

San Francisco Health Plan (SFHP)
Quarterly Formulary Update
July 2016

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 07/20/2016. Effective date for all changes is **08/17/2016**.

SFHP formulary can be accessed at <http://www.sfhp.org/providers/formulary/> and prior authorization criteria at <http://www.sfhp.org/providers/formulary/prior-authorization-requests/>.

Contents

Drug Class Reviews	2
Cardiovascular: Antiarrhythmics	2
Cardiovascular: Hypertension	2
Cardiovascular: Antiplatelets.....	3
Endocrine/Metabolism: Diabetes	3
Infectious Disease: Hepatitis C.....	4
Neurology: Multiple Sclerosis.....	4
Formulary Updates, Other	5
ADHD Medications.....	5
Growth Hormone.....	5
Hepatitis B Medications	5
Methadone	6
Miscellaneous	6
Prior Authorization Criteria Updates.....	8
New criteria.....	8
Revisions to existing criteria	8
Criteria revisions to reflect formulary changes.....	9
Interim Formulary Changes (4/1/16 – 7/6/16).....	10
Miscellaneous	10
New Drugs to Market	10

Drug Class Reviews

Cardiovascular: Antiarrhythmics

Formulary Update:

- Added the following to formulary:
 - Disopyramide phosphate (Norpace®) 100, 150 mg capsule
 - Quinidine gluconate 324 mg sustained release tablet
 - Quinidine sulfate 200, 300mg tablet
 - Amiodarone (Pacerone®) 100 mg tablet
 - Sotalol (Betapace®) 160, 240 tablet
- Removed PA requirement from Multaq® (Dronedarone) 400 mg tablet
- Removed quantity limits from Sotalol (Betapace®) 80, 120 mg tablet

Prior Authorization Criteria Update:

- Retired prior authorization criteria for Multaq®

Cardiovascular: Hypertension

Formulary Update:

- Added the following to formulary:
 - Methyldopa/Hydrochlorothiazide (Aldoril®) 250-15, 250-25 mg tablet
 - Acebutolol (Sectral®) 400 mg capsule
 - Sotalol (Betapace®, Betapace AF®) 160, 240 mg tablet
 - Hydrochlorothiazide 12.5 mg tablet
 - Fosinopril (Monopril®) 10, 20, 40mg tablet
 - Ramipril (Altace®) 1.25, 2.5, 5, 10mg capsule
 - Trandolapril (Mavik®) 1, 2, 4mg tablet
 - Benazepril/HCTZ (Lotensin-HCT®) 5mg/6.25mg tablet
 - Benazepril/amlodipine (Lotrel®) 2.5/10, 5/10,5/20, 5/40, 10/20, 10/40 mg/mg tablet
 - Telmisartan (Micardis®) 20, 40, 80mg tablet
 - Diltiazem ER (Tiazac®) 420mg capsule
 - Verapamil ER PM (Verelan PM®) 100, 200, 300 capsule
- Added PA requirement (with grandfathering) for:
 - Phenoxybenzamine (Dibenzylamine®) 10 mg capsule
- Added Age Limit of ≤12 years of age to
 - Diuril® (Chlorothiazide) 250 mg/5 ml oral suspension
- Removed PA requirement from:
 - Reserpine 0.1, 0.25 mg tablet
 - Acebutolol (Sectral®) 200 mg capsule
- Removed PA requirement and added quantity limits to:
 - Clonidine (Catapres® TTS) 0.1mg/24hr transdermal patch with quantity limits of #4/28 days
 - Clonidine (Catapres® TTS) 0.2mg/24hr, 0.3mg/24hr transdermal patch with quantity limits of #8/28days
- Removed quantity limits from the following formulary medications:
 - Terazosin (Hytrin®) 1, 2, 5, 10 mg capsule
 - Carvedilol (Coreg®) 3.125, 6.25, 12.5, 25 mg tablet
 - Pindolol 5, 10 mg tablet
 - Propranolol (Inderal LA®) 60, 80, 120, 160 mg extended-release capsule
 - Sotalol (Betapace®, Betapace AF®) 80, 120 mg tablet
 - Chlorothiazide (Diuril®) 250, 500 mg tablet
 - Chlorthalidone 25, 50 mg tablet

Prior Authorization Criteria Update:

- Added prior authorization criteria for:
 - Phenoxybenzamine (Dibenzylin®) 10 mg capsule
- Retired prior authorization criteria for:
 - Reserpine 0.1, 0.25 mg tablet
 - Acebutolol (Sectral®) 200 mg capsule

Cardiovascular: Antiplatelets

Formulary Update:

- Added the followings to formulary with quantity limit of #2/day
 - Aspirin and dipyridamole (Aggrenox®) 25 mg-200 mg capsule
 - Brilinta® (ticagrelor) 90 mg tablet

Prior Authorization Criteria Update:

- Listed poor CYP19 metabolizers as an example where Effient® may be preferred to clopidogrel
- Removed clopidogrel 300 mg from criteria as this strength is used for loading dose in ACS in a hospital setting only
- Added Zontivity® specific criteria due to limited place in therapy
- Updated to reflect new formulary status for Brilinta®

Endocrine/Metabolism: Diabetes

Formulary Update:

- Removed quantity limit from the following formulary medications:
 - Metformin (Glucophage®) 500, 850, 1000 mg tablet
 - Metformin (Glucophage® XR) 500, 750 mg ER tablet
 - Glyburide (Diabeta®) 5 mg tablet
 - Glimepiride (Amaryl®) 1, 2, 4 mg tablet
 - Glipizide/Metformin (Metaglip™) 2.5/250 2.5/500 5/500 mg
 - Glyburide/Metformin (Glucovance®) 1.25/250 2.5/500 mg
 - Repaglinide (Prandin®) 0.5, 1, 2 mg tablet
 - Nateglinide (Starlix®) 60, 120 mg tablet
 - Janumet® (sitagliptin/metformin) 50/500, 50/1000 mg Tabs
 - Janumet XR® (sitagliptin/metformin) 50/500, 50/1000, 100/1000 mg ER tablets
 - Invokana® (canagliflozin) 100, 300 mg tablets
 - Januvia® (sitagliptin) 25, 50, 100 mg tablets
 - Jardiance® (empagliflozin) 10, 25 mg tablets
 - Invokamet® (canagliflozin/metformin) 50/500, 50/1000, 150/500, 150/1000 mg tablets
 - Synjardy® (empagliflozin/metformin) 5/500, 5/1000, 12.5/500, 12.5/1000 mg tablets
- Removed the following from formulary:
 - Tradjenta® (linagliptin) 5 mg tablets
 - Onglyza® (saxagliptin) 2.5, 5 mg tablets
 - Kombiglyze XR® (saxagliptin/metformin) 5/500, 5/1000, 2.5/1000 mg ER tablets
 - Glyxambi® (linagliptin/empagliflozin) 5/10, 5/25 mg tablets
 - Farxiga® (dapagliflozin) 5, 10 mg tablets
 - Xigduo XR® (dapagliflozin/metformin) 5/500, 5/1000, 10/500, 10/1000 mg tablets
 - Tolazamide (Tolinase®) 250, 500 mg tablet
 - Glyburide Micronized (Glynase®) 1.5 mg tablet
- Changed step therapy criteria of 90-day trial with metformin to one paid metformin claim for the following medications:

- Tanzeum® (albiglutide) 30, 50 mg single-dose pen
- Victoza® (liraglutide) 0.6, 1.2, 1.8 mg pre-fill multidose pen
- Invokamet® (canagliflozin/metformin) 50/500, 50/1000, 150/500, 150/1000 mg tablets
- Synjardy® (empagliflozin/metformin) 5/500, 5/1000, 12.5/500, 12.5/1000 mg tablets
- Januvia® (sitagliptin) 25, 50, 100 mg tablets
- Janumet® (sitagliptin/metformin) 50/500, 50/1000 mg tablets
- Janumet XR® (sitagliptin/metformin) 50/500, 50/1000, 100/1000 mg ER tablets

Prior Authorization Criteria Update:

- Allowed initial dual therapy with metformin and agents within DPP-4, SGLT2 or GLP1 classes if A1C at initiation of therapy is >7.5%

Infectious Disease: Hepatitis C

Formulary Update:

- Added Eplusa® to formulary with PA requirement
- Kept Zepatier® and Harvoni® formulary with PA requirement
- Removed the following from formulary: Daklinza®, Sovaldi®, Technivie®, Viekira Pak®

Prior Authorization Criteria Update:

Selected the following preferred regimens:

- Genotype 1:
 - Unknown subtype or subtype 1a with known resistance: prefer 12 weeks Eplusa® OR 8 weeks Harvoni® if member does not have HIV and is non-cirrhotic, treatment naïve with HCV RNA viral load <6 million IU/ml
 - If information is provided indicating subtype 1b or 1a without resistance: prefer Zepatier®
 - Treatment-experienced with prior failure of sofosbuvir/RBV+ PEG-INF: prefer Harvoni®
- Genotype 2-6: prefer Eplusa® (with ribavirin in select patient populations)
 - Allow Daklinza®/Sovaldi® regimen in select situations (e.g. patient is on high dose acid suppressants due to serious peptic ulcer disease or post upper gastrointestinal bleeding (UGIB); HIV patients on etravirine with no ART alternative)

Neurology: Multiple Sclerosis

Formulary Update:

- Added Copaxone® (glatiramer) 40 mg/ml prefilled syringe to formulary with PA requirement

Prior Authorization Criteria Updates:

- Added Plegridy/Plegridy Pen® to criteria as non-formulary medication
- Added Copaxone® 40 mg as preferred medication option with Glatopa™ 20 mg
- Updated qualifier to require trial and failure of generic Glatopa™ for brand Copaxone 20 mg only, not 40 mg
- Updated Ampyra® criteria to include requirement that patients with RRMS are also being treating with a disease-modifying agent as Ampyra® does not treat the underlying disease and DMTs are indicated for RRMS

Formulary Updates, Other

ADHD Medications

Formulary Update:

- Formulary short-acting stimulants:
 - Kept age limit (5-18 y/o)
 - Implemented grandfathering to allow members who turn 19 to continue on therapy
- Long-acting stimulants:
 - Removed PA requirement from the following medications and added quantity limits (#2/day) and age limits (5-18); implement grandfathering to allow members who turn 19 to continue on therapy:
 - Amphetamine/dextroamphetamine XR (Adderall XR)
 - Dextroamphetamine (Dexedrine)
 - Methylphenidate CD (Metadate CD)
 - Methylphenidate LA (Ritalin LA)
 - Methylphenidate ER (Concerta)

Prior Authorization Criteria Update:

- Lifted requirement for psychiatrist prescribing or consultation from PA criteria for members > 18 y/o for formulary short and long-acting stimulants
- Continue to require diagnosis of ADHD/ADD

Growth Hormone

Formulary Update:

- Removed all growth hormone formulations that carry the same indications as Humatrope® from formulary and maintain as non-formulary
- Kept Humatrope® as formulary, PA required
- Kept Serostim® and Zorbitve® as formulary, PA required due to unique indications

Prior Authorization Criteria Update:

- Made Humatrope® (somatropin) preferred to other growth hormone formulations when indicated. Require medical reason (e.g. intolerance, allergy, contraindication (i.e. preservatives in infants), etc.) for not being able to use Humatrope®.

Hepatitis B Medications

Formulary Update:

Add all medications for treatment of Hepatitis B to formulary (quantity limit #1 per day) with the following exceptions:

- Added entecavir (Baraclude®) solution to formulary with age limit of ≤12 years of age; require inability to use entecavir tablet for members > 12 years of age
- Excluded lamivudine (Epivir®) solution from Medi-Cal formulary as FFS Medi-Cal carveout. Add lamivudine (Epivir®) solution to formulary with age limit of ≤12 years of age for Healthy Kids and Healthy San Francisco; require inability to use lamivudine tablet for members > 12 years of age

- Kept lamivudine (Epivir HBV) and tenofovir (Viread) excluded on Medi-Cal formulary as FFS Medi-Cal carve-out

Prior Authorization Criteria Update:

Retired prior authorization criteria

Methadone

Formulary Update:

- Removed all methadone formulations from formulary with self-grandfathering

Prior Authorization Criteria Update:

- Implemented prior authorization criteria requiring 1) diagnosis of pain, 2) trial and failure or inability to use short-acting opiates 3) trial and failure of morphine sulfate ER tablets (MS Contin®) and one other long-acting opioid, 4) naloxone has been prescribed for the member

Miscellaneous

Drug	Formulary Status*	Recommendation*	Rationale for Recommendation
Budesonide 32 mcg/actuation nasal spray (Rhinocort Aqua)	NF	F-QL #8.6 ml (1 unit) per 30 days	Similar cost-effectiveness to formulary products (\$16 per fill)
Colchicine tablet and capsule	F, QL #30/30 days, 2 fills per year	F-QL #2/day	Increased quantity limit and removed fills per year limits to allow for gout prophylaxis therapy during urate lowering therapy initiation
Corticotropin injection gel (H.P. Acthar)	X	F-PA	Can be self-administered so considered a pharmacy benefit
Ferrous sulfate oral drops	F-QL (100 per 30 days)	F**	Doses higher than current quantity limit are common
Fluocinolone acetonide ocular implant (Iluvien)	NF	X	Medical Benefit
Goserelin acetate (Zoladex SC Implant)	NF	X	Medical benefit
HPV Vaccine (Gardasil®, Gardasil-9®)	F-PA (interim change)	F-AL, QL (≥ 19 y/o, 3 fills per lifetime)	Updated formulary status to ensure formulary comparability to FFS Medi-Cal
Imiquimod 5 % topical cream packet	F-QL 4 fills per year	F	Overutilization is not a concern
Ivermectin 3 mg tablet	NF	F-QL #30 per 365 days	Most indications require up to 3 doses of 400 mcg/kg; rate \$3.71 per tab (\$111 per 30 tabs)
L-methylfolate 7.5, 15 mg	NF	F-QL #1 per day	Alternative to medical food Deplin

Drug	Formulary Status*	Recommendation*	Rationale for Recommendation
Metamucil powder	NF	F**	Cost-effective alternative to formulary products
Methotrexate 25 mg/ml PF solution (25 mg/ml, 50 mg/2 ml, 100 mg/4ml, 200 mg/8 ml, 250 mg/10 ml, 1 gm/40 ml)	X	F-QL #16 ml per 28 days	Can be used SQ so can be a pharmacy benefit; usual max dose is 50 mg per week (8 ml per 28 days)
Methotrexate 25 mg/ml solution (50 mg/2 ml, 250 mg/10 ml)	X	F-QL #16 ml per 28 days	Can be used SQ so can be a pharmacy benefit; usual max dose is 50 mg per week (8 ml per 28 days)
Methoxsalen capsule (8-MOP + Oxsoralen Ultra)	NF	F-QL #12 per 28 days	Used as part of PUVA therapy 2-3 days per week initially and less frequently for maintenance or relapse therapy; no other alternative on formulary
Milk of magnesia	NF	F**	Cost-effective alternative to formulary products
Niacin	NF	F**	Cost-effective alternative to formulary products
Ondansetron 4 mg tab + ODT	F, QL #3/day	F, QL #6/day	Allow dosing up to 24 mg per day
Rabies Vaccine (Imovax®, Rabavert®)	F-PA (interim change)	F-AL (≥ 19 y/o)	Updated formulary status to ensure formulary comparability to FFS Medi-Cal
Sumatriptan 25, 50, 100 mg tab	F-QL #9 per 30 days	F-QL #36 per 30days	Current quantity limit on sumatriptan is one of the top point of sale rejection reasons; raising the quantity limit will help to alleviate number of rejections
Tamiflu capsule + suspension	F, QL	F	Removed quantity limits to prevent point of sale rejections as treatment is only effective in the first 24-48 hours
Temozolomide	NF	F-PA	Streamlined all strengths to be F-PA as some are currently F-PA and some are NF
Terbinafine 250 mg tablet	F, QL #90/365 days	F, QL #180/365 days	Increased quantity limit to allow re-treatment if needed
Thalidomide (Thalomid) 50, 100, 150, 200 mg capsule	F	F-PA with self-grandfathering	Oncology drugs require PA
Tocilizumab (Actemra)	NF	F-PA	Preferred biologic after Humira and Enbrel
Tofacitinib (Xeljanz; Xeljanz XR)	NF	F-PA	Preferred biologic after Humira and Enbrel

Drug	Formulary Status*	Recommendation*	Rationale for Recommendation
VSL#3 probiotic packet, capsule	NF	X	Medical foods are an excluded benefit

*Applies to Medi-Cal, Healthy Kids, Healthy San Francisco formularies; excluded for Medi-Cal/Medicare formulary

**OTCs are excluded from Healthy Kids formulary and covered on Medi-Cal/Medicare formulary

F = Formulary, no restrictions; F-QL = Formulary, quantity limit applies; F-AL = Formulary, age limit applies; F-ST = Formulary, step therapy applies; F-PA = Formulary, PA required; NF = Non-formulary; X = Excluded

Prior Authorization Criteria Updates

New criteria

Therapeutic Class/Drug	Criteria Summary
Policy: Liquid formulations	Inability to use tablet or capsule formulation if available (e.g. inability to swallow)
GI: Antiemetics: Doxylamine succinate 10 mg and pyridoxine hydrochloride 10 mg (Diclegis)	Trial with doxylamine succinate 25 mg tablet and pyridoxine hydrochloride 25 mg tablet as separate ingredients
GI: IBS: Phenobarbital/ hyoscyamine/ atropine/ scopolamine (Donnatal)	Trial with at least 2 formulary products (e.g. hyoscyamine, dicyclomine, diphenoxyate-atropine, chlordiazepoxide-clidinium)
Endocrine/Metabolism: Other: Corticotropin injection gel (H.P. Acthar)	<ul style="list-style-type: none"> For diagnosis of infantile spasms require trial with oral corticosteroids* For diagnosis of nephrotic syndrome, trial and failure or inability to use oral corticosteroids and at least 2 immunosuppressants <i>*Reviewed by Dr. Joe Sullivan, MD, Director of Pediatric Epilepsy at UCSF</i>
Valganciclovir	Require diagnosis of CMV treatment or prophylaxis
Wilson's Disease (Cuprimine, Syprin, Galzin)	Require diagnosis of Wilson's disease

Revisions to existing criteria

Therapeutic Class/Drug	Revision Summary
Policy: Hematology/Oncology: Oncolytics, oral	Added requirement for age ≥ 21 in order to coordinate care with California Children's Services (CCS) for Medi-Cal members
Analgesics: Lyrica®	<ul style="list-style-type: none"> Expanded diagnosis requirement to all pain subtypes Updated requirement for preferred agents to gabapentin and one other medication (e.g. TCAs, SNRIs) Added age requirement for indication of seizures for coordination of benefit with California's Children's Services (CCS) Made seizure disorders an approvable indication
Cardiology: CHF: Nephriysin & ARB: Entresto®	<ul style="list-style-type: none"> Deleted requirement for reduced ejection fraction, documentation of titration schedule, lack of concomitant use with ACEI, ARBs or aliskiren in patients with diabetes Allowed initial approval of all strengths to allow for dose titration
Endocrine/Metabolism: Androgens: Transdermal testosterone products	<ul style="list-style-type: none"> New requirement for testosterone levels to be done before 10 am Revised definition of low testosterone level to include "lower limit of normal as defined by the laboratory where the test

Therapeutic Class/Drug	Revision Summary
	<p>was done” and removed free serum testosterone level examples as this is not a good measure of low testosterone</p> <ul style="list-style-type: none"> Added requirement for therapeutic testosterone level for continuation of therapy for secondary hypogonadism diagnosis Changed coverage duration by diagnosis (indefinite for primary hypogonadism and gender identity disorder; initial 6 months and re-authorization 1 year for secondary hypogonadism) <p><i>Revisions made in collaboration with Dr. Jennifer Park-Sigal, MD, Assistant Clinical Professor, Division of Endocrinology and Metabolism, UCSF/SFGH</i></p>
Gynecology: Labor Suppression/Tocolytics: Makena®	Removed requirement for documentation of current and previous singleton pregnancy
Psychiatric: ADHD: Strattera®	<ul style="list-style-type: none"> Removed requirement for bupropion, clonidine IR or guanfacine IR Removed requirement for psychiatrist prescribing or recommendation
Rheumatologic/Derm: Disease Modifying Biologics	<ul style="list-style-type: none"> Changed requirement for non-preferred agents from trial with both Enbrel AND Humira to trial of just one product (Enbrel OR Humira) Xeljanz and Actemra moved to formulary, PA required and selected as preferred agents after trial with Enbrel or Humira; non-formulary agents will require trial with Enbrel or Humira AND Actemra AND Xeljanz for select indications For Xeljanz, allowed use as first-line if member is needle phobic or unable to self-inject

Criteria revisions to reflect formulary changes

Therapeutic Class/Drug	Revision Summary
Allergy/Cold/ENT: Nasal Sprays, Steroid	Updated to reflect addition of budesonide nasal spray to formulary
Analgesics: Opiates, Long-Acting	Created criteria for methadone
Endocrine/Metabolism: Growth Hormone	<ul style="list-style-type: none"> Selected Humatrope® (somatropin) as preferred product when indicated Added age limit in order to coordinate with California Children’s Services (CCS) for specific indications (e.g. GHD) Extended approval duration to 6 months initially and 1 year on re-auth for HIV/AIDs wasting syndrome Added endocrinologist as approvable prescriber for diagnosis of growth failure d/t chronic renal insufficiency
Infectious Disease: Hepatitis B	Criteria retired as most medications were added to formulary
Infectious Disease: Ivermectin (Stromectol)	Criteria retired (ivermectin added to formulary with quantity limits)
Psychiatric: ADD/ADHD	<ul style="list-style-type: none"> Revised to reflect new formulary status for ER tabs/caps Added criteria for formulary meds over age limit Changed criteria for non-formulary ER agents to require 2 preferred agents (previously required 3)
Rheumatologic: Gout: Colchicine	Criteria retired as quantity limit increased to #2/day

Interim Formulary Changes (4/1/16 – 7/6/16)

Miscellaneous

Drug Name/Strength/Formulation	Formulary Status - Old*	Formulary Status - New*	Comment
Naloxone 0.4 mg/0.4 ml auto injector (Evzio®)	NF	X	FFS Medi-Cal carve-out
Naloxone 4 mg/0.1 ml Nasal Spray (Narcan®)	NF	X	FFS Medi-Cal carve-out

*Applies to Medi-Cal formulary
NF = Non-formulary, X = Excluded

New Drugs to Market

Therapeutic class	Generic name	Brand name	Formulary Status*	Comment
Prenatal vitamin preparations	PNV 112/iron/FA/om-3s/DHA/EPA	Vitafol	F	New drug/formulation; formulary alternatives available
Antineoplastic systemic enzyme inhibitors	Cabozantinib	Cabometyx	F-PA	All new oncology drugs require PA
Antineoplastic Systemic Enzyme Inhibitors	Lenvatinib Mesylate	Lenvima	F-PA	All new oncology drugs require PA
Antineoplastic-B cell lymphoma-2 (BCL-2) inhibitors	Venetoclax tablet	Venclexta	F-PA	All new oncology drugs require PA
Drugs to treat Hereditary Tyrosinemia	Nitisinone	Orfadin	F-PA	Mirror current Orfadin capsules on formulary with PA
Hepatitis C Virus - Ns5a Replication Complex Inhib	Daclatasvir Dihydrochloride	Daklinza 90 mg	F-PA	Mirror Daklinza 30 and 60 mg (may want to update USBio list as well) Same WAC price as other strengths at \$750/tablet Dose modification: increase dosage to 90 mg once daily with moderate CYP3A inducers.
Hep C virus-NS5B polymerase and NS5A inhib. Combo.	Sofosbuvir/Velpatasvir	Epclusa	F-PA	New specialty medications require a PA
Pregnancy facilitating/maintaining agent, hormonal	Hydroxyprogesterone caproate 250 mg/ml vial	Makena	F-PA	Line extension; Makena currently F-PA
Acne agents, topical	Dapsone 7.5 % topical gel with pump	Aczone	NF	New drug/formulation; formulary alternatives

Therapeutic class	Generic name	Brand name	Formulary Status*	Comment
				available
Adrenergics, aromatic, non-catecholamine	Dextroamphetamine/amphetamine ODT	Adzenys XR-ODT	NF	New drug/formulation; formulary alternatives available
Aesthetic Agents For Subcutaneous Adipose Lysis	Deoxycholic acid	Kybella	NF	Indicated for Submental convexity/fullness: Improvement in the appearance of moderate to severe convexity or fullness associated with submental fat in adults; cosmetic indication
Analgesics, Narcotics	Fentanyl Citrate	Lazanda	NF	Line extension, previous strengths are not on formulary
Analgesics, Narcotics	Oxycodone Myristate	Xtampza ER	NF	OxyContin available as alternative, no pricing, CDC guideline does not recommend ER usage
Anti-arthritic, folate antagonist agents	Methotrexate/PF auto-injector	Otrexup	NF	New drug/formulation; formulary alternatives available
Anticonvulsants	Perampanel	Fycompa	NF	Line extension, previous strengths are not on formulary
Antihyperglycemic, DPP-4 Inhibitor & Biguanide Comb	Linagliptin/Metformin Hcl	Jentaduet XR	NF	Preferred agent is Janumet XR
Antimigraine preparations	Sumatriptan succinate nasal spray	Onzetra Xsail	NF	New drug/formulation; formulary alternatives available (sumatriptan nasal spray)
Antimigraine preparations	Sumatriptan succinate SQ pen injector	Zembrace Symtouch	NF	New drug/formulation; formulary alternatives available (sumatriptan tablet, nasal spray)
Antiinflammatory, sel.costim.mod.,t-cell inhibitor	Orencia clickject	Abatacept	NF	Humira/Enbrel are preferred products
Antiprotozoal drugs, miscellaneous	Miltefosine capsule	Impavido	NF	Drug class review scheduled for October 2016
Antipsoriatic agents, systemic	Ixekizumab SQ autoinjector	Taltz	NF	Drug class review scheduled for October 2016

Therapeutic class	Generic name	Brand name	Formulary Status*	Comment
Antisera	Immun Glob G(IGG)/GLY/IGA 0-50	Hyqvia IG Component	NF	Hyqvia Kit is supplied with a Hyaluronidase (Human Recombinant) component intended for injection prior to Immune Globulin administration to improve dispersion and absorption of the Immune Globulin.
Drug tx-chronic inflam. Colon dx,5-aminosalicylat	Mesalamine	Delzicol	NF	Delzicol 400 mg DR cap F-QL #180/30; no pricing for new dosage form; monitor for price
Farnesoid X Receptor (FXR) Agonist, Bile Ac Analog	Obeticholic Acid	Ocaliva	NF	Monograph for future; orphan drug indicated for treatment of primary biliary cholangitis
Influenza Virus Vaccines	Flu Vacc Ts 2015(65+)/Mf59c/Pf	Fluad 2015-2016	NF	2015-2016 flu season is ended
NSAID & topical irritant counter-irritant comb.	Naproxen/capsi/menthol/m e-sal	Pain relief collection	NF	New drug/formulation; formulary alternatives available (topical Voltaren and capsaicin as separate products)
Rosacea Agents, Topical	Brimonidine Tartrate	Mirvaso	NF	\$395.70/30g pump; topical metronidazole and other alternatives available
Selective Serotonin 5-HT2A Inverse Agonists (SSIA)	Pimavanserin Tartrate	Nuplazid	NF	May be FFS Medi-Cal carve out in the future
Topical antibiotics	Mupirocin 2 % topical ointment with applicator	Mupirocin	NF	New drug/formulation; formulary alternative available (mupirocin 2% ointment without applicator)
Topical anti-inflammatory steroidal	Betamethasone dipropionate 0.05 % topical spray with pump	Sernivo	NF	New drug/formulation; formulary alternatives available
Topical anti-inflammatory steroidal	Halobetasol propionate 0.05% lotion	Ultravate	NF	Formulary alternatives available; \$848/60 ml
Topical anti-inflammatory, NSAIDs	Diclofenac sodium/kinesiology tape	Xrylix	NF	New drug/formulation; formulary alternative available (diclofenac 1% gel)
Topical/Mucous Membr./Subcut. Enzymes	Hyaluronidase, Human Recomb.	Hyqvia HY Component	NF	Hyqvia Kit is supplied with a Hyaluronidase (Human Recombinant) component intended for injection prior to Immune Globulin administration

Therapeutic class	Generic name	Brand name	Formulary Status*	Comment
				to improve dispersion and absorption of the Immune Globulin.
Toxin-producing bacilli vaccines/toxoids	Vaxchora vaccine	Cholera vaccine, live	NF	Travel vaccines are generally not covered
Vitamin D preparations	Vitamin D3/folic acid	Noxifol-D3	NF	New drug/formulation; formulary alternative available
Antidotes, Miscellaneous	Acetylcysteine	Cetylev	X	Hospital use only
Antihemophilic Factors	Antihem.Fviii,Sin-Chn,B-Dm Tru (Afstyla)	Afstyla	X	FFS Medi-Cal Carve-out
Antihemophilic factors	Antihemophilic factor/vWF	Wilate	X	FFS Medi-Cal carve-out
Antipsychotic-Atypical,D3/D2 Partial Ag-5HT Mixed	Cariprazine	Vraylar	X	FFS Medi-Cal Carve-out
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog	Emtricitabine/Tenofovir	Truvada	X	FFS Medi-Cal carve-out
Antivirals, HIV-spec, nucleoside-nucleotide analog	Emtricitabine/tenofovir/ alafenam	Descovy	X	FFS Medi-Cal carve-out
Antivirals,HIV-1 Integrase Strand Transfer Inhibtr	Dolutegravir Sodium	Tivicay	X	FFS Medi-Cal carve-out
ARTV Cmb Nucleoside,Nucleotide,& Non-Nucleoside RTI	Rilpivirine, emtricitabine, and tenofovir alafenamide	Odefsey	X	FFS Medi-Cal Carve-out
Factor IX preparations	Factor IX rec, fc fusion protn	Alprolix	X	FFS Medi-Cal carve-out
Narcotic Withdrawal Therapy Agents	Buprenorphine Hcl	Probuphine	X	Not available in retail pharmacies, possible addition to FFS Medi-Cal carve out list

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)

*Applies to Medi-Cal, Healthy Kids and Healthy San Francisco formularies. All products are excluded on Medicare/Medi-Cal formulary.

**OTC products excluded on Healthy Kids formulary and covered on Medicare/Medi-Cal formulary.

F = Formulary, no restrictions, F-QL = Formulary, quantity limit applies, F-AL = Formulary, age limit applies, F-ST = Formulary, step therapy applies, F-PA = Formulary, PA required, NF = Non-formulary, X = Excluded