The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 10/18/2017. Effective date for all changes is 11/20/2017.


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Drug Class Reviews

**Pain: Opioid and Opioid Combinations**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Added age minimum of 18 years to both tramadol containing products on formulary: tramadol (Ultram®) 50 mg tablet and tramadol/acetaminophen (Ultracet®) 37.5-325 mg tablet based on FDA safety communication
- Remove hydromorphone liquid and suppository from formulary due to lack of utilization
- List the following as non-formulary (T-5) per the Medi-Cal Contract Drugs List: hydrocodone/acetaminophen oral solution, levorphanol oral tablet, oxymorphone 1 mg/mL ampule

**Prior Authorization Criteria Update:**
- Update short-acting opioid criteria to reflect formulary changes and include criteria for non-formulary hydrocodone/acetaminophen combinations
- Update long-acting opioid criteria to include newer formulations Nucyn™ ER and hydromorphone ER

**Drug Utilization Review Update:**
- Approved the development of an ‘Initial Opioid Days’ Supply’ edit restricting initial opioid fills (i.e., no prior opioid paid claim in the past 180 days) to seven (7) days’ supply for short-acting opioids only
  - Exempt claims for members with paid oncology medication claim in the last 180 days, and from NPI list for approved providers

**Pain: Non-Opioid Analgesics**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Listed acetaminophen 325mg and 650mg tablet on formulary (T-1)
- Removed the following from formulary due to limited utilization and per guideline recommendations:
  - choline and magnesium salicylate 500mg/5mL oral liquid
  - butalbital-acetaminophen-caffeine 50-325-40mg capsule
  - butalbital-aspirin-caffeine 50-325-40mg capsule

**Prior Authorization Criteria Update:**
- Updated Anti-Migraine Preparations criteria to reflect formulary changes

**Drug Utilization Review Update:**
- Approved the development of an acetaminophen dose accumulator safety edit to restrict maximum acetaminophen daily dose from all claims to 4 grams, using 180-day look back for active prescriptions

**Neurology: Migraine**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Removed upper age limit from rizatriptan oral tablet based on FDA-approved indication (new age limit minimum 6 years old)
- Increased quantity limits for rizatriptan tablet and ODT and naratriptan tablet to equivalent amount to sumatriptan quantity limits
- Added PA requirement (T-3) to butalbital/acetaminophen/caffeine 50-325-40mg tablet based on limited utilization, safety concerns, and effective alternatives available on formulary
- Remove butalbital/acetaminophen/caffeine 50-325-40mg capsule from formulary based on lack of utilization, safety concerns, and effective alternatives on formulary

**Prior Authorization Criteria Update:**
- Update Anti-Migraine Preparations and Triptans criteria to reflect formulary changes

**Drug Utilization Review Update:**
- No DUR changes made
Neurology: Movement Disorders
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added Austedo® and Ingrezza® to formulary with prior authorization, specialty medication (T-4)

Prior Authorization Criteria Update:
- Added new criteria for Drugs for Movement Disorders and incorporated tetrabenazine criteria

Drug Utilization Review Update:
- No DUR changes made

Rheumatology: Non-Biologic and Biologic DMARDs
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added minocycline 75mg capsule to formulary (T-1) with quantity limit to align with other strengths

Prior Authorization Criteria Update:
- Updated Disease Modifying Biologics criteria to include additional non-formulary medications and to indicate “non-preferred medications” and “preferred medications”

Drug Utilization Review Update:
- No DUR changes made

Rheumatology: Gout
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- No formulary changes made

Prior Authorization Criteria Update:
- Updated Gout criteria to include requirements for Zurampic®

Drug Utilization Review Update:
- No DUR changes made

Infectious Disease: Hepatitis C
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Removed Daklinza®, Sovaldi®, Technivie®, and Viekira Pak® from formulary due to low utilization and lack of place in therapy

Prior Authorization Criteria Update:
- Updated Hepatitis C criteria to reflect formulary changes and to include preferred regimens for renal impairment, unique populations, and updated treatment experienced criteria based on prior regimen

Drug Utilization Review Update:
- No DUR changes made

Genitourinary: Benign Prostatic Hyperplasia
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco,
- Removed quantity limits from tamsulosin capsule, finasteride tablet, and alfuzosin tablet

Prior Authorization Criteria Update:
- Update Alpha-Blockers for BPH criteria to reflect formulary changes
- Retired 5-Alpah Reductase Inhibitors criteria

Drug Utilization Review Update:
- No DUR changes made
Genitourinary: Miscellaneous GU Medications

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added potassium citrate/citric acid packet to formulary with quantity limit #120 packets/30 days
- Increase trospium 20mg tablet quantity limit to #60 tablets/30 days based on recommended dosing
- List fesoterodine ER and Vesicar® as non-formulary (T-5) per the Medi-Cal Contract Drugs List

Prior Authorization Criteria Update:
- Updated Genitourinary Anti-Spasmodics and Anti-Cholinergics criteria to reflect formulary changes and removal of Gelnique® 3% from market

Drug Utilization Review Update:
- No DUR changes made

Cardiology: Anticoagulants

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- No formulary changes made

Prior Authorization Criteria Update:
- Update Direct Factor XA Inhibitors criteria to reflect new dosage for Pradaxa®

Drug Utilization Review Update:
- No DUR changes made

Cardiology: Antiplatelets

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- No formulary changes made

Prior Authorization Criteria Update:
- No PA criteria changes made

Drug Utilization Review Update:
- No DUR changes made

Pulmonology: Idiopathic Pulmonary Fibrosis

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added Esbriet® to formulary with PA required, specialty medication (T-4)
- Maintain Ofev® as non-formulary due to preferred formulary alternative

Prior Authorization Criteria Update:
- Added new criteria for Idiopathic Pulmonary Fibrosis

Drug Utilization Review Update:
- No DUR changes made
Dermatology: Dupixent®

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Maintain Dupixent® as non-formulary due to lack of utilization

Prior Authorization Criteria Updates:
- Added new criteria for Atopic Dermatitis including Dupixent® and incorporating Topical Calcineurin Inhibitors criteria and Eucrisa® criteria

Drug Utilization Review Update:
- No DUR changes made
Miscellaneous Formulary Changes

- No formulary changes – miscellaneous

Miscellaneous Prior Authorization Criteria Updates

- Added new blanket criteria for Compounded Medications

Interim Formulary Changes (7/8/17-10/2/17)

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Prior Status</th>
<th>New Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillins</td>
<td>Ampicillin trihydrate suspension for reconstitution 125mg/5mL, 250mg/5mL</td>
<td>T1-F</td>
<td>X</td>
<td>Removed from market</td>
</tr>
<tr>
<td>Vitamin A Derivatives</td>
<td>Differin 0.1% gel (OTC)</td>
<td>NF-NL</td>
<td>Medi-Cal: T2-QL-AL HK, HSF, HW, C-Wrap: X</td>
<td>Pricing change</td>
</tr>
<tr>
<td>Contraceptives, Oral</td>
<td>Norethindrone-ethinyl estradiol 0.5 mg-35 mcg (10)/1 mg-35 mcg (11) tablet</td>
<td>T1-F</td>
<td>X</td>
<td>Removed from market</td>
</tr>
<tr>
<td>Topical Anti-Inflammatory Steroidal</td>
<td>Halobetasol propionate 0.05% topical cream</td>
<td>NF-NL</td>
<td>Medi-Cal, HK, HSF, HW: T1 C-Wrap: X</td>
<td>Pricing change</td>
</tr>
<tr>
<td>Topical Anti-Inflammatory Steroidal</td>
<td>Clobetasol propionate 0.05% topical cream, gel, ointment, solution</td>
<td>T5-NF</td>
<td>Medi-Cal, HK, HSF, HW: T1 C-Wrap: X</td>
<td>Pricing change</td>
</tr>
<tr>
<td>Serotonin-Norepinephrine Reuptake-Inhibitors (SNRIs)</td>
<td>Duloxetine HCl 40 mg capsule</td>
<td>NF-NL</td>
<td>Medi-Cal, HK, HSF, HW: T1</td>
<td>Formulary streamlining</td>
</tr>
</tbody>
</table>

Status Definition

- **T1** Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)
  - Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).

- **T2** Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)
  - Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).

- **T3** Formulary Drug, Step Therapy or Prior Authorization required
  - Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.

- **T4** Formulary Specialty Drug, Prior Authorization required
  - Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.

- **T5** Non-Formulary Drug
  - Drug is non-formulary, provided through a medical benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded= X NF-NL = Non-Formulary, Not Listed

All products are excluded for Medicare/Medi-Cal. T3 &4 products are NF for HSF
# New Drugs to Market

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Formulary Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flublok Quad 2017-2018 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flublok 2017-2018 (PF) 135 mcg (45 mcg x 3)/0.5 mL IM solution</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flulaval Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone Quad 2017-18(PF) 60 mcg(15 mcgx4)/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone High-Dose 2017-2018 (PF) 180 mcg/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone Quad Pedi 2017-2018 (PF) 30 mcg(7.5 mcg x4)/0.25 mL IM syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluzone Intraderm Quad 2017-2018(PF) 36 mcg/0.1 mL intradermal syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Emollients</td>
<td>Lactic Acid 10% lotion</td>
<td>X</td>
<td>New entity</td>
</tr>
<tr>
<td>Contraceptives, Oral</td>
<td>Norethindrone-ethyl estradiol 0.5 mg-35 mcg (10)/1 mg-35 mcg (11)</td>
<td>X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluvirin 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flucelvax Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Therapeutic class</td>
<td>Medication</td>
<td>Formulary Status</td>
<td>Comment</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flucelvax Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Afluria Quad 2017-2018 60 mcg/0.5 mL intramuscular suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Afluria Quad 2017-2018 (PF) 60 mcg/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Afluria 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Afluria 2017-2018 (PF) 45 mcg(15 mcg x 3)/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Fluad 2017-18 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe</td>
<td>Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</td>
<td>Idhifa 50 mg, 100 mg tablets</td>
<td>Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Nerlynx 40 mg tablet</td>
<td>Medi-Cal, HK, HW: T3 HSF, C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Insulins</td>
<td>Humalog Junior KwikPen 100 unit/mL subcutaneous half-unit pen</td>
<td>Medi-Cal, HK, HW: T2 HSF, C-Wrap: X</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Lynparza 100 mg, 150 mg tablets</td>
<td>Medi-Cal, HK, HW: T3 HSF, C-Wrap: X</td>
<td>New Strength</td>
</tr>
<tr>
<td>Antiparkinsonism Drugs, Other</td>
<td>Gocovri 68.5, 137 mg capsule, extended release</td>
<td>Medi-Cal: T5 (Carve-Out) HK, HSF, HW: NL C-Wrap: X</td>
<td>New formulation</td>
</tr>
<tr>
<td>Topical Anti-Inflammatory, NSAIDs</td>
<td>Frotek 10% cream in metered-dose applicator</td>
<td>NF-NL</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Immunomodulator, B-Lymphocyte Stim(BLYS)-Specific Inhibitor</td>
<td>Benlysta 200 mg/mL subcutaneous auto-injector, subcutaneous syringe</td>
<td>NF-NL</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Drugs to Treat Hereditary Tyrosinemia</td>
<td>Nityr 2 mg, 5 mg, 10 mg tablet</td>
<td>NF-NL</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Treatment for Attention Deficit-Hyperactive Disorder (ADHD)/Narcolepsy</td>
<td>Cotempla 8.6mg, 17.3mg, 25.9mg XR-ODT</td>
<td>NF-NL</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Glucocorticoids, Orally Inhaled</td>
<td>ArmonAir RespiClick 55mcg/actuation, 113mcg/actuation, 232mcg/actuation breath activated powder inhaler</td>
<td>NF-NL</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Therapeutic class</td>
<td>Medication</td>
<td>Formulary Status</td>
<td>Comment</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Emollients</td>
<td>Nutraseb topical cream</td>
<td>NF-NL</td>
<td>New entity</td>
</tr>
<tr>
<td>Pancreatic Enzymes</td>
<td>Pertzye 24,000-86,250-90,750 unit capsule, delayed release</td>
<td>NF-NL</td>
<td>New strength</td>
</tr>
<tr>
<td>Potassium Sparing Diuretics</td>
<td>CaroSpir 25 mg/5 mL oral suspension</td>
<td>NF-NL</td>
<td>New formulation</td>
</tr>
<tr>
<td>Prenatal vitamin preparations</td>
<td>Nestabs ONE 38mg-1mg-225mg capsule</td>
<td>NF-NL</td>
<td>New combination</td>
</tr>
<tr>
<td>Direct Factor XA Inhibitors</td>
<td>Bevyxxa 40mg, 80mg capsule</td>
<td>NF-NL</td>
<td>New entity</td>
</tr>
<tr>
<td>Calcium Channel Blocking Agents</td>
<td>Nymalize 30mg/10 mL oral solution</td>
<td>NF-NL</td>
<td>New formulation</td>
</tr>
<tr>
<td>Influenza Virus Vaccines</td>
<td>Flumist Quad 2017-2018 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe</td>
<td>NF-NL</td>
<td>New entity</td>
</tr>
<tr>
<td>Quinolones</td>
<td>Baxdela 450 mg tablet</td>
<td>NF-NL</td>
<td>New entity</td>
</tr>
</tbody>
</table>

### Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 Formulary Drug, Generic (can have</td>
<td>Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).</td>
</tr>
<tr>
<td>limits, age, gender and other code 1</td>
<td></td>
</tr>
<tr>
<td>restrictions as defined by Medi-Cal)</td>
<td></td>
</tr>
<tr>
<td>T2 Formulary Drug, Brand (can have</td>
<td>Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).</td>
</tr>
<tr>
<td>limits, age, gender and other code 1</td>
<td></td>
</tr>
<tr>
<td>restrictions)</td>
<td></td>
</tr>
<tr>
<td>T3 Formulary Drug, Step Therapy or Prior</td>
<td>Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.</td>
</tr>
<tr>
<td>Authorization required</td>
<td></td>
</tr>
<tr>
<td>T4 Formulary Specialty Drug, Prior</td>
<td>Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.</td>
</tr>
<tr>
<td>Authorization required</td>
<td></td>
</tr>
<tr>
<td>T5 Non-Formulary Drug</td>
<td>Drug is non-formulary, provided through a medical benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.</td>
</tr>
</tbody>
</table>

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

- Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded= X  NF-NL = Non-Formulary, Not Listed
- All products are excluded for Medicare/Medi-Cal. T3 & 4 products are NF for HSF
- 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)
  - Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
  - Local anesthetics ( NF if formulary agents are available)