



SAN FRANCISCO HEALTH PLAN

# Medicare/ Medi-Cal Formulary

As of November 2021



## San Francisco Health Plan Medicare/Medi-Cal Formulary

The San Francisco Health Plan (SFHP), with the direction from the Pharmacy and Therapeutics Committee (P&T), has developed a formulary to be used by members, clinicians, and pharmacists. The P&T Committee is composed of the SFHP Chief Medical Officer, the SFHP Pharmacy Director, physicians from various medical specialties and clinics, and community clinical pharmacists. The P&T meets quarterly to review formulary changes based on quality of care considerations and sound pharmacoeconomic principles.

The formulary is a list of drug products designed to reflect the most appropriate, high quality and cost-effective drug therapies. The formulary is updated regularly and is subject to change without notice.

The formulary requires the continuous support of all our providers and pharmacists. Please contact us at **(415) 547-7818 x 7085 option 3** or [medpharm@sfhp.org](mailto:medpharm@sfhp.org) if you have any questions regarding the formulary. The SFHP formulary can be easily accessed online from our website at <http://www.sfhp.org/providers/formulary/sfhp-formulary/>.

## Request for Addition or Deletion of a Drug to the Formulary

SFHP providers may request evaluation of drugs for addition to or deletion from the Formulary by submitting the [Formulary Modification Request Form](#) available on our website at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

## Request for Non-Preferred Medications

Non-preferred or non-formulary medications may be authorized when there is clinical justification for doing so. Providers can submit a prior authorization (PA) request by:

1. **Fax:** Download a [Prior Authorization Request Form](#) and fax to **(855) 461-2778 for both standard and urgent requests**. Urgent requests should be clearly labeled “URGENT” at the top of the prior authorization request form.
2. **Phone:** Pharmacy Benefits Manager (PBM) Magellan at **(800) 424-4331** to submit a verbal request.

The [Prior Authorization Request Form](#) can be accessed from our website at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.



## Brand Medication Policy

SFHP has a mandatory generic policy and requires generic substitution when an equivalent AB-rated generic product is available. Dispensing of brand name medications when generic equivalent is available is allowed only in certain cases:

- Pharmacy bills brand medication as DAW 5 (i.e. billed as a generic product).
- Pharmacy bills brand medication as DAW 8 (i.e. generic formulation is not currently available).
- Pharmacy is dispensing one (1) of the following narrow therapeutic index drugs/classes: Dilantin (phenytoin), thyroid hormones, coumarin type anticoagulants.
- For all other brand name medication requests, prior authorization with documentation that two (2) generic medications from different manufacturers were tried and did not meet the medical needs of the member.

All brand name medication prior authorization requests are reviewed by an SFHP pharmacist or Medical Director. In all other cases, a prior authorization (PA) request should be submitted using the instructions above.

## Medicare/Medi-Cal Formulary Provisions

Medicare/Medi-Cal formulary is designed for members with both Medicare and Medi-Cal coverage (dual-eligibles). Medicare/Medi-Cal formulary only covers the following products:

- Medications excluded by Medicare Part D and covered by SFHP Medi-Cal formulary
- Supplies excluded by Medicare Part B and covered by SFHP Medi-Cal formulary

## Day Supply Policy

SFHP standard day supply policy is 30-day supply for brand and 90-day supply for generic medications. Exceptions can be made to the 90-day supply policy for specific generic medications. Refills are allowed when 75% of the medication has been used.

## Formulary Restrictions (DUR edits)

Standard formulary restrictions applicable to SFHP formularies are medication quantity and age limitations. All formulary restrictions are based on FDA approved indications, standards of practice and safety and abuse potential considerations.

## Therapeutic Interchange Policy

Per American College of Clinical Pharmacy (ACCP), therapeutic interchange is defined as the dispensing of a drug that is therapeutically equivalent to but chemically different from the drug originally prescribed by a physician or other authorized prescriber. SFHP follows ACCP's definition of therapeutic interchange and will only employ therapeutic interchange with prescriber's approval. Criteria for consideration in therapeutic interchange include availability of agents within a therapeutic class, therapeutic equivalence, safety data, and costs.



## Home Blood Pressure Monitors

Effective 2/6/16, Omron Series 3, 5, 7, and 10 home blood pressure monitors are covered as a pharmacy benefit for a quantity of 1 monitor per member every 5 years.

## Formulary Document Details

The SFHP formulary document is listed by drug class and includes the following information: drug name, dosage form, drug tier, quantity limit and prior authorization, or step therapy requirements. Brand products are listed in all uppercase letters and generic products are listed in all lowercase letters. Tier 1 drugs are formulary and will pay at the point of sale, if quantity limits and age limitations are met (see “Formulary Restrictions” above). Tier 2 drugs may require a Prior Authorization (see “Request for Non-Preferred Medications” above).

\*\*Some medications may be listed as both Tier 1 and Tier 2 due to a particular strength being formulary and another strength of the same medication requiring a prior authorization.

If you are hearing impaired, please call the TDD/TYY line at **1(415) 547-7830**, toll-free at **1(888) 883-7347** or through the California Relay Service at 711. You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at **1(415) 547-7800** or toll-free at **1(800) 288-5555**.

## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (EENT) CORTICOSTEROIDS (EENT)		
<i>triamcinolone 55 mcg nasal spr</i>	1	QL 16.9 / 30 days
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>hydrocortisone (cream, ointment)</i>	1	QL 240 / 30 days
ANTICHOLINERGIC AGENTS ANTIMUSCARINICS/ANTISPASMODICS		
<i>hyoscyamine 0.125 mg tab sl</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sr</i>	1	
OSCIMIN SL	1	
OSCIMIN SR	1	
SYMAX-SL	1	
SYMAX-SR	1	
ANTIEMETICS ANTIHISTAMINES (GI DRUGS)		
<i>meclizine hcl</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE) AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 1% topical cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HISTAMINE DRUGS		
SECOND GENERATION ANTI-HISTAMINES		
<i>cetirizine hcl</i>	1	
ANTI-ULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine 200 mg tablet</i>	1	
<i>famotidine 20 mg tablet</i>	1	
PEPCID 20 MG TABLET	1	
DEVICES		
<i>flexi-seal signal fms</i>	1	
<i>inpen (for humalog)</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>sodium citrate-citric acid</i>	1	QL 120 / DAY
VIRTRATE-2	1	QL 120 / DAY
REPLACEMENT PREPARATIONS		
<i>potassium cl er 20 meq tablet</i>	1	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12% lotion</i>	2	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12% cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EYE, EAR, NOSE AND THROAT (EENT) PREPS. EENT DRUGS, MISCELLANEOUS		
<i>ipratropium 0.03% spray</i>	1	QL 30 / 30 DAYS
<i>ipratropium 0.06% spray</i>	1	QL 15 / 30 DAYS
FIRST GENERATION ANTIHISTAMINES ETHANOLAMINE DERIVATIVES		
DIPHEN	1	
<i>diphenhydramine hcl (12.5 mg/5 ml, 25 mg/10 ml)</i>	1	
PHENOTHIAZINE DERIVATIVES		
PHENADOZ	2	AL At least 2 yrs old
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>promethazine vc</i>	1	AL At least 2 yrs old
<i>promethazine-phenylephrine</i>	1	AL At least 2 yrs old
PROMETHEGAN 12.5 MG SUPPOS	1	AL At least 2 yrs old
PROMETHEGAN 25 MG SUPPOSITORY	2	AL At least 2 yrs old
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>ibuprofen 100 mg/5 ml susp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate (100 mg capsule, perle 100 mg cap, 200 mg capsule)</i>	1	
<i>promethazine-codeine</i>	1	AL At least 12 yrs old
<i>promethazine-dm</i>	1	AL At least 2 yrs old
<i>promethazine-phenyleph-codeine</i>	1	AL At least 12 yrs old
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>DETERGENTS</b>		
<i>saf-clens af</i>	2	
<b>VITAMINS</b>		
<b>VITAMIN B COMPLEX</b>		
<i>cyanocobalamin injection</i>	1	
<i>folic acid 1 mg tablet</i>	1	
I-methylfolate	1	QL 30 / 30 DAYS
I-methylfolate calcium	1	QL 30 / 30 DAYS
RENA-VITE RX	1	
VP-VITE RX	1	
<b>VITAMIN D</b>		
<i>vitamin d2</i>	1	
<b>VITAMIN K ACTIVITY</b>		
MEPHYTON	2	



## Index of Covered Drugs

<b>A</b>	
ammonium lactate	2
<b>B</b>	
benzonatate	4
<b>C</b>	
cetirizine hcl	2
cimetidine	2
clotrimazole	1
cyanocobalamin injection	4
<b>D</b>	
DIPHEN	3
diphenhydramine hcl	3
<b>F</b>	
famotidine	2
flexi-seal signal fms	2
folic acid	4
<b>H</b>	
hydrocortisone	1
hyoscyamine sulfate	1
hyoscyamine sulfate er	1
hyoscyamine sulfate sr	1
<b>I</b>	
ibuprofen	3
inpen (for humalog)	2
ipratropium bromide	3
<b>L</b>	
l-methylfolate	4
l-methylfolate calcium	4
<b>M</b>	
meclizine hcl	1
MEPHYTON	4
<b>O</b>	
OSCIMIN SL	1
OSCIMIN SR	1
<b>P</b>	
PEPCID	2
PHENADOZ	3
potassium chloride	2
promethazine hcl	3
promethazine vc	3
promethazine-codeine	4
promethazine-dm	4
promethazine-phenyleph-codeine	4
promethazine-phenylephrine	3
PROMETHEGAN	3
<b>R</b>	
RENA-VITE RX	4
<b>S</b>	
saf-clens af	4
sodium citrate-citric acid	2
SYMAX-SL	1
SYMAX-SR	1
<b>T</b>	
triamcinolone acetonide	1
<b>V</b>	
VIRTRATE-2	2
vitamin d2	4
VP-VITE RX	4