancomycin	Diclofenac sodium (Solaraze) 3% gel
Lipotropics	Pediculicides
Raloxifene (Evista)	

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