

San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update
 October 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 10/19/2016. Effective date for all changes is **11/16/2016**.

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

Cardiovascular: Dyslipidemia

Formulary Update:

- Remove quantity limits from formulary medications
- Update step therapy rule for Zetia® to require atorvastatin or rosuvastatin
- Add rosuvastatin (Crestor®) to formulary without restrictions
- Remove the following from formulary:
 - Fenofibrate (Lipofen®) 50, 150 mg capsule
 - Fluvastatin (Lescol®) 20, 40 mg capsule
 - Amlodipine/Atorvastatin (Caduet®) tablet
 - Vytorin® (ezetimibe/simvastatin) tablet

Prior Authorization Criteria Update:

- Retire rosuvastatin (Crestor®) criteria
- Update bile acid sequestrants criteria to include cholestyramine packets and light as formulary alternatives
- Update Zetia® criteria to include rosuvastatin as formulary alternative in addition to atorvastatin

Endocrine/Metabolism: Androgens

Formulary Update:

- Add quantity limit of #5 per 30 days to testosterone cypionate
- Add testosterone 1% 50mg gel tube, 25mg gel packet, and 1.25g pump to formulary with prior authorization
- Add Testosterone 2% 10mg pump, to formulary with prior authorization
- Add Androderm® (testosterone) transdermal 2mg and 4mg patches to formulary with prior authorization
- Remove methyltestosterone tablets (Testred®, Android®, METHITEST®) from formulary
- Remove Testopel® implant from the formulary (processed under medical benefit)

Prior Authorization Criteria Update:

- Update criteria for 1% and 2% testosterone gel and patches to require use of injectable testosterone only

Neurologic: Alzheimer's disease

Formulary Update:

- Add all medications to formulary without restrictions
- Remove existing quantity limits from formulary medications

Prior Authorization Criteria Update:

- Retire all PA criteria

Neurologic: Narcolepsy

Formulary Update:

- Remove Xyrem® from formulary

Prior Authorization Criteria Updates:

- Remove requirement for use of stimulants prior to modafinil for indication of narcolepsy
- New criteria developed for Xyrem® (sodium oxybate) to require trial and failure of formulary alternatives and assessment of history of substance abuse

Neurologic: Neuromuscular Disorders (AML, myasthenia gravis)

Formulary Update:

- Remove quantity limits from formulary medications
- Add tetrabenazine (Xenazine®) to formulary with prior authorization
- Add mycophenolic acid (Myfortic®) to formulary without restrictions
- Remove liquid formulations without utilization from formulary and add utilized liquid products to formulary with age limit (12 years of age and under)

Prior Authorization Criteria Updates:

- Developed new criteria for Xenazine® (tetrabenazine) requiring diagnosis of chorea with Huntington disease; exclusion criteria apply based on safety concerns and limited utility

Neurologic: Parkinson's disease

Formulary Update:

- Add bromocriptine (Parlodel®) 5 mg capsule and carbidopa-levodopa ODT to formulary
- Remove quantity limits from formulary medications
- Remove the following from formulary:
 - Apokyn® (Apomorphine) 10 mg/ml subcutaneous solution
 - Neupro® (Rotigotine) transdermal patch
- Add the following to formulary with no restrictions (Healthy Workers only)
 - Benzotropine (Cogentin®) 0.5 mg, 1 mg, 2 mg tablets
 - Trihexyphenidyl (Artane®) 2 mg, 5 mg tablet
 - Trihexyphenidyl (Artane®) 0.4 mg/ml elixir

Prior Authorization Criteria Updates:

- No changes

Neurologic: Seizure Disorder

Formulary Update:

- Remove quantity limits from formulary medications except gabapentin
- Add all products to formulary without restrictions except Lyrica® (will remain formulary with prior authorization)
- For non-tablet/capsule formulations:
 - Remove products without utilization from formulary
 - Add utilized products to formulary with age limit were needed (12 years of age and under)
- Remove lamotrigine XR from formulary

Prior Authorization Criteria Updates:

- Retire all existing PA criteria except Lyrica®. No changes to Lyrica® criteria.
- Apply blanket criteria to non-tablet/capsule formulations and extended release formulations

Psychiatric: Antidepressants

Formulary Update:

- Remove quantity limits from all formulary medications
- Add age limit (12 years old and under) to formulary liquids (grandfather existing users)
- Remove the following medications from formulary (grandfather existing users where needed):
 - Fluoxetine 10, 20 mg tablet

- Mirtazapine (Remeron®) 15, 30, 45 mg rapid disintegrating tablet and escitalopram (Lexapro®) 5 mg/5ml solution. Blanket criteria for non-tablet/capsule formulations will apply.
- All MAOIs

Prior Authorization Criteria Updates:

- Add Trintellix® (vortioxetine), desvenlafaxine (Khedeza®), and Pristiq® to Viibryd® (vilazodone) criteria and require use of preferred agents
- Remove criteria for pain from Pristiq® criteria as this is not FDA approved indication

Psychiatric: Opioid, Nicotine and Alcohol Dependence

Formulary Update:

- Alcohol dependence: remove acamprosate calcium (Campral®) 333 mg tablet from formulary (Healthy Kids only)
- Nicotine dependence:
 - Add bupropion hydrochloride SR (Zyban®, Buproban®) 150 mg tablet to formulary
 - Change the quantity and fill limits on Chantix as follows:
 - Chantix® (varenicline) 0.5 mg tablet: Increase quantity limit from #60/30 days to #360 per 365 days and remove limit of 6 fills/year
 - Chantix® (varenicline) 0.5 mg-1 mg starter pack: Increase quantity limit from #53/30 days to #106/365 days and remove limit of 2 fills/year
- Antidote, Opioid Antagonist:
 - Remove naltrexone (Revia®) 50 mg tablet from formulary (Healthy Kids only)
 - Add the following medications to formulary (Healthy Kids only)
 - Narcan® (Naloxone) 4 mg actuation nasal spray
 - Naloxone 0.4 mg/mL injection solution vial, injection syringe
 - Naloxone 1 mg/ml syringe
- Antidote, Partial Opioid Agonist: (Healthy Kids and Healthy Workers only)
 - Add buprenorphine (Subutex®) 2 mg, 8 mg sublingual tablet and buprenorphine/naloxone (Suboxone®) 2mg-0.5 mg, 8 mg-2 mg sublingual tablet to formulary with quantity limit of #120 per 30 days
 - Add Suboxone® sublingl film, Zubsolv® (buprenorphine/naloxone) sublingual tabs, Bunavail™ buccal film to formulary with PA requirement

Prior Authorization Criteria Updates:

- Developed new criteria for opioid dependence medications to require diagnosis of opiate dependence disorder, prescriber credentials and use of generic buprenorphine or buprenorphine/naloxone sublingual tablets prior to branded products

Psychiatric: Benzodiazepines

Formulary Update:

- Add quantity limit to all formulary medications (grandfather existing users)
- Increase quantity limit for lorazepam 2 mg to allow max dose (10 mg/day)
- Remove flurazepam from formulary

Prior Authorization Criteria Updates:

- Outline preferred BZDs for anxiety in Anti-Anxiety, BZDs criteria (i.e. chlordiazepoxide, clonazepam, lorazepam, diazepam, oxazepam)
- Update Insomnia Agents criteria to include criteria for non-formulary BZDs used predominantly for insomnia (i.e. estazolam, flurazepam, quazepam, triazolam) and to require use of 3 formulary agents including temazepam prior to approval

Psychiatric: Schizophrenia, Psychosis, and Bipolar Disorder

Formulary Update:

- Change all physician administered injectable antipsychotic medications to be excluded as medical benefit
- Remove quantity limits from formulary medications
- Add Pimozide (Orap[®]) to formulary with no restrictions
- Remove the following medications from formulary:
 - All non-tablet/capsule formulations without utilization (apply blanket criteria)
 - Latuda[®] (Lurasidone) and chlorpromazine (Thorazine[®])

Prior Authorization Criteria Updates:

- Developed new criteria to require that prescriber is a psychiatrist, FDA approved/compendia indication and dosing.
- Developed new criteria for Nuplazid[®] requiring indication of Parkinson's disease psychosis and trial and failure of clozapine (Healthy Workers only)

Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

Formulary Update:

- Remove Depen[®] (penicillamine) and Cuprimine[®] (penicillamine) from formulary

Prior Authorization Criteria Updates:

- Add criteria for diagnosis of guttate psoriasis to biologic DMARD criteria

Other Formulary Changes

All lines of business:

Therapeutic Category	Recommendation
Allergy/Cold/ENT	<ul style="list-style-type: none"> Remove all quantity limits from oral antihistamines Place age limit (12 y/o min) on all products containing codeine in line with American Academy of Pediatrics recommendation to not use codeine containing products in children
Asthma/Pulmonary – Leukotriene Inhibitors	Add montelukast granules to formulary with age limit 2 y/o max as children < 2 y/o may not be able to use chewable tablet
Antimicrobials	<ul style="list-style-type: none"> Erythromycin 200 mg susp – add age limit (12 y/o max) Erythromycin 400 mg susp: NF → F, AL (12 y/o max)
Anticoagulants	No changes
Emergency	Add epinephrine 0.15 mg/0.15ml, 0.3mg/0.3ml (by Lineage Pharmaceuticals) and Adrenaclick 0.15mg/0.15ml, 0.3mg/0.3ml to formulary in addition to EpiPen products
Endocrine/Metabolism	<ul style="list-style-type: none"> Remove age limit from raloxifene Remove quantity limit from alendronate 35 mg tablet
Hematology/Oncology	No changes; blanket oncology PA criteria apply
Gastrointestinal	Remove quantity limits from: <ul style="list-style-type: none"> Proton pump inhibitors Polyethylene glycol Prevacid Solutab®: add to formulary with age limit (max 12 y/o)
Ophthalmic	Remove quantity limits from formulary ophthalmic agents (i.e. latanoprost, azelastine, tobramycin containing products, epinastine, travoprost, Durezol)
Rheumatologic: Gout	Remove quantity limits from allopurinol and probenecid

Medi-Cal only:

Therapeutic Category	Drug	Recommend
ANP - SELECTIVE RETINOID X REC. AGONISTS (RXR)	Bexarotene 75 mg capsule	NF → F-PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIB.	Odomzo® (sonidegib), Erivedge® (vismodegib)	NF → F-PA
ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB	Opdivo® (nivolumab) vial Keytruda® (pembrolizumab) vial	NF → F-PA
ANTINEOPLASTIC-MEK1&MEK2 KINASE INHIBITORS	Cotellic® (cobimetinib), Mekinist® (trametinib)	NF → F-PA
ANTINEOPLASTICS,MISCELLANEOUS	Etoposide 50 mg capsule	NF → F-PA
ANTINEOPLASTIC-VEGFR ANTAGONIST	Cyramza® (ramucirumab) vial	NF → F-PA
BELLADONNA ALKALOIDS	Atropine sulfate 0.05, 0.1 mg/ml syringe	NF → F-PA
ELECTROLYTE MAINTENANCE	Pedialyte oral solution	NF → F
EYE ANTIHISTAMINES	Azelastine 0.05% drops	F-ST → F
IODINE CONTAINING AGENTS	Potassium Iodide 1g/ml solution (SSKI)	NF → F
IV FAT EMULSIONS	Smoflipid	NF → F-PA
IV SOLUTIONS: DEXTROSE AND LACT.RINGERS	Dextrose 5% and lactated ringers IV solution	NF → F-PA
IV SOLUTIONS: DEXTROSE-SALINE	Dextrose with NaCl IV solution	NF → F-PA
IV SOLUTIONS: DEXTROSE-WATER	Dextrose in Water IV solution	NF → F-PA
METALLIC POISON,AGENTS TO TREAT	Chemet® (succimer) 100 mg capsule	NF → F-PA
OPHTHALMIC ANTIFUNGAL AGENTS	Natacyn® (natamycin) antifungal ophth drops	NF → F
PARASYMPATHETIC AGENTS	Bethanechol 5, 10, 25, 50 mg tablet	F-PA → F
PARENTERAL AA SOLUTIONS AND COMBOS	Perikabiven® emulsion	NF → F-PA
PROTECTIVES	Calamine/Zinc Oxide 8%-8% lotion	NF → F
PROTEIN REPLACEMENT	Amino acid/dextrose IV solution (Clinimix)	NF → F-PA
WATER	Sterile water for injection, IV solution	NF → F-PA
VACCINES	Hepatitis A Virus Vaccine (Havrix, VAQTA)	NF → F-QL-AL (2 per lifetime, ≥19 y/o)
VACCINES	Hepatitis B Virus Vaccine (Engerix-B Adult; Recombivax HB), Hepatitis A and B Virus Vaccines (Twinrix)	NF → F-AL (≥19 y/o)

*Applies to Medi-Cal formulary only; F = Formulary, no restrictions (Tier 1); F-AL = Formulary, age limit; F-QL = Formulary, quantity limit; F-PA = Formulary, PA required (Tier 2); NF = Non-formulary (Tier 3)

Prior Authorization Criteria Updates

New criteria

Therapeutic Class/Drug	Criteria Summary
Chemet® (Medi-Cal only)	Require diagnosis of lead poisoning and BLL levels in line with CDC guidelines
Criteria for IV formulations (Medi-Cal only)	Require FDA approve diagnosis and administration by a healthcare professional
Criteria for Non-formulary Extended Release Formulations	Requires inability to use formulary immediate release formulation if available
Insulin products	<ul style="list-style-type: none"> • New drug specific criteria for non-formulary short-acting and long-acting insulins • Criteria require trial with or inability to use formulary insulins; additional requirement for Afrezza is that patient is a non-smoker and does not have chronic lung disease

Revisions to existing criteria

Drug	Revision Summary
Isotretinoin	Allow to be used first-line for severe scarring acne
Growth hormone	Streamlined definition of “response to therapy” in re-authorization criteria for indications of Pediatric Growth Hormone Deficiency (GHD), Growth Failure due to Chronic Renal Insufficiency, Short stature associated with Turner Syndrome and Prader-Willi Syndrome
Ophthalmic glaucoma agents	<ul style="list-style-type: none"> • Added criteria for Combigan® • Require inability to use brimonidine and timolol as separate ingredient products
Oncolytics criteria	Update criteria to require that IV medications are administered by a healthcare professional (Medi-Cal only)

Interim Formulary Changes (7/6/16 – 10/5/16)

Miscellaneous

Drug name	Formulary Change*	Rationale
Tri-Vi-Sol	NF → F	Added to formulary to address current shortage of Tri-vitamin

*Applies to Medi-Cal, Healthy San Francisco and Medicare/Medi-Cal formulary only (OTCs are excluded for Healthy Kids and Healthy Workers)

New Drugs to Market

Therapeutic class	Brand name	Generic name/Strength/Dosage Form	Formulary Status*	Comment
Contraceptives, Oral	Taytulla	Norethindrone-E.Estradiol-Iron 1 mg-20 mcg (24)/75 mg (4)CAPSULE	F	All oral contraceptives are formulary
Influenza virus vaccines	Afluria quad 2016-2017	Flu vacc qs 2016-17 (18 yr up)	F, ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Flulaval quad 2016-2017	Flu vaccine 2016-17(36mo up)	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Afluria 2016-2017	Flu vaccine 2016-17 5yr up/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Afluria 2016-2017	Flu vaccine 2016-17 (5 yr up)	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Flublok 2016-2017	Flu vaccine tv 2016 (18 yr+) rcm/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluzone quad 2016-2017	Flu vacc 2016-17 36 mo up	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluzone quad pedi 2016-2017	Flu vacc 2016 (6-35mos)/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluzone quad 2016-2017	Flu vaccine 2016-17 (6mos up)	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluzone intraderm quad 2016-17	Flu vacc 2016 (18-64yrs)/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluzone high-	Flu vacc 2016-17 (65yr	F-AL, QL	

Therapeutic class	Brand name	Generic name/Strength/Dosage Form	Formulary Status*	Comment
	dose 2016-2017	up)/pf	≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluarix quad 2016-2017	Flu vacc 2016-17 36mo up/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Flumist quad 2016-2017	Flu vacc qv live 2016 (2-49yrs)	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Flucelvax quad 2016-2017	Flu vac 2016-17 (4yr up)cel/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluvirin 2016-2017	Flu vaccine 2016-17 (4 yr up)	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluvirin 2016-2017	Flu vac 2016-17 (4 yr up)/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Influenza virus vaccines	Fluad 2016-2017	Flu vacc ts2016(65up)/mf59c/pf	F-AL, QL ≥19 y/o, 1 fill per 270 days	
Antiemetic/antivertigo agents	Emend	Aprepitant	F-PA	Other Emend strengths are F-PA
Antihyperlipidemic - pcsk9 inhibitors	Repatha pushtronex	Evolocumab	F-PA	Specialty medications require PA
Drugs to treat hereditary tyrosinemia	Orfadin	Nitisinone	F-PA	Other Orfadin strengths are F-PA
Agents to treat multiple sclerosis	Zinbryta	Daclizumab	NF	Indirect comparisons found larger benefit but tempered by greater risks for serious AES, due to this should be reserved for patients with inadequate response to 2 more drugs
Analgesics, narcotics	Oxycodone	Oxycodone oral solution	NF	Formulary tablets preferred
Angiotensin II receptor blocker-beta blocker comb.	Byvalson	Nebivolol/valsartan	NF	Single component BB and ARB are preferred
Anti-arthritic, folate	Otrexup	Methotrexate/PF	NF	Other Otrexup

Therapeutic class	Brand name	Generic name/Strength/Dosage Form	Formulary Status*	Comment
antagonist agents				strengths are NF due to availability of formulary alternatives
Antihypertensives, ACE inhibitors	Qbrelis	Lisinopril solution	NF	Formulary oral tablets preferred
Anti-inflammatory/antiarthritic agents, misc.	Gelsyn-3	Hyaluronate sodium	NF	Other hyaluronate intra-articular injections are NF
Beta-adrenergic and anticholinergic combo, inhaled	Bevespi aerosphere	Glycopyrrolate/formoterol fumarate	NF	New drug/formulation; formulary alternatives available
Electrolyte depleters	Kionex	Sodium Polystyrene Sulfonate 15 gram/60 mL-19.3 gram/21.5 mL oral suspension	NF	Formulary alternatives available (generic SPS suspension)
Electrolyte depleters	SPS	Sodium Polystyrene Sulfonate (with sorbitol) 30 gram/120 mL-40 gram/43 mL enema	NF	Formulary alternatives available (generic SPS suspension); enema is less effective than oral suspension
Electrolyte depleters	SPS	Sodium Polystyrene Sulfonate (with sorbitol) 15 gram/60 mL-20 gram/21.5 mL oral suspension	NF	Formulary alternatives available (generic SPS suspension)
Hepatitis c virus - ns5a, ns3/4a, ns5b inhib cmb.	Viekira XR	Ombita/paritap/riton/dasabuvir	NF	Viekira Pak strengths/dosage forms are NF
Influenza virus vaccines	Ez flu 2016-2017 (fluvirin)	Flu vaccines 2016-17(4 yr up)/pf	NF	Formulary alternatives available
Influenza virus vaccines	Ez flu 16-17 (fluzon quad ped)	Flu vaccine qs 2016 (6-35mos)/pf	NF	Formulary alternatives available
Influenza virus vaccines	Ez flu 2016-2017 (afluria)	Flu vaccine ts2016-17 5yr up/pf	NF	Formulary alternatives available
Insulins	Afrezza	Insulin regular, human	NF	Other Afrezza strengths are NF
Irrigants	TIS-U-SOL PENTALYTE	Tis-U-Sol Pentalyte 800-40-20-8.75-6.25 mg/100 mL irrigation solution	NF	Sodium chloride irrigation solution preferred
Laxatives and cathartics	Gialax	Peg 3350/sodium chloride/potassium citrate	NF	Formulary alternatives available
Mu-opioid receptor antagonists,peripherally-	Relistor	Methylnaltrexone bromide 150 mg tablet	NF	Preferred alternatives available

Therapeutic class	Brand name	Generic name/Strength/Dosage Form	Formulary Status*	Comment
acting				
Ophthalmic anti-inflammatory immunomodulator-type	Xiidra	Lifitegrast	NF	Formulary alternatives for dry eye disease available
Otic preparations,anti-inflammatory-antibiotics	Otovel	Ciprofloxacin hcl/fluocinolone	NF	Ciprodex available as formulary alternative
Tetracyclines	Doryx	Doxycycline hyclate delayed release tablet	NF	Other strengths are non-formulary due to availability of generic formulary alternatives
Tetracyclines	Targadox	Doxycycline hyclate 50 mg tablet	NF	Formulary generic alternatives available
Uricosuric agents	Zurampic	Lesinurad 200 mg tablet	NF	Formulary alternatives available (e.g. allopurinol, probenecid)
Bicarbonate producing/containing agents	Vaxchora buffer component	Cholera vac buffer comp 1 of 2	NF	Not a covered benefit
Anti-obesity serotonin 2C receptor agonists	Belviq XR	Lorcaserin HCL 20Mg	NF	Other strengths are non-formulary
Vasodilators,Coronary	Gonitro	Nitroglycerin 400 mcg powd pack	NF	Generic nitroglycerin sublingual tablets available
Antihyperglycemic-sglt2 inhibitor & biguanide comb	Invokamet XR	Canagliflozin/Metformin Hcl 24h tablet	NF	Invokamet preferred
Platelet Aggregation Inhibitors	Yosprala	Aspirin/Omeprazole	NF	Generic omeprazole and aspirin available
Antisera	Cuvitru	Immune Globulin (SQ)	NF	Prior strengths NF

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)

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

*Applies to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies. All products are excluded on Medicare/Medi-Cal formulary. Vaccines are only covered for Medi-Cal formulary. F-PA products on Medi-Cal, Healthy Kids and Healthy Workers formulary are NF for Healthy San Francisco.

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