



Alameda Alliance for Health

FORMULARY UPDATE

**Effective 07/21/2020, 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 June 16, 2020 meeting:

Therapeutic/Monograph Class Reviews		
<ul style="list-style-type: none"> • Contraceptive foams devices Class Review • Sucraid Monograph • Ridaura Monograph • Formulary, step therapy required *For drugs without specific criteria • Angiotensin II Receptor Blockers and Renin Inhibitors • Corlanor (ivabradine) • Fenofibrates • Tiagabine (Gabitril) • Ophthalmic Anti-inflammatory Immunomodulators • Specialty Biological Agents for Hidradenitis Suppurativa 	<ul style="list-style-type: none"> • Specialty Biological Agents for Giant Cell Arteritis • Specialty Biological Agents for Uveitis • Epidiolex (cannabidiol) • Non-formulary and prior authorization required oral liquid formulations • Carbamazepine • Cholinesterase Inhibitors • Daliresp (roflumilast) • Vimpat (lacosamide) • Lamotrigine ER • Levalbuterol (Xopenex/Xopenex HFA) 	<ul style="list-style-type: none"> • Nutritional formulas, infant formulas (STC C5F C5C) • Banzel (rufinamide) • Non-opioid pain management (neuropathic pain) Class Review • CGRPs Class Review • Reyvow monograph • Narcolepsy Class Review • Gout Class Review • Palforzia Monograph • Adakveo Monograph

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

<i>Generic Name & Strength/Dosage Form</i>	Brand Name	Committee Actions
GABAPENTIN 250 MG/5 ML SOLN	GABAPENTIN	Change to Non-Formulary for IHSS
GABAPENTIN 300 MG/6 ML SOLN	GABAPENTIN	Change to Non-Formulary for IHSS
AJOVY 225 MG/1.5 ML AUTOINJECT	AJOVY	Add to Formulary with Prior Authorization
Ubrelvy 50 mg oral tablets	Ubrelvy	Add to Formulary with Prior Authorization
Ubrelvy 100 mg oral tablets	Ubrelvy	Add to Formulary with Prior Authorization
Nurtec ODT 75 mg	Nurtec	Add to Formulary with Prior Authorization
Reyvow 50mg tablets	Reyvow	Add to Formulary with Prior Authorization
Reyvow 100mg tablets	Reyvow	Add to Formulary with Prior Authorization
colchicine 0.6mg capsules	colchicine	Add to formulary with quantity limit #30/30 – Code as MADD 1/1
LOKELMA 5 GM POWDER PACKET	LOKELMA	Add to formulary with quantity limit #34/30
LOKELMA 10 GM POWDER PACKET	LOKELMA	Add to formulary with quantity limit #34/30
VELTASSA 8.4 GM POWDER PACKET	VELTASSA	Add to formulary with step therapy. Trial and failure of Lokelma. Quantity limit #30/30
VELTASSA 16.8 GM POWDER PACKET	VELTASSA	Add to formulary with step therapy. Trial and failure of Lokelma. Quantity limit #30/30
VELTASSA 25.2 GM POWDER PACKET	VELTASSA	Add to formulary with step therapy. Trial and failure of Lokelma. Quantity limit #30/30

PRIOR AUTHORIZATION GUIDELINE UPDATES

Alprazolam (Xanax)	Brand Medications When Generic is Available
Hepatitis C Medications	Rapid-Acting Insulin
Inhaled Corticosteroids/Long-Acting Beta-Agonists (ICS/LABA) Combinations	Long-Acting Basal Insulin
Potassium-removing agents	vigabatrin (Sabril)
Serotonin Receptor Agonists (Triptans)	dalfampridine (Ampyra)
Emflaza (deflazacort)	Central Nervous System Stimulants
Specialty Biological Agents for Crohn's Disease	Oral and Injectable Oncology Medications
Specialty Biological Agents for Ulcerative Colitis	Formulary, step therapy required *For drugs without specific criteria
Specialty Biological Agents for Rheumatoid Arthritis	Angiotensin II Receptor Blockers and Renin Inhibitors
Specialty Biological Agents for Psoriatic Arthritis (PsA)	Corlanor (ivabradine)
Specialty Biological Agents for Psoriasis	Fenofibrates
Specialty Biological Agents for Polyarticular Juvenile Idiopathic Arthritis	Tiagabine (Gabitril)
Specialty Biological Agents for Systemic Juvenile Idiopathic Arthritis	Ophthalmic Anti-inflammatory Immunomodulators
Specialty Biological Agents for Non-FDA Approved Medically Accepted Indications	Specialty Biological Agents for Hidradenitis Suppurativa
Movement Disorders	Specialty Biological Agents for Giant Cell Arteritis
PCSK-9 Inhibitors	Specialty Biological Agents for Uveitis
Hemlibra (emicizumab-kxwh)	Epidiolex (cannabidiol)

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Non-formulary and prior authorization required oral liquid formulations	Daliresp (roflumilast)	Levalbuterol (Xopenex/Xopenex HFA)
Carbamazepine	Vimpat (lacosamide)	Nutritional formulas, infant formulas (STC C5F C5C)
Cholinesterase Inhibitors	Lamotrigine ER	Banzel (rufinamide)

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