

**San Francisco Health Plan (SFHP)  
Quarterly Formulary Update**  
April 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 04/20/2016. Effective date for all changes is **05/18/2016**.

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/>.

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## Drug Class Reviews

### Analgesics: Fibromyalgia/Neuropathic pain

#### Formulary Update (Medi-Cal, Healthy Kids):

- Remove PA requirement from Lidocaine 5% patch (Lidoderm®)
- Remove quantity limits from the following formulary medications:
  - Duloxetine (Cymbalta®) 20 mg, 30 mg, 60 mg capsules
  - Venlafaxine (Effexor XR®) 37.5 mg, 75 mg, 150 mg extended-release capsule
  - Carbamazepine (Tegretol®) 200 mg tablet
  - Carbamazepine (Tegretol®) 100 mg chewable tablet
  - Carbamazepine extended-release (Carbatrol®) 100 mg, 200 mg
  - Carbamazepine extended-release (Tegretol XR®) 100 mg, 200 mg, 400 mg
  - Oxcarbazepine 150 mg, 300 mg 600 mg tablet
  - Oxcarbazepine 300 mg/5 ml suspension
  - Lamotrigine (Lamictal®) 25 mg, 100 mg, 150 mg, 200 mg tablet
  - Lamotrigine (Lamictal®) 25 mg, 5 mg chewable tablet
- Increase quantity limit to 3600 mg per day for all gabapentin strengths
- Remove the following from formulary:
  - Imipramine pamoate 75 mg, 100 mg, 125 mg, 150 mg capsule
  - Lamotrigine (Lamictal®) 25 mg dose pack

#### Prior Authorization Criteria Update:

- Retire prior authorization criteria for lidocaine patch (Lidoderm®)
- Update prior authorization criteria for pregabalin (Lyrica®) as follows:
  - Remove indication of trigeminal neuralgia as this is not an FDA approved or common off-label use for Lyrica®
  - Separate indications of post-herpetic neuralgia and diabetic peripheral neuropathy; no longer require SNRIs for post-herpetic neuralgia
  - Add cyclobenzaprine as one of the trial options for indication of fibromyalgia

### Analgesics: Opioid and Opioid Combinations

#### Formulary Update (Medi-Cal, Healthy Kids):

- Add oxycodone/acetaminophen (Percocet®) 2.5-325, 7.5-325, 10-325 mg tablet to formulary with quantity limit #120 tablets per 30 days
- Add hydrocodone/acetaminophen (Vicodin®) 2.5-325 mg tablet to formulary with quantity limit #120 tablets per 30 days
- Remove oxycodone HCl/ibuprofen (Combunox®) 5-400 mg tablet from formulary

#### Prior Authorization Criteria Update:

- Long-acting opiates:
  - Remove requirement for trial with fentanyl prior to other long-acting opiates. Continue requiring morphine sulfate ER tablets (MS Contin) prior to both fentanyl and other long-acting opiates.
- Short-acting opiates:

- Allow quantity higher than 120 per 30 days as part of protocol to taper to a lower dose or off long-acting opiates

### **Asthma/Pulmonary: Pulmonary Arterial Hypertension**

#### **Formulary Update (Medi-Cal, Healthy Kids):**

- Add Remodulin® (treprostinil), Ventavis® (iloprost), Opsumit®(macitentan), Adcirca® (tadalafil), AND Upravi® (selexipag) to formulary with prior authorization requirement

#### **Prior Authorization Criteria Update:**

- Remove requirement for vaso-reactive testing and Calcium Channel Blocker (CCB) treatment failure
- Allow initial monotherapy or dual-therapy with any of the formulary agents

### **Infectious Disease: Hepatitis C – Zepatier®**

#### **Formulary Update (Medi-Cal, Healthy Kids):**

- Keep Zepatier® as formulary with prior authorization requirement

#### **Prior Authorization Criteria Update:**

- Include treatment algorithm in prior authorization criteria

### **Obstetrics/Gynecology: Contraceptives**

#### **Formulary Update (Medi-Cal, Healthy Kids):**

- IUDs: exclude all as medical benefit
- Implantable contraceptives: exclude as medical benefit
- Oral contraceptives: add all to formulary without quantity limit
- Injectable contraceptives: add medroxyprogesterone (Depo-Provera®) 150 mg/ml vial and syringe to formulary
- Intravaginal contraceptives: add all to formulary

#### **Prior Authorization Criteria Update:**

- Retire prior authorization criteria for oral contraceptives
- Implement prior authorization criteria for injectable contraceptives to require medroxyprogesterone 150 mg/ml (Depo-Provera®) vial or syringe prior to medroxyprogesterone (Depo-SubQ Provera 104®) 104 mg/0.65 ml syringe

## Formulary Updates, Other

### Tuberculosis medications

Drug	Formulary Status – Old*	Formulary Status - New*
Amikacin 1g	Non-formulary	<b>Excluded (Medical Benefit)</b>
Aminosalicic acid (Paser)	Non-formulary	<b>Formulary</b>
Bedaquiline 100mg (Sirturo)	Non-formulary	<b>PA required</b>
Capreomycin (Capastat)	Non-formulary	<b>Excluded (Medical Benefit)</b>
Cycloserine 250mg	Non-formulary	<b>Formulary</b>
Ethionamide (Trecator)	Non-formulary	<b>Formulary</b>
Isoniazid/Rifampin (Rifamate)	Non-formulary	<b>Formulary</b>
Isoniazid/Rifampin/Pyrazinamide (Rifater)	Non-formulary	<b>Formulary</b>
Levofloxacin 250, 500, 750 mg tablet	Formulary #1 per day	<b>Removed quantity limit</b>
Linezolid tablet, solution	Formulary with quantity limit	<b>Removed quantity limit</b>

\*Applies to Medi-Cal, Healthy Kids formularies. All Rx products are excluded for Medicare/Medi-Cal formulary

\*\*OTC products are excluded from Healthy Kids formulary and covered on Medicare/Medi-Cal formulary

### Miscellaneous

Drug	Formulary Status – Old*	Formulary Status - New*
Acyclovir 5 % cream, ointment	Non-formulary	<b>PA required</b>
Albendazole (Albenza) tablet	Formulary #4 per 30 days, 2 fills per year	<b>No quantity limit</b>
Anagrelide 1 mg capsule	Non-formulary	<b>Formulary</b>
Calcitonin (salmon) 200 unit/actuation nasal spray	PA Required	<b>Formulary</b>
Carbidopa/Levodopa/Entacapone	Non-formulary	<b>Formulary</b>
Centrum multivitamin	Non-formulary	<b>Formulary**</b>
Chemet 100 mg capsule	Non-formulary	<b>Formulary</b>
Coal tar solution	Non-formulary	<b>Formulary</b>
Collagenase (Santyl)	Non-formulary	<b>Formulary #30 per 30 days</b>
Doxycycline 20 mg tab, 50 mg cap	Non-formulary	<b>Formulary #60 per 30 days</b>
Doxylamine 25 mg tab	Non-formulary	<b>Formulary**</b>
Dronabinol 2.5 mg, 5 mg, 10 mg capsule	PA required	<b>Formulary for diagnosis HIV, PA required for other diagnoses</b>
Elmiron 100 mg capsule	Non-formulary	<b>Formulary</b>
Enucleine 0.25% drops	Non-formulary	<b>Formulary</b>
Eplerenone	Non-formulary	<b>Step therapy with spironolactone, ≥ 21 y/o</b>
Estradiol (Estring) vaginal ring	PA required	<b>Formulary #1 per 90 days</b>
Famciclovir	PA required	<b>Formulary</b>
Fenofibrate 48, 145 mg tablet (Tricor) 35, 105 mg tablet (Fibricor) 43, 130, 134 mg cap (Lofibra) 45, 135 capsule (Trilipix)	PA required	<b>Formulary</b>

Drug	Formulary Status – Old*	Formulary Status - New*
Fenofibrate 40, 120 mg tablet (Fenoglide) 40, 150 mg capsule (Lipofen)	PA required	<b>Non-formulary</b>
Leucovorin 5, 10, 15, 25 mg tab	PA required	<b>Formulary</b>
Levetiracetam	Formulary with quantity limit	<b>No quantity limit</b>
Muro-128 2% eye drops	Non-formulary	<b>Formulary**</b>
Muro-128 5% eye drops	Non-formulary	<b>Formulary**</b>
Muro-128 5% ointment	Non-formulary	<b>Formulary**</b>
Naratriptan 1, 2.5 mg tablet	Non-formulary	<b>Step therapy with sumatriptan AND rizatriptan, #9 per 30 days</b>
Netupitant and palonosetron (Akynzeo)	Non-formulary	<b>PA required</b>
Paromomycin 250 mg caps	Non-formulary	<b>Formulary</b>
Perindopril tablet	Non-formulary	<b>Formulary ≥ 21 y/o</b>
Permethrin 1% lotion	Non-formulary	<b>Formulary</b>
Permethrin 5% cream	Formulary #60 per 30 days, 2 fills per year	<b>Remove quantity limit</b>
Pin-X 250 mg chewable tablet	Non-formulary	<b>Formulary**</b>
Pinx-X 50 mg/ml oral suspension	Non-formulary	<b>Formulary**</b>
Proparacaine 0.5% drops	Non-formulary	<b>Formulary</b>
Pulmicort Flexhaler	Formulary #1 inhaler per 30 days, 6 y/o min	Formulary #2 inhalers per 30 days, <b>no age limit</b>
Ridaura 3 mg capsule	Non-formulary	<b>Formulary</b>
Riluzole 50 mg tablets	Non-formulary	<b>Formulary</b>
Rizatriptan 5, 10 mg ODT	PA required; Formulary for 6-12 y/o #9 per 30 days	<b>Formulary #9 per 30 days</b>
Rizatriptan 5, 10 mg tablet	Step therapy with sumatriptan #9 per 30 days; Formulary for 6-18 y/o #9 per 30 days	<b>Formulary #9 per 30 days</b>
Selenium Sulfide 1% shampoo Dandruff 1% shampoo Selsun Blue 1% shampoo Selsun Blue 3% shampoo	Non-formulary	<b>Formulary**</b>
Selenium sulfide 2.25% shampoo	PA required	<b>Non-formulary</b>
Topiramate	Formulary with quantity limit	<b>No quantity limit</b>
Trifluridine 1% drops	Non-formulary	<b>Formulary</b>
Vitamin A	Non-formulary	<b>Formulary**</b>
Zirgan 0.15% gel	Non-formulary	<b>Formulary</b>

\*Applies to Medi-Cal, Healthy Kids formularies. All Rx products are excluded for Medicare/Medi-Cal formulary

\*\*OTC products are excluded from Healthy Kids formulary and covered on Medicare/Medi-Cal formulary

## Prior Authorization Criteria Updates, Other

### New criteria

Therapeutic Class/Drug	Revision Summary
Cardio: HTN: Blood Pressure monitors	Require inability to use formulary blood pressure monitors (Omron 3, 5, 10 Series)
Dermatologic: Psoriasis: Acitretin (Sorietene)	<ul style="list-style-type: none"> <li>Require 1) dermatology review, 2) diagnosis moderate-severe psoriasis, 3) failure or contraindication to topical steroids and one other topical product OR failure of methotrexate, cyclosporine or UVB/PUVA therapy</li> <li>Reviewed by independent expert (MRIoA)</li> </ul>
GI: Other: Sucralfate suspension (Carafate)	Require inability to use formulary sucralfate tablet for members > 12 y/o
Hematology/Oncology: Oncolytics, oral	<ul style="list-style-type: none"> <li>Blanket criteria requiring that diagnosis is FDA approved, listed in compendia with 2b or better rating OR has evidence supporting effectiveness in peer reviewed clinical trials</li> <li>Indefinite duration of approval</li> </ul>
Infectious Disease: Tuberculosis: Bedaquiline (Sirturo)	<ul style="list-style-type: none"> <li>Require diagnosis of laboratory-confirmed pulmonary MDR TB AND inability to use other effective treatment regimens</li> <li>Developed in collaboration with Tuberculosis Control Branch at CA DPH</li> </ul>

### Criteria revisions based on formulary changes

Therapeutic Class/Drug	Revision Summary
Analgesics: Migraine: Triptans	Updated to reflect formulary changes for rizatriptan (formulary) and naratriptan (formulary with step therapy)
Cardio: Lipid disorders: Fenofibrate	Updated to reflect new formulary fenofibrate formulations
Cardiology: HTN: Eplerenone	New criteria documenting step therapy rule with spironolactone
Dermatology: Antiparasitics, Topical	Removed permethrin quantity limit
GI: Antiemetics	<ul style="list-style-type: none"> <li>Added new agent netupitant and palonosetron (Akynzeo) on same level as aprepitant (Emend)</li> <li>For moderately emetogenic regimens, removed requirement of trial/failure of standard antiemetic regimens, to reflect new NCCN guideline that lists aprepitant and netupitant regimens.</li> </ul>
GI: Antiemetic/Appetite Stimulant	Revised to make "HIV related anorexia and cachexia" approvable indication
Infectious Disease: Antivirals, Oral	Criteria deleted due to famciclovir being added to formulary
Neurology: Parkinson Disease	Updated to reflect formulary status for Carbidopa/Levodopa/Entacapone

### Other revisions to existing criteria

Therapeutic Class/Drug	Revision Summary
Dermatologic: Steroids, topical	Allowed non-formulary clobetasol for indication of lichen sclerosis
Infectious Disease: Antivirals, Topical	<ul style="list-style-type: none"> <li>Placed acyclovir cream on same level as penciclovir cream</li> <li>Updated to reflect formulary status for valacyclovir and famciclovir</li> </ul>
Infectious Disease: Onychomycosis	Added criteria for itraconazole (Sporanox) solution (inability to use itraconazole tablets)
Rheumatologic/Derm: Disease	<ul style="list-style-type: none"> <li><u>All indications</u>: removed requirement for TB testing</li> </ul>

Therapeutic Class/Drug	Revision Summary
Modifying Biologics	<ul style="list-style-type: none"> <li>• <u>Rheumatoid Arthritis</u>: changed requirement from two DMARDs to one DMARD</li> <li>• <u>Ankylosing Spondylitis</u>: changed requirement from two NSAIDs to one NSAID</li> <li>• <u>Psoriatic Arthritis</u>: removed dose requirement for methotrexate</li> </ul>

### Indefinite approval duration

Currently prior authorization requests are approved for the duration of 3 months to 5 years depending on the requested medication and indication. In order to avoid the need to resubmit a prior authorization requests for medications used for chronic conditions or lifelong therapy, SFHP is implementing indefinite duration of approval for chronic medications used for life-long therapy. Refer to table below for a list of therapeutic subclasses and recommended approval duration (indefinite vs limited).

Therapeutic Class	Subclasses/Drugs with <b>Indefinite</b> Approval Duration	Subclasses/Drugs with <b>Limited</b> Approval Duration
Allergy/Cold/ENT	<ul style="list-style-type: none"> <li>• Antihistamines</li> <li>• Nasal sprays, steroid</li> </ul>	<ul style="list-style-type: none"> <li>• Allergen Specific Immunotherapy</li> </ul>
Allergy/Ophthalmic	<ul style="list-style-type: none"> <li>• Antihistamines</li> </ul>	n/a
Analgesics	<ul style="list-style-type: none"> <li>• Migraine agents (e.g. triptans)</li> <li>• NSAIDs, oral/COX-2 inhibitors</li> <li>• Pregabalin (Lyrica)</li> </ul>	<ul style="list-style-type: none"> <li>• Lidocaine, topical</li> <li>• Nitroglycerin</li> <li>• NSAIDs, topical</li> <li>• Opiates</li> <li>• Skeletal muscle relaxants</li> </ul>
Asthma/Pulmonary	<ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Inhaled Corticosteroids</li> <li>• Inhaled Corticosteroid/LABA combinations</li> <li>• LABA</li> <li>• Leukotriene modifiers</li> <li>• Short-acting beta agonists</li> </ul>	n/a
Cardiovascular	<ul style="list-style-type: none"> <li>• Antianginal agents (e.g. ranolazine (Ranexa))</li> <li>• Antiarrhythmics</li> <li>• Anticoagulants</li> <li>• Antiplatelets</li> <li>• Chronic heart failure agents (e.g. Entresto)</li> <li>• Antihypertensives (e.g. ACEIs, ARBs)</li> <li>• Dyslipidemia</li> <li>• Pulmonary Arterial Hypertension (PAH)</li> </ul>	<ul style="list-style-type: none"> <li>• Dyslipidemia: PCSK-9 inhibitors</li> </ul>
Dermatologic	<ul style="list-style-type: none"> <li>• Acne/Rosacea</li> <li>• Calcineurin inhibitors</li> <li>• Psoriasis: Vitamin D analogs</li> <li>• Steroids, topical</li> </ul>	<ul style="list-style-type: none"> <li>• Acne: Isotretinoin</li> <li>• Antibacterials (mupirocin)</li> <li>• Antiparasitics, topical</li> <li>• NSAIDs, topical (diclofenac 3% gel (Solaraze))</li> </ul>
Endocrine/Hormone	<ul style="list-style-type: none"> <li>• Calcium disorders (e.g. Vitamin D analogs)</li> </ul>	<ul style="list-style-type: none"> <li>• Androgens (e.g. topical testosterone)</li> </ul>

Therapeutic Class	Subclasses/Drugs with <b>Indefinite</b> Approval Duration	Subclasses/Drugs with <b>Limited</b> Approval Duration
	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Osteoporosis: bisphosphonates</li> <li>• Thyroid disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Growth Hormone</li> <li>• Obesity</li> <li>• Osteoporosis: Forteo</li> </ul>
Gastrointestinal	<ul style="list-style-type: none"> <li>• Digestive enzymes (e.g. pancrelipase)</li> <li>• Inflammatory disorders: mesalamine</li> <li>• PPIs</li> <li>• Sucralfate</li> </ul>	<ul style="list-style-type: none"> <li>• Acidophilus</li> <li>• Antiemetics (e.g. 5HT3 receptor antagonists, Emend, scopolamine patch, metoclopramide)</li> <li>• Antiemetics/Appetite Stimulants (e.g. dronabinol)</li> <li>• Inflammatory disorders: corticosteroids (e.g. budesonide)</li> <li>• Laxatives (e.g. Amitiza, Linzess)</li> </ul>
Genitourinary	<ul style="list-style-type: none"> <li>• Antispasmodics/Anticholinergics</li> <li>• BPH</li> </ul>	n/a
Hematology/Oncology	<ul style="list-style-type: none"> <li>• Oncolytics</li> <li>• ESAs (Epogen, Procrit) (for ESRD)</li> <li>• Promacta</li> </ul>	<ul style="list-style-type: none"> <li>• Iron overload, chelating agents (e.g. Exjade)</li> <li>• Colony Stimulating Factors (Neupogen, Neulasta)</li> <li>• ESAs (Epogen, Procrit) (indications other than ESRD)</li> </ul>
Immunology	<ul style="list-style-type: none"> <li>• Immunosuppressants</li> </ul>	n/a
Infectious Disease	n/a	<ul style="list-style-type: none"> <li>• Antifungals, Azole</li> <li>• Antibiotics oral, otic</li> <li>• Antivirals, Hepatitis B, Hepatitis C</li> <li>• Onychomycosis</li> </ul>
Neurology	<ul style="list-style-type: none"> <li>• Alzheimer Disease/Dementia</li> <li>• Epilepsy</li> <li>• Multiple Sclerosis</li> <li>• Parkinson Disease/Dystonia</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulants (e.g. modafinil)</li> </ul>
Nutrition/Electrolytes	<ul style="list-style-type: none"> <li>• Electrolytes (potassium)</li> <li>• Phosphate binders</li> </ul>	<ul style="list-style-type: none"> <li>• Enteral Nutrition</li> </ul>
Obstetrics/Gynecology	<ul style="list-style-type: none"> <li>• Contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Makena</li> </ul>
Ophthalmic	<ul style="list-style-type: none"> <li>• Cyclosporine</li> <li>• Prostaglandin analogs</li> </ul>	<ul style="list-style-type: none"> <li>• NSAIDs</li> <li>• Steroids</li> </ul>
Psychiatric	<ul style="list-style-type: none"> <li>• Antidepressants</li> <li>• ADHD</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Insomnia</li> <li>• Nicotine replacement therapy</li> </ul>
Rheumatologic	<ul style="list-style-type: none"> <li>• Biologics (TNF-alpha inhibitors, etc) (1 year initial, then indefinite)</li> <li>• Gout (allopurinol, Uloric)</li> </ul>	<ul style="list-style-type: none"> <li>• Gout (colchicine)</li> </ul>



### Interim Formulary Changes (1/20/16-4/20/16)

Drug	Formulary Status – Old*	Formulary Status - New*
Budesonide (Pulmicort Respules)	Formulary # #120/30 days, age max 8 y/o with self-grandfathering	<b>No quantity limit</b>
Clindamycin phosphate (Cleocin T®) 1% gel	Formulary #30 per 30 days with self-grandfathering	<b>No quantity limit</b>
Clindamycin phosphate (Cleocin T®) 1% lotion	Formulary #60 per 30 days with self-grandfathering	<b>No quantity limit</b>
Clindamycin phosphate (Cleocin T®) 1% solution	Formulary #60 per 30 days with self-grandfathering	<b>No quantity limit</b>
Cyclosporine modified 50 mg	Formulary ≥21 y/o, #2 per day	<b>No quantity limit</b>
Doxycycline hyclate 100 mg caps, tabs (40360, 40331)	Non-formulary	<b>Formulary #60 per 30</b>
Erythromycin base/ethanol 2% gel	Formulary #60 per 30 days with self-grandfathering	<b>No quantity limit</b>
Ezetemibe (Zetia)	ST (atorvastatin 80 mg, cumulative 90 days supply in the last 6 months) #1 per day, ≥21 y/o	<b>No quantity limit</b>
Ketorolac eye drops	Formulary #5 per 30 days	<b>No quantity limit</b>
Memantine (Namenda) 5, 10 mg tablet	Formulary #2 per day	<b>No quantity limit</b>
Metformin ER 750 mg tablet	Formulary #2 per day, ≥ 21 y/o	<b>No quantity limit</b>
Mycophenolate 250 mg capsule	Formulary #12 per day	<b>No quantity limit</b>
Oxybutynin (Ditropan) 5 mg tablet	Formulary #4 per day with self-grandfathering	<b>No quantity limit</b>
Oxybutynin 5 mg/5 ml syrup	Formulary #600 per 30 days with self-grandfathering	<b>No quantity limit</b>
Ribavirin 200 mg tab, cap	Formulary #180 per 30 days, 6 fills per year	<b>No quantity limit</b>
Rifapentene 150 tablet (Priftin)	Formulary #72 per lifetime	<b>No quantity limit</b>
Rivaroxaban (Xarelto) 15 mg	Formulary #1 per day	<b>Formulary #2 per day for 1<sup>st</sup> 21 days, then #1 per day</b>

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\*\*OTC products are excluded from Healthy Kids formulary and covered on Medicare/Medi-Cal formulary

### Interim Formulary Changes, New Products to Market (1/1/16-3/31/16)

Therapeutic Class	Drug name	Formulary Status*	Comment
Antineoplastic Systemic Enzyme Inhibitors	Alecensa (alectinib hydrochloride) 150 mg capsule	PA required	All new oncology drugs require PA
Thrombin Inhibitors, Selective, Direct, & Reversible	Pradaxa 110 mg capsule	PA required	Other strengths are PA required
Adrenergics, aromatic, non-catecholamine	Dyanavel (dextroamphetamine/amphetamine) XR 2.5 mg/mL suspension, extended release 24hr	Non-formulary	New drug/formulation; formulary alternatives available
Analgesic, non-salicylate & barbiturate comb.	Allzital 25 mg-325 mg tablet	Non-formulary	New drug/formulation; formulary alternatives available
Antipsychotic-atypical, d3/d2 partial ag-5ht mixed	Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack, 1.5, 3, 4.5, 6 mg capsule	Non-formulary	Class is FFS Medi-Cal carve-out but product not currently on the carve-out list.
Artv cmb nucleoside, nucleotide, & non-nucleoside rti	Odefsey 200 mg-25 mg-25 mg tablet	Non-formulary	Class is FFS Medi-Cal carve-out but product not currently on the carve-out list.
Beta-adrenergic blocking agents	Metoprolol tartrate 37.5 mg, 75mg tablet	Non-formulary	New strengths; formulary alternatives available
Bulk Chemicals	Azelaic acid (bulk) 85 % flakes	Non-formulary	Bulk chemicals are not FDA approved
Bulk chemicals	Citric acid (bulk) powder	Non-formulary	Bulk chemicals are not FDA approved
Bulk chemicals	Citric acid (bulk) powder	Non-formulary	Bulk chemicals are not FDA approved
Bulk Chemicals	Diclofenac sodium, micronized (bulk) 100 % powder	Non-formulary	Bulk chemicals are not FDA approved
Bulk chemicals	Fomoterol fumarate dihydrate, micronized (bulk) 100 % powder	Non-formulary	Bulk chemicals are not FDA approved.
Bulk chemicals	Itraconazole, micronized (bulk) 100 % powder	Non-formulary	Bulk chemicals are not FDA approved
Bulk chemicals	pyrazinamide (bulk) 100 % powder	Non-formulary	Bulk chemicals are not FDA approved
Bulk Chemicals	Pyruvic acid (bulk) 98 % liquid	Non-formulary	Bulk chemicals are not FDA approved.
Chemotherapy rescue/antidote agents	Vistogard 10 gram oral granules in packet	Non-formulary	New strength of non-formulary product
Ear	Otiprio (ciprofloxacin) 6 % (6 mg/0.1	Non-formulary	New formulation;

Therapeutic Class	Drug name	Formulary Status*	Comment
preparations,antibiotics	ml) intratympanic suspension		formulary alternatives available
Emollients	Geri-Hydrolac 12 % lotion	Non-formulary	New drug/formulation; formulary alternatives available
Infant formulas	Enfamil A.R. 2.5-5.1-11.3 gram/100 kcal oral powder	Non-formulary	New drug/formulation; formulary alternatives available
Iron replacement	NuFera 125 mg-1 mg-170 mg-1,000 unit tablet	Non-formulary	New drug/formulation; formulary alternatives available
Janus kinase (jak) inhibitors	Xeljanz XR 11 mg tablet,extended release	Non-formulary	New strength of non-formulary product
Non-narc antitus-1st gen antihist-decongest-expect	Donatussin (with guaifenesin) syrup	Non-formulary	New formulation; formulary alternatives available
Nucleic acid/nucleotide supplements	Xuriden 2 gram oral granules in packet	Non-formulary	Product category generally non-formulary due to low utilization
OTC Compounding Cream	Altaderm Cream Base topical Cream	Non-formulary	New formulation; formulary alternatives available
Oxidizing Agents	Microcyn 0.003 %-0.004 %-0.023 % topical spray	Non-formulary	OTC skin care products are generally non-formulary due to lack of utilization
Pediatric vitamin preparations	Floriva Plus 0.25 mg fluoride (0.55 mg)/ml oral drops	Non-formulary	New formulation; formulary alternatives available
Prenatal vitamin preparations	Kosher Prenatal Plus Iron 30 mg-1 mg tablet	Non-formulary	New drug/formulation; formulary alternatives available
Prenatal Vitamin Preparations	Ob complete gold 27.5 mg iron-1 mg capsule	Non-formulary	New formulation; formulary alternatives available
Prenatal Vitamin Preparations	Vitatrue 30 mg iron-1.4 mg-300 mg oral pack	Non-formulary	New drug/formulation; formulary alternatives available
Protectives	Microcyn hydrogel 0.008 %-0.002 %-3 % topical	Non-formulary	OTC skin care products are generally non-formulary due to lack

Therapeutic Class	Drug name	Formulary Status*	Comment
			of utilization
Topical antifungals	Nyata 100,000 unit/gram topical kit	Non-formulary	New drug/formulation; formulary alternatives available
Topical anti-inflammatory, NSAIDs	DS Prep Pak 1 %-0.13 % topical kit, gel and towelette	Non-formulary	New drug/formulation; formulary alternatives available
Topical Vit D Analog/Anti-Inflammatory Steroid	Enstilar (calcipotriene/betamethasone) 0.005 %-0.064 % topical foam	Non-formulary	Separate ingredient products are preferred due to generic availability
Tx for attention deficit-hyperact(adhd)/narc olepsy	QuilliChew ER 20 mg, 30mg, and 40mg chewable tablet, extended release	Non-formulary	New drug/formulation; formulary alternatives available
Topical Keratolytics	Benzoyl Peroxide 3% cleanser	Formulary**	Similar cost-effectiveness to formulary products
Topical Keratolytics	Benzoyl Peroxide 9% cleanser	Formulary**	Similar cost-effectiveness to formulary products
Insulins	Humulin R U-500 (Concentrated) Kwikpen 500 unit/ml (3 ml) subcutaneous	Formulary (age limit of ≥21 y/o for Medi-Cal)	Similar cost-effectiveness to formulary products
Antiseborrheic agents	Selenium sulfide 2.5 % lotion	Formulary	Similar cost-effectiveness to formulary products
Allergenic extracts, therapeutic	Allergen ext,grass pollen-meadow fescue 100,000 bau/ml injection soln	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergen ext-aureobasidium pullulans 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract,grass pollen-redtop 100,000 bau/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract,grass pollen-timothy 10,000 bau/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract-acremonium strictum 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract-aureobasidium pullulans 20,000 unit/ml injection soln	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergen extract-drechslera sorokiniana 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts,	Allergen extract-drechslera sorokiniana	Excluded	Medical benefit due

Therapeutic Class	Drug name	Formulary Status*	Comment
Therapeutic	20,000 unit/ml injection solution		to office administration
Allergenic extracts, therapeutic	Allergen extract-fusarium oxysporum 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract-fusarium oxysporum 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen extract-grass pollen, orchard 100,000 bau/ml injection soln	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen ext-trichophyton mentagrophytes 20,000 unit/ml injection soln	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergen xt-saccharomyces cerevisiae 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic ext-aspergillus fumigatus 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic ext-aspergillus fumigatus 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-aspergillus,mixed 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-botrytis cinerea 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-c. Sphaerospermum 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-candida albicans 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-clado.cladosporioides 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-epicoccum nigrum 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-horse epithelium 1:10 injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-mucor plumbeus 10,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-mucor plumbeus 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-penicillium notatum 10,000 unit/ml injection soln	Excluded	Medical benefit due to office

Therapeutic Class	Drug name	Formulary Status*	Comment
			administration
Allergenic extracts, therapeutic	Allergenic extract-penicillium notatum 20,000 unit/ml injection soln	Excluded	Medical benefit due to office administration
Allergenic Extracts, Therapeutic	Allergenic extract-phoma herbarum 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Allergenic extract-rhizopus oryzae 20,000 unit/ml injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	Ftandard grass pollen-sweet vernal 100,000 BAU/mL injection solution	Excluded	Medical benefit due to office administration
Allergenic extracts, therapeutic	std grass pollen-june grass 100,000 BAU/mL injection solution	Excluded	Medical benefit due to office administration
Analgesics, narcotics	Fentanyl(PF) 2 mcg/mL-ropivacaine 0.15 %-NaCl injection pump reservoir	Excluded	Medical benefit due to office administration
Analgesics, narcotics	Hydromorphone (PF) 30 mg/30 mL (1 mg/mL) in 0.9% NaCl PCA IV solution	Excluded	Medical benefit due to office administration
Analgesics, narcotics	morphine (PF) 1 mg/2 mL intravenous syringe	Excluded	Medical benefit due to office administration
Anti-inflammatory/antiarthritics agents, misc.	Hymovis 24 mg/3 mL intra-articular syringe	Excluded	Medical benefit due to office administration
Antineoplastic - Alkylating Agents	Bendeka (bendamustine) 25 mg/ml intravenous solution	Excluded	Medical benefit due to office administration
Antineoplastic EGF Receptor Blocker Mclon Antibody	Portrazza 800 (necitumumab) mg/50 ml (16 mg/ml) intravenous solution	Excluded	Medical benefit due to office administration
Cardioplegic solutions	Cardioplegia Del Nido Formula 26 meq/1,052.8 ml (potassium) perfusion	Excluded	Medical benefit due to office administration
Dialysis solutions	Phoxillum B22K K 4 mEq-Mg 1.5 mEq-PO4 1 mmol/L hemodialysis solution	Excluded	Medical benefit due to office administration
Dialysis solutions	Phoxillum BK K (4)-Ca (2.5 mEq/L)-PO4 (1) hemodialysis solution	Excluded	Medical benefit due to office administration
Factor ix preparations	Idelvion 1,000 (+/-) unit intravenous solution	Excluded	FFS Medi-Cal carve-out/Medical Benefit
Factor ix preparations	Idelvion 2,000 (+/-) unit intravenous solution	Excluded	FFS Medi-Cal carve-out/Medical Benefit
Factor ix preparations	Idelvion 250 (+/-) unit intravenous solution	Excluded	FFS Medi-Cal carve-out/Medical Benefit
Factor ix preparations	Idelvion 500 (+/-) unit intravenous solution	Excluded	FFS Medi-Cal carve-out/Medical Benefit
Glucocorticoids	Doubledex 10 mg/ml injection kit	Excluded	Medical benefit due

Therapeutic Class	Drug name	Formulary Status*	Comment
			to office administration
Heparin and related preparations	Heparin (porcine) 2,000 unit/500 ml (4 unit/ml) in 0.9 % nacl IV soln	Excluded	Medical benefit due to office administration
Metabolic Dx Enzyme Replacement, Lyso.Acid Lip.Def.	Kanuma (Sebelipase Alfa) 2 mg/ml intravenous solution	Excluded	Medical benefit due to office administration
Neuromuscular blocking agents	Xeomin 200 unit intramuscular solution	Excluded	Medical benefit due to office administration
Selective Relaxant Binding Agents (SRBAS)	Bridion 100 mg/ml intravenous solution	Excluded	Medical benefit due to office administration
Selective Relaxant Binding Agents (SRBAS)	Bridion 100 mg/ml intravenous solution	Excluded	Medical benefit due to office administration
Skin Tissue Replacement	Stravix 3 cm x 6 cm topical sheets	Excluded	Medical benefit due to office administration
Skin Tissue Replacement	Stravix 4 cm x 7 cm topical sheets	Excluded	Medical benefit due to office administration
Topical hemostatics	Evicel 800-1,200 unit/mL(2 mL x 2) topical solution	Excluded	Medical benefit due to office administration
Topical hemostatics	Evicel 800-1,200 unit/mL(5 mL x 2) topical solution	Excluded	Medical benefit due to office administration

\*Applies to Medi-Cal, Healthy Kids formularies. All Rx products are excluded for Medicare/Medi-Cal formulary

\*\*OTC products are excluded from Healthy Kids formulary and covered on Medicare/Medi-Cal formulary