The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on Wednesday, 7/17/2019. Effective date for all changes is **Tuesday, 8/20/2019.**

SFHP formulary and prior authorization criteria can be accessed at [http://www.sfhp.org/providers/formulary/](http://www.sfhp.org/providers/formulary/). Generic criteria are linked in the searchable formulary preamble for each line of business, and drug- and drug-class specific criteria are linked to the formulary listing for each relevant drug.

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Formulary Maintenance Items

Dermatology: Acne & Rosacea

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- Added adapalene 0.1% topical cream to formulary tier 3 based on requests and comparative cost effectiveness
  - Step therapy required (Differin® OTC and tretinoin cream/gel), quantity limit of #45g per 30 days, and age maximum of 30 years
- Removed benzoyl peroxide 3, 6, and 9% cleanser and 2.5% cream from formulary due to lack of utilization and alternatives available
- Listed applicable topical retinoids and topical combination products non-formulary tier 5 to link relevant criteria

**Prior Authorization Criteria Update:**
- Updated Topical Antibiotics and Benzoyl Peroxide criteria to include additional non-formulary combinations and add criteria for clindamycin/tretinoin combination
- Updated Topical Retinoids criteria to include additional non-formulary topical retinoids

**Drug Utilization Review Update:**
- No DUR changes made

Gastroenterology: Ammonia Inhibitors

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

**Prior Authorization Criteria Update:**
- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**
- No DUR changes made

Gastroenterology: Anorexia & Weight Gain

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, 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

Gastroenterology: Antiemetics

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- Added OTC dimenhydrinate to formulary (MCAL only), as a cost-effective prerequisite to Transderm Scop®
- Listed Bonjesta® as tier 5, non-formulary and link with relevant criteria
- Moved Sancuso® from tier 5, non-formulary to non-formulary not listed based on lack of utilization/requests
• Removed Anzemet® tier 5 non-formulary listing, as Anzemet® is obsolete

Prior Authorization Criteria Update:
• Updated Diclegis® criteria to include Bonjesta® and rename criteria
• Updated 5-HT3 Receptor Antagonist criteria based on formulary changes above, and to list Varubi® as non-formulary

Drug Utilization Review Update:
• No DUR changes made

Endocrinology: Thyroid Disorders
Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
• No formulary changes made

Prior Authorization Criteria Update:
• No PA criteria changes made (no active criteria)

Drug Utilization Review Update:
• No DUR changes made

Infectious Disease: Hepatitis B
Formulary Update: Healthy Kids HMO, Healthy Workers HMO
• Added Vemlidy® (tenofovir alafenamide) to formulary tier 3 based on utilization and guideline recommendations, require prior authorization due to cost-effective alternatives available
• Removed Epivir® HBV (lamivudine) oral solution from formulary due to lack of utilization and preferred alternatives available

Prior Authorization Criteria Update:
• Updated Hepatitis B criteria to reflect formulary changes above

Drug Utilization Review Update:
• No DUR changes made

Hematology: Iron and Chelators
Formulary Update: Medi-Cal
• Removed the following OTC supplements from formulary due to lack of utilization:
  o Slow Release Iron 142 mg ER tablet
  o ferrous fumarate/vitamin C/vitamin B12/folic acid 200 mg-250 mg-0.01 mg-1 mg capsule
  o ferrous fumarate/vitamin C/vitamin B12/folic acid 460 mg-60 mg-0.01 mg-1 mg capsule
  o Vitafo® (iron/calcium/vitamin E/folic acid/MVI) 65 mg-1 mg tablet

Prior Authorization Criteria Update:
• No PA criteria changes made

Drug Utilization Review Update:
• No DUR changes made
Drug Class Reviews

Endocrinology: Anti-Obesity

Formulary Update: Medi-Cal and Healthy San Francisco
- Removed prior authorization requirement for OTC Alli® (orlistat) due to low risk profile and cost-effectiveness

Prior Authorization Criteria Update:
- Updated Anti-obesity Medications criteria to include appropriate quantity limits for all applicable drugs, and to include criteria for non-formulary medications requiring trial/failure of two formulary alternatives

Drug Utilization Review Update:
- No DUR changes made

Endocrinology: Hormone Replacement Therapy

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

Prior Authorization Criteria Update:
- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:
- Recommended a full DUR report analyzing HRT duration of use, agent choice, and agent dose in addition to member age and reported gender

Endocrinology: Miscellaneous Change: DPP-4 Inhibitors

Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- Removed Januvia® and Janumet®/XR from formulary and grandfathered all current users

Prior Authorization Criteria Update:
- Updated DPP-4 Inhibitors criteria based on formulary changes above

Drug Utilization Review Update:
- No DUR changes made

Gastroenterology: Constipation and Irritable Bowel Syndrome

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

Prior Authorization Criteria Update:
- Updated Constipation Agents criteria with new labeled indications, and to remove Amitiza® as prerequisite to receive Relistor® for OIC based on 2019 guidelines

Drug Utilization Review Update:
- No DUR changes made

Nephrology: Chronic Kidney Disease: Mineral Bone Disorder

Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- Removed prior authorization requirement from sevelamer carbonate tablet due to cost-effectiveness and high PA volume and approval rate
Pharmacy and Therapeutics Committee
Quarterly Formulary and Prior Authorization Criteria Update
July 2019

- Added age limit to Phoslyra® (calcium acetate) oral solution to ensure appropriate pediatric use
- Removed doxercalciferol capsule from formulary due to lack of utilization and limited place in therapy

Prior Authorization Criteria Update:
- Updated Phosphate Binders criteria to reflect formulary changes above
- Updated Sensipar® (cinacalcet) criteria to remove requirement of calcitriol/vitamin D based on guidelines

Drug Utilization Review Update:
- Recommended provider communication to highlight cost and formulary status distinctions between sevelamer carbonate (Renvela®) versus hydrochloride (Renagel®)

Nephrology: Galafold®
Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- No formulary changes made (maintained non-formulary)

Prior Authorization Criteria Update:
- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:
- No DUR changes made

Neurology: Diacomit®
Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- No formulary changes made (maintained non-formulary)

Prior Authorization Criteria Update:
- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:
- No DUR changes made

Neurology: Firdapse®
Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- No formulary changes made (maintained non-formulary)

Prior Authorization Criteria Update:
- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:
- No DUR changes made

Neurology: Mavenclad® and Mayzent®
Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco
- Added Mavenclad® (cladribine) to formulary tier 4 with prior authorization required to ensure appropriate diagnosis
- Listed Mayzent® (siponimod) non-formulary tier 5 to link to relevant criteria

Prior Authorization Criteria Update:
- Updated Multiple Sclerosis criteria to include new therapies
Drug Utilization Review Update:
- No DUR changes made

Otorhinolaryngology: Allergy, Cold & Cough

Formulary Update: Medi-Cal and Healthy San Francisco [OTC products]
- Added the following drugs to formulary tier 1 due to utilization and comparative cost-effectiveness:
  - cetirizine 5,10mg chew tablet
  - fexofenadine 30mg orally disintegrating tablets
- Added guaifenesin 1200mg 12h ER tablet to formulary tier 1 with age limit ≥2 years old to align with other strengths [already tier 1 for C-Wrap]
- Removed Neo-Tuss® (guaifenesin-DM®) 200-30mg/5mL liquid from formulary due to lack of utilization and formulary alternatives available
- Removed pseudoephedrine-codeine-guaifenesin 30-10-100mg syrup from formulary due to lack of utilization and formulary alternatives available
- Added age limits to the following drugs based on labeled dosing and AAP/FDA safety recommendations, without grandfathering (due to as-needed use):
  - guaifenesin-dextromethorphan 100-10mg/5mL syrup and liquid and 200-10mg/5mL liquid (≥2 years old)
  - guaifenesin 100mg/5mL liquid, 200mg IR tablet, and 600mg 12h ER tablet (≥2 years old)
  - dextromethorphan polisterex (Delsym®) 30mg/5mL 12h ER suspension (≥4 years old)
  - pseudoephedrine 30, 60mg IR tablet, 120mg ER tablet, 15mg/5mL and 30mg/5mL oral liquid (≥4 years old)
  - chlorpheniramine-pseudoephedrine-dextromethorphan (Pedia Relief®) 1-15-5mg/5mL liquid (≥6 years old)
  - triprolidine-pseudoephedrine 2.5-60mg tablet (≥6 years old)
  - guaifenesin-pseudoephedrine (Mucinex® D) 600-60mg 12h ER tablet (≥6 years old)
  - loratadine-pseudoephedrine (Claritin® D) 5-120mg ER 12h tablet and 10-240mg ER 24h tablet (≥12 years old)
- Removed phenylephrine-pyrilamine 10-25mg tablet tier 5 listing due to formulary alternatives available

Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco [Rx products]
- Removed flunisolide nasal spray from formulary due to cost-effective alternatives available, grandfathering any chronic users

Prior Authorization Criteria Update:
- No PA criteria changes made

Drug Utilization Review Update:
- Recommended a member-level review of chronic use of non-formulary promethazine-codeine as per grandfathering logic and assess for any changes to logic
Interim Prior Authorization Criteria Updates (4/15/19 – 7/7/19)

New Criteria
No new criteria were implemented in the interim since April 2019 P&T.

Revisions to Existing Criteria
In accordance with the National Committee for Quality Assurance (NCQA) health plan accreditation requirements, all criteria not yet evaluated by P&T within the last year were reviewed. Criteria were evaluated to check formulary status, review for clinical appropriateness and applicability as well as review for formatting and reference check. Criteria with recommended updates are included in the table above with effective date August 20th, 2019.

<table>
<thead>
<tr>
<th>Title</th>
<th>Date Effective</th>
<th>Revision Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</td>
<td>6/26/2019</td>
<td>Added indication and quantity limit for episodic cluster headache for Emgality® as per updated FDA labeling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Require prior trial/failure with verapamil as per American Academy of Neurology guidelines</td>
</tr>
<tr>
<td>LONG-ACTING OPIOIDS</td>
<td>7/8/2019</td>
<td>Updated criteria based on formulary removal of oxymorphone ER (based on removal from market)</td>
</tr>
<tr>
<td>DISEASE MODIFYING BIOLOGICS</td>
<td>7/8/2019</td>
<td>Added Taltz® to formulary based on preferred status for psoriasis and psoriatic arthritis.</td>
</tr>
<tr>
<td>MEDICATIONS WITHOUT SPECIFIC CRITERIA</td>
<td>8/20/2019</td>
<td>Retitled “NON-FORMULARY MEDICATIONS” following formulary-prior authorization criteria integration project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No drugs remain on formulary tier 3 or 4 PA required that do not have drug-specific criteria</td>
</tr>
</tbody>
</table>
## Interim Formulary Changes (4/15/19 – 7/7/19)

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Formulary Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiretroviral-Integrase Inhibitor and NRTI Comb</td>
<td>Dovato (dolutegravir/lamivudine) 50 mg-300 mg tablet</td>
<td>Medi-Cal: T5-NF HW: T2-F HK, HSF, C-Wrap: X</td>
<td>Carve out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Balversa (erdafitinib) 3, 4, 5 mg tablet</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Drugs to Treat Movement Disorders</td>
<td>Ingrezza (valbenazine) Initiation Pack 40 mg (7)-80 mg (21) capsules in a dose pack</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Antineoplastic LHRH (GNRH) Antagonist, Pituit. Supprs</td>
<td>Firmagon (degarelix acetate) 80, 120 mg SC solution kit with diluent syringe</td>
<td>Medi-Cal, HK: T4-F/PA → T5-NF HW: T3-F/PA → NF-NL HSF, C-Wrap: X</td>
<td>Medical benefit (no utilization)</td>
</tr>
<tr>
<td>Antineoplastic, Anti-Programmed Death-1 (PD-1) MAB</td>
<td>Keytruda (pembrolizumab) 25 mg/mL IV solution</td>
<td>Medi-Cal: T3-F/PA → T5-NF HK, HW, HSF, C-Wrap: X</td>
<td>Medical benefit (no utilization)</td>
</tr>
<tr>
<td>Antineoplastics, Miscellaneous</td>
<td>Synribo (omacetaxine mepesuccinate) 3.5 mg SC solution</td>
<td>Medi-Cal, HK: T4-F/PA → T5-NF HW: T3-F/PA → NF-NL HSF, C-Wrap: X</td>
<td>Medical benefit (no utilization)</td>
</tr>
<tr>
<td>Cystic Fib-Transmemb Conduct. Reg. (CFTR) Potentiator</td>
<td>Kalydeco (ivacaftor) 25 mg oral granules in packet</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New strength</td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Zykadia (ceritinib) 150 mg tablet</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Piqray (alpelisib) 200 mg/day, 250 mg/day, 300 mg/day tablet pack</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New entity</td>
</tr>
<tr>
<td>Calcitonin Gene-Related Peptide (CGRP) Inhibitors</td>
<td>Emgality (galcanezumab-gnlm) 100 mg/mL SC syringe</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New strength</td>
</tr>
<tr>
<td>Hemophilia Treatment Agents, Non-Factor Replacement</td>
<td>Hemlibra (eminizumab-kxwh) 30 mg/mL, 60 mg/0.4 mL, 105 mg/0.7 mL, 150 mg/mL vial</td>
<td>Medi-Cal: T5-NF HK, HW, HSF, C-Wrap: X</td>
<td>Carve out</td>
</tr>
<tr>
<td>Antipsoriatic Agents, Systemic</td>
<td>Taltz (ixekizumab) 80mg/mL autoinjector, syringe</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>Align with criteria</td>
</tr>
<tr>
<td>Opioid Analgesics</td>
<td>oxymorphone 5, 7.5, 10, 15, 20, 30, 40 mg ER tab</td>
<td>Medi-Cal, HK, HW: T3-F/PA → T5-NF HSF, C-Wrap: X</td>
<td>Generic removed from market (single utilizing member grandfathered)</td>
</tr>
<tr>
<td>Cystic Fibrosis-CFTR Potentiator-Corrector Combin.</td>
<td>Symdeko (tezacaftor-ivacaftor) 50 mg-75 mg (day)/75 mg (night) tablets</td>
<td>Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X</td>
<td>New strength</td>
</tr>
<tr>
<td>Insulins</td>
<td>Insulin lispro (Humalog) 100 unit/mL vial, pen</td>
<td>Medi-Cal, HK, HW, HSF: T1-F C-Wrap: X</td>
<td>New authorized generic</td>
</tr>
</tbody>
</table>

### Status Definitions

**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

- Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1
| 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. |
| T/5 | Non-Formulary Drug | Drug is non-formulary, provided through a Medi-Cal 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

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)
## New Drugs to Market

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetracycline Antibiotics</td>
<td>doxycycline hyclate 80 mg DR tablet</td>
<td>New strength</td>
</tr>
<tr>
<td>Antipsoriatic Agents, Systemic</td>
<td>Skyrizi (risankizumab-rzaa) 75 mg/0.83 mL SC syringe</td>
<td>New entity*</td>
</tr>
<tr>
<td>Antipsoriatic Agents, Systemic</td>
<td>Skyrizi (risankizumab-rzaa) 150 mg/1.66 mL(75 mg/0.83 mL x 2) SC syringe kit</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Antipsoriatic Agents</td>
<td>Duobrii (halobetasol propionate-tazarotene) 0.01 %-0.045 % lotion</td>
<td>New combination</td>
</tr>
<tr>
<td>Tx for Attention Deficit-Hyperact (ADHD)/Narcolepsy</td>
<td>Jornay PM (methylphenidate) 20, 40, 60, 80, 100 mg ER sprinkle capsule</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Protein Stabilizers</td>
<td>Vyndaqel (tafamidis meglumine) 20 mg capsule</td>
<td>New entity*</td>
</tr>
<tr>
<td>Topical Anti-Inflammatory N/SAID-Local Anesthetic</td>
<td>Diclovix (diclofenac-lidocaine-methyl salicylate-camphor) 1.5 %-2.5 %-4 %-2 %</td>
<td>New combination</td>
</tr>
<tr>
<td>Topical Anti-Inflammatory Steroidal</td>
<td>Besser Kit (fluticasone 0.05%/emollient no.65) lotion-cream kit</td>
<td>New combination</td>
</tr>
<tr>
<td>Topical Preparations, Antibacterials</td>
<td>Dermazene (hydrocortisone-iodoquinol) 1 %-1 % topical cream in packet</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Monoclonal Antibody - Interleukin-5 Antagonists</td>
<td>Nucala (mopolizumab)100 mg/mL SC auto-injector, syringe</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Comb</td>
<td>Qtern (dapagliflozin-saxagliptin) 5 mg-5 mg tablet</td>
<td>New strength</td>
</tr>
<tr>
<td>Tx for Attention Deficit-Hyperact (ADHD)/Narcolepsy</td>
<td>Adhansia (methylphenidate) XR 25, 35, 45, 55, 70, 85 mg ER capsule</td>
<td>New dosage form</td>
</tr>
<tr>
<td>Cholinesterase Inhibitors</td>
<td>pyridostigmine bromide 30 mg tablet</td>
<td>New strength</td>
</tr>
<tr>
<td>Antihyperlipidemic- HMG-CoA Reductase Inhib (Statins)</td>
<td>Ezallor Sprinkle (rosuvastatin) 5, 10, 20, 40 mg capsule</td>
<td>New dosage form</td>
</tr>
</tbody>
</table>

### Status Definitions

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)</td>
</tr>
<tr>
<td>T2</td>
<td>Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)</td>
</tr>
<tr>
<td>T3</td>
<td>Formulary Drug, Step Therapy or Prior Authorization required</td>
</tr>
<tr>
<td>T4</td>
<td>Formulary Specialty Drug, Prior Authorization required</td>
</tr>
<tr>
<td>T5</td>
<td>Non-Formulary Drug</td>
</tr>
</tbody>
</table>

*Scheduled for review at upcoming P&T

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

FFS Carve Out=CO  Excluded= X  NF-NL = Non-Formulary, Not Listed

All products are excluded for Medicare/Medi-Cal except OTC. 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)