



Alameda Alliance for Health
**GROUP CARE
 FORMULARY
 UPDATE**

**Effective 11/13/2023, 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 September 26, 2023 meeting:

Therapeutic/Monograph Class Reviews	
<ul style="list-style-type: none"> • Macrolides • Bowel Prep • Humira Biosimilar Comparative Review and Strategy • Abrysvo Monograph • Arexvy Monograph • Ophthalmic Antibiotics & Ophthalmic Antibiotics -Steroid Combinations Class Review 	<ul style="list-style-type: none"> • Ulcerative Colitis Class Review • Chelating agents Class Review • Respiratory Aids and Devices Class Review

The P&T Committee approved the following modifications to the formulary for the Alliance's Group Care programs.

Generic/Biosimilar Name & Strength/Dosage Form	Brand Name	Committee Actions
adalimumab-bwwd Solution Prefilled Syringe 40 MG/0.8ML	Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Add to formulary with Quantity Limit (QL)
adalimumab-bwwd PushTouch Subcutaneous Solution Auto-injector 40 MG/0.8ML	Hadlima PushTouch Subcutaneous Solution Auto-injector 40 MG/0.8ML	Add to formulary with QL
adalimumab-bwwd Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	Add to formulary with QL
adalimumab-bwwd PushTouch Subcutaneous Solution Auto-injector 40 ML/0.4ML	Hadlima PushTouch Subcutaneous Solution Auto-injector 40 MG/0.4ML	Add to formulary with QL
adalimumab-fkjp Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML	Hulio Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML	Add to formulary with QL
adalimumab-fkjp Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	Hulio Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	Add to formulary with QL
adalimumab-fkjp Subcutaneous Auto-injector Kit 40 MG/0.8ML	Hulio Subcutaneous Auto-injector Kit 40 MG/0.8ML	Add to formulary with QL
tobramycin and dexamethasone 0.3%-0.1% eye ointment	TobraDex 0.3 %-0.1 % eye ointment	Update to non-formulary
N/A	Airzone Peak Flow Meter	Update to QL #1/365 days
N/A	AeroEclipse II Nebulizer	Update to QL #1/365 days
N/A	Mini Wright Peak Flow Meter	Update to QL #1/365 days
N/A	Truzone Peak Flow Meter	Update to QL #1/365 days
N/A	Microchamber spacer	Update to QL #2/365 days
N/A	Personal Best Full Range device	Update to QL #2/365 days
perfluorohexyloctane 100% drops (1.338 gm/ml)	Miebo 100% drops (1.338 gm/ml)	Add to formulary with Prior Authorization (PA)

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 50 MG	Pristiq ER Oral Tablet Extended Release 24 Hour 50 MG	Remove PA
desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG	Pristiq ER Oral Tablet Extended Release 24 Hour 100 MG	Remove PA
desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 25 MG	Pristiq ER Oral Tablet Extended Release 24 Hour 25 MG	Remove PA
estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR	Vivelle-Dot Patch Twice Weekly 0.025 MG/24HR Transdermal	Remove Age Limit (AL)
estradiol Transdermal Patch Twice Weekly 0.05 MG/24HR	Vivelle-Dot Patch Twice Weekly 0.05 MG/24HR Transdermal	Remove AL
estradiol Transdermal Patch Twice Weekly 0.075 MG/24HR	Vivelle-Dot Patch Twice Weekly 0.075 MG/24HR Transdermal	Remove AL
estradiol Transdermal Patch Twice Weekly 0.1 MG/24HR	Vivelle-Dot Patch Twice Weekly 0.1 MG/24HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.025 MG/24HR	Climara Patch Weekly 0.025 MG/24 HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.0375 MG/24HR	Climara Patch Weekly 0.0375 MG/24 HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.05 MG/24HR	Climara Patch Weekly 0.05 MG/24 HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.06 MG/24HR	Climara Patch Weekly 0.06 MG/24 HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.075 MG/24HR	Climara Patch Weekly 0.075 MG/24 HR Transdermal	Remove AL
estradiol Transdermal Patch Weekly 0.1 MG/24HR	Climara Patch Weekly 0.01 MG/24 HR Transdermal	Remove AL

<i>Generic Name & Strength/Dosage Form</i>	Brand Name	Committee Actions
fluticasone furoate Nasal Spray 27.5 MCG per Spray	Flonase Sensimist Suspension 27.5 MCG/Spray Nasal	Add to formulary
flunisolide Nasal Solution 25 MCG/ACT (0.025%)	N/A	Add to formulary with Step Therapy (ST) (tried and failed (tf) fluticasone, triamcinolone, or budesonide nasal spray)
mometasone Furoate Nasal Suspension 50 MCG/ACT	Nasonex 24HR Suspension 50 MCG/ACT Nasal	Add to formulary with ST and QL (t/f fluticasone, triamcinolone, or budesonide nasal spray) (1 inhaler/30 days)

PRIOR AUTHORIZATION GUIDELINE UPDATES

Moxifloxacin Oral Tablet	Off-label uses
Physician Administered Medication (PAD)/ Medical Benefit Guidelines	Non-formulary and PA Required Medications without Drug-Specific Criteria
Erythropoiesis-Stimulating Agents	Rifabutin (Mycobutin)
Vancomycin	Medications for the treatment of Multi-Drug Resistant Tuberculosis
Scabicides and Pediculicides	PCSK-9 Inhibitors
Dronabinol	ADHD medications
Erythropoiesis-Stimulating Agents	Safety Edit Exception
Vancomycin	Quantity Limit Exception
Specialty Biologic Agents (new)	Rifamycin Antibiotics
Vowst (new)	Injectable/Infusible Bone-Modifying Agents for Oncology Indications
Transthyretin-mediated Amyloidosis Agents (new)	Medications for the treatment of Multi-Drug Resistant Tuberculosis
Vyjuvek (new)	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors
Antibiotic Eye Medications	Vaginal Progesterone
Mesalamine	Injectable/Infusible Agents for Osteoporosis and Paget's Disease
Corticosteroids for Ulcerative Colitis and Crohn's disease	Synagis – RETIRE
Iron-chelating Agents	Specialty Biological Agents Preferred Products – RETIRE
Penicillamine (Depen, Cuprimine), Trientine HCl (Sypine) for Wilson's disease	Specialty Biological Agents for Crohn's Disease – RETIRE
Inhaler Assistance Devices	Specialty Biological Agents for Ulcerative Colitis – RETIRE
Nuedexta (dextromethorphan/quinidine)	Specialty Biological Agents for Rheumatoid Arthritis – RETIRE
Cartilaginous Repair Agents	Specialty Biological Agents for Adult Psoriatic Arthritis – RETIRE
Ophthalmic Anti-inflammatory Immunomodulators	Specialty Biological Agents for Psoriasis – RETIRE
Desvenlafaxine succinate (Pristiq) – RETIRE	Specialty Biological Agents for Juvenile Idiopathic Arthritis – RETIRE
White Blood Cell Stimulators	Specialty Biological Agents for Ankylosing Spondylitis – RETIRE
Drugs for Gender Dysphoria for Less Than 21 Years Old	Specialty Biological Agents for Nonradiographic Axial Spondyloarthritis (nr-axSpA) – RETIRE
Drugs for Gender Dysphoria for At Least 21 Years Old	Specialty Biological Agents for Hidradenitis Suppurative – RETIRE
Intranasal Steroids	Specialty Biological Agents for Giant Cell Arteritis – RETIRE

PRIOR AUTHORIZATION GUIDELINE UPDATES

Opioid Use Disorder (OUD) Agents	Specialty Biological Agents for Uveitis – RETIRE
Alosetron (Lotronex)	Viberzi (eluxadoline)

PRIOR AUTHORIZATION GUIDELINES REVIEWED (NO UPDATES)

Constipation agents	Biologic Agents for Nasal Polyposis
Multaq (dronedarone)	Rapid-Acting Insulin
Safety Edit Exception	Antiemetics
Quantity Limit Exception	Rifabutin (Mycobutin)
Atovaquone-proguanil (Malarone)	Topical Antibiotics
Santyl Ointment	Fertility Agents
Spravato (esketamine) Intranasal	Erectile Dysfunction Medications
Topical Acne Agents	Tranexamic acid (Lysteda)
Memantine ER (Namenda XR)	

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