



Alameda Alliance for Health  
**FORMULARY  
 UPDATE**

**Effective: January 29, 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 December 11, 2018 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> <li>• Hereditary Angiodema</li> <li>• Multiple Sclerosis</li> <li>• Urinary Tract Antispasmodics</li> <li>• Allergenic Exrtracts</li> <li>• Diabetic Supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Androgens</li> <li>• Topical Steroids</li> <li>• Prenatal Vitamins</li> <li>• Biologic DMARDs</li> <li>• CGRPs</li> <li>• White Blood Cell</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulators</li> <li>• Epidiolex</li> <li>• Immunizations Coverage Policy</li> <li>• Budesonide Monograph</li> </ul>

The P&T Committee approved the following modifications to the formulary for the Alliance’s Medi-Cal, and Alliance Group Care programs. **Drugs notated with an \* indicate formulary changes for IHSS only**

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Hydrocortisone 2.5% cream	Ala-Cort®	Add to formulary with quantity limit #60/30days
Hydrocortisone 2.5% cream with perineal applicator	Procto-Pak®	Add to formulary with quantity limit #60/30days
Hydrocortisone acetate 0.5%, 1% cream	Cortizone	Add to formulary with quantity limit #56/30days
Hydrocortisone acetate 1% ointment	Cortizone	Add to formulary with quantity limit #56/30days
Testosterone cypionate 100 mg/mL intramuscular injection vials	Depo-Testosterone®	Add to formulary with quantity limit #5/30days
Testosterone cypionate 200 mg/mL intramuscular injection vials	Depo-Testosterone®	Add to formulary with quantity limit #5/30days
Mynatal 65 mg iron-1 mg capsule	Mynatal	Add to formulary with age limit max 50years add quantity limit 100 day supply
Trust Natal DHA 29 mg-1 mg-250 mg oral pac	Trust Natal DHA	Add to formulary with age limit max 50years add quantity limit 100 day supply

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
PNV-VP-U 106.5 mg-1 mg capsule	PNV-VP-U	Add to formulary with age limit max 50years add quantity limit 100 day supply
Prenatal Low Iron 27 mg iron-1 mg tablet	Prenatal Low	Add to formulary with age limit max 50years add quantity limit 100 day supply
PNV 29-1 29 mg iron-1 mg tablet	PNV 29-1	Add to formulary with age limit max 50years add quantity limit 100 day supply
Virt-Nate 28 mg iron-1 mg tablet	Virt-Nate	Add to formulary with age limit max 50years add quantity limit 100 day supply
PreTAB 29 mg-1 mg tablet	PreTAB	Add to formulary with age limit max 50years add quantity limit 100 day supply
Prenatal 28 mg iron-800 mcg tablet	Prenatal	Add to formulary with age limit max 50years add quantity limit 100 day supply
prenatal vits 96-ferrous fumarate 27 mg iron-folic acid 800 mcg tablet	Prenatal	Add to formulary with age limit max 50years add quantity limit 100 day supply
Prenatal Plus 29 mg iron-1 mg tablet	Prenatal Plus	Add to formulary with age limit max 50years add quantity limit 100 day supply
Prenatal 19 29 mg iron-1 mg chewable tablet	Prenatal	Add to formulary with age limit max 50years add quantity limit 100 day supply
Se-Natal 19 29 mg iron-1 mg chewable tablet	Se-Natal	Add to formulary with age limit max 50years add quantity limit 100 day supply
Vinate M 27 mg-1 mg tablet	Vinate	Add to formulary with age limit max 50years add quantity limit 100 day supply
KPN tablet	KPN	Add to formulary with age limit max 50years add quantity limit 100 day supply
Mynatal Advance 90 mg-1 mg-50 mg tablet	Mynata	Add to formulary with age limit max 50years add quantity limit 100 day supply
Apriso	Apriso	Add to formulary with Step Therapy t/f of Sulfasalazine or Balsalazide
Clobetasol propionate 0.05% cream	Temovate®	Add to Formulary
Desoximetasone 0.25% ointment	Topicort®	Add to Formulary
Mometasone furoate 0.1% ointment	Elocon®	Add to Formulary
Mometasone furoate 0.1% cream	Elocon®	Add to Formulary
Mometasone 0.1% solution	Elocon	Add to Formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
Desonide 0.05% ointment	Tridesilon®	Add to Formulary
Triamcinolone acetonide 0.05% ointment	Trianex®	Change to Non-Formulary <b>Effective 02/29/19</b>
Hydrocortisone-mineral oil-white petrolatum 1% ointment	Anucort	Change to Non-Formulary <b>Effective 02/29/19</b>
Hydrocortisone 1% topical solution	Scalp Relief	Add to Formulary
pegfilgrastim-jmdb 6 mg/0.6 mL SQ solution syringe	Fulphila™	Add to Formulary with Prior Authorization
Epidiolex	Epidiolex	Add to Formulary with Prior Authorization
BD Autosshield needle 5MMX29G	BD Autosshield	Change to Non-Formulary
Prodigy Lancets 26 gauge	Prodigy Lancets	Add to Formulary
fremanezumab-vfrm 225 mg/1.5 mL subcutaneous solution prefilled syringe	Ajovy™	Add to Formulary with Prior Authorization
galcanezumab-gnlm 120 mg/mL subcutaneous solution prefilled pen	Emgality™	Add to Formulary with Prior Authorization
infliximab-dyyb 100 mg vial	Inflectra™	Add to Formulary with Prior Authorization
infliximab-abda 100 mg vial	Renflexis™	Add to Formulary with Prior Authorization
abatacept 125 mg/ml, 50mg/0.4ml, 87.5mg/0.7ml pen	Orencia®	Add to Formulary with Prior Authorization
Ustekinumab 45 mg/0.5 mL vial	Stelara®	Add to Formulary with Prior Authorization
testosterone 2 mg/24 hr patches	Androderm®	Add to Formulary with Prior Authorization
Testosterone 2% (10 mg/0.5 g) gel pump	Fortesta®	Add to Formulary with Prior Authorization
Dexlansoprazole Capsules	Dexilant	Add to Formulary with Prior Authorization
Lupron Depot Ped 30 mg kit	Lupron Depot Ped	Add to Formulary with Prior Authorization
multivitamin tablets	multivitamin	Add to Formulary

<b>Generic Name &amp; Strength/Dosage Form</b>	<b>Brand Name</b>	<b>Committee Actions</b>
multivitamin tablets	multivitamin	Add to Formulary
rena-vite rx	rena-vite	Add to Formulary
Naloxone 0.4 mg/ml injection vial*	Narcan	Add to Formulary
Naloxone 1 mg/ml injection syringe*	Narcan	Add to Formulary
Naloxone 0.4 mg/ml injection syringe*	Narcan	Add to Formulary

#### **PRIOR AUTHORIZATION GUIDELINE UPDATES**

Step therapy exception	Growth Hormone
Constipation agents	Mesalamine
Proton Pump Inhibitors	Xifaxan® (rifaxamin)
Oral Antifungals	Estrogen Patches and Injectables
Ophthalmic Anti-Inflammatory Agents	Lupron Depot and Lupron Depot-Ped
Diabetic Medications	

#### **PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)**

Butorphanol (Stadol NS)	Gattex (teduglutide)
Oral and Non-Oral Contraceptives	Herpes Zoster vaccine
Oral and Injectable Oncology Medications	Corticosteroids for Ulcerative Colitis and Crohn's disease
Injectable/Specialty Medications	Lotronex (alosetron)
Lidocaine (Lidoderm)	Viberzi (eluxadoline)
Fentanyl Citrate	Tiagabine (Gabitril)
Ranexa (ranolazine)	Sabril (vigabatrin)
Temazepam (Restoril)	Banzel (rufinamide)
Thalomid (thalidomide)	Ophthalmic Antihistamines
Tolcapone (Tasmar)	Antibiotic Eye Drops
Topiramate (Topamax) sprinkles	Endari

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