San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update

October 2018

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 10/17/2018. Effective date for all changes is **11/20/2018**.

SFHP formulary can be accessed at http://www.sfhp.org/providers/formulary/ and prior authorization criteria at https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/.

Contents

Formulary Maintenance Items

Hematology: White Blood Cell Stimulants

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated White Blood Cell Stimulators criteria to include Nivestym™ and Fulphila™ as non-formulary

Drug Utilization Review Update:

- No DUR changes made

Pain: NSAIDs

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

- Added diclofenac potassium to formulary tier 1 and ketorolac to formulary tier 1 with quantity limit to ensure appropriate use
- Added indomethacin ER capsule to formulary due to some use and prior authorization approval rate
- Added age limit to naproxen suspension to ensure appropriate use in pediatrics
- Removed the following tier 3 medications from formulary due to no utilization and lack of drug specific prior authorization criteria:
    - meloxicam oral suspension
    - ketoprofen IR and ER capsules
    - meclofenamate capsule
    - mefenamic acid capsule
    - tolmetin capsule and tablet
    - fenoprofen capsule

Prior Authorization Criteria Update:

- Updated Topical NSAIDs criteria to reflect current diclofenac 1% gel quantity limit

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Antiparasitics

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

- Extended quantity limit of Albenza® to reflect typical dosing for intestinal roundworms
- Added quantity limit to praziquantel tablet to reflect typical dosing for tapeworms
- Removed Pin-X® chewable tablet from formulary due to lack of utilization (obsolete) and available alternatives
- Removed Pentam® 300 IV solution from formulary as it is a medical benefit drug

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Infectious Disease: Systemic and Topical Antibiotics

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

- Removed prior authorization from cefadroxil 500 mg capsule and maintained on formulary tier 1 due to cost effectiveness
- Removed step therapy requirement from vancomycin capsules and Firvanq® suspension and maintained on formulary tier 1 with quantity limits to align with guideline recommendations
- Remove days' supply limits from amoxicillin-clavulanate due to lack of concern for overuse
- Added age limit, maximum of 12 years to the following solutions, suspensions, and chewable tablets to align with other liquid and chewable formulations on formulary:
    - amoxicillin 125 mg/5 mL, 200 mg/ 5mL, 250 mg/5 mL, 400 mg/5 mL suspension reconstituted
    - amoxicillin/clavulanate 600-42.9 mg/5 mL oral suspension
    - penicillin V potassium 125 mg/5 mL, 250 mg/5 mL suspension
    - amoxicillin 125, 250 mg chewable tablet
    - amoxicillin/clavulanate 200-28.5, 400-57 mg chewable tablet
    - azithromycin 100mg/5mL, 200mg/5mL suspension reconstituted
    - sulfamethoxazole/trimethoprim 200-40mg/5mL oral suspension
    - cephalexin 125mg/5mL, 250mg/5mL oral suspension
    - nitrofurantoin 25mg/5mL oral suspension
- Removed the following medications form formulary and remove prior authorization due to lack of utilization and no drug-specific prior authorization criteria:
    - cefadroxil 250mg/5mL, 500mg/5mL suspension reconstituted
    - cefadroxil 1g tablet
    - cefditoren 200, 400mg tablet
- Removed Primsol® 50mg/5mL oral solution from tier 5, and maintain as non-formulary as it is no longer listed on the Fee-For-Service Contract Drugs List

Prior Authorization Criteria Update:

- Updated Clostridium Difficile Infections criteria to reflect the formulary changes for vancomycin and Firvanq®

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Oral and Topical Antifungals

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

- Removed ketoconazole 2% foam and Xologel® 2% from formulary and remove prior authorization due to lack of utilization/drug-specific criteria and cost-effective alternatives available

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Antivirals

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

- Added valganciclovir tablet to formulary with prior authorization required to align with current prior authorization criteria
- Removed age limit from oseltamivir 30mg capsule to allow for appropriate renal dosing in adults
- Added fill limit to oseltamivir oral solution to align with other dosage forms, and apply max days' supply limit per fill to ensure appropriate use

- Added age limit to acyclovir oral suspension to ensure appropriate pediatric use
- Added quantity limits to famciclovir tablets to ensure appropriate use:
  - 125 mg: #2 tablets/day (max 1 tablet BID for episodic/recurrent herpes in immunocompetent patients)
  - 250 mg: #3 tablets/day (max 1 tablet TID for initial herpes episode)
  - 500 mg: #4 tablets/day (max 2 tablets BID for episodic/recurrent herpes)
- Removed rimantadine from formulary due to removal of ACIP recommendations and lack of other indications

Prior Authorization Criteria Update:

- Updated Valganciclovir (Valcyte®) criteria to include oral solution and require inability/difficulty swallowing solid oral dosage form for use

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Immunizations

Formulary Update: Medi-Cal

- No formulary changes made

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Hematology: Erythropoietin Stimulating Agents

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

- Added Retacrit™ to formulary with prior authorization required to ensure appropriate diagnosis

Prior Authorization Criteria Update:

- Updated Erythropoietin Stimulating Agents (ESAs) criteria to prefer Retacrit™ over alternatives

Drug Utilization Review Update:

- No DUR changes made

Hematology: Thrombocytopenia

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Thrombocytopeniacriteria:
  - Prefer Promacta® based on range of indications and comparative cost-effectiveness
  - Include Tavalisse® second-line after TPA
  - Include Doptelet® and Mulpleta® listed as non-formulary, preferring Mulpleta® over Doptelet® for thrombocytopenia associated with chronic liver disease in patients requiring elective procedure

Drug Utilization Review Update:

- No DUR changes made

Neurology: Anticonvulsants

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

- Removed quantity limits from Dilantin® 30 mg ER capsule and divalproex 125 mg DR sprinkles to align with other anticonvulsants due to lack of safety concerns and to allow titration
- Added age restriction, limiting to members 16 years of age or younger to the following medications, to align with other non-solid dosage formulations on formulary (updated all to ≤16 years):
  - ethosuximide 250 mg/5 mL solution
  - phenytoin 50 mg chewable tablet
  - carbamazepine 100 mg chewable tablet
  - phenobarbital 25 mg/5 ml elixir
- Removed the following medications from formulary due to lack of utilization or requests:
  - Peganone® 250 mg tablet
  - Lamotrigine IR dose packs
  - Celontin® 300 mg capsule
  - Phenytoin 50 mg/5 mL vial (medical benefit)
  - Banzel®40 mg/mL oral suspension

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Pain: Non-Opioid

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

- Added the following to formulary tier 1 due to some utilization and cost-effectiveness
  - pramoxine 1% lotion
  - lidocaine 4% cream, with quantity limit of #60g/30 days to align with other formulary options
  - lidocaine 4% OTC patch
- Removed prior authorization requirement for Lyrica® and maintained tier 3, step therapy (gabapentin) required
- Added age limit, maximum age of 16 years, to gabapentin 250 mg/5 mL solution to align with other liquid anticonvulsant formulations and allow appropriate pediatric use
- Removed gabapentin 250 mg/5 mL unit dose solution from formulary due to lack of utilization

Prior Authorization Criteria Update:

- Updated Lyrica® (Pregabalin) criteria to reflect step and include extended release formulation quantity limit

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Olumiant®

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Disease Modifying Biologics criteria to list Olumiant® as non-formulary

Drug Utilization Review Update:

- No DUR changes were made

Topical: Antiseptics

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

Probiotics

Formulary Update: Medi-Cal, Healthy San Francisco

- Added the following probiotic products to formulary based on utilization, low cost, and available literature:
  - saccharomyces boulardii (Florastor®) tier 1
  - Culturelle® (lactobacillus rhamnosus GG[LGG]) tier 2
- Added VSL#3® to formulary tier 3 based on guideline recommendations and utilization, with prior authorization required to ensure appropriate diagnosis (Medi-Cal only)

Prior Authorization Criteria Update:

- Updated Probiotics criteria to address all probiotics requests

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Updates (6/30/18-9/28/18)

New Criteria

The criteria below were implemented 8/20/2018 based on specific regulatory requirements. These criteria address the handling of requests determined to be for experimental/investigational use, or terminal illness, respectively.

EXPERIMENTAL/INVESTIGATIONAL USES
Formulary Status: Formulary, PA or Non-formulary
Coverage Duration: 1 year
Diagnosis Considered for Coverage: • Experimental or investigational use, as defined below
Prescribing Restriction: • Prescriber restriction: provider is a board-certified specialist in the area of requested therapy
Clinical Information Required for Review: • Diagnosis • Previous therapy • Supporting documentation
Coverage Criteria: Per Evidence of Coverage (EOC) document page 64, SFHP does not cover experimental or investigational care, defined as care that: • Is not seen as safe and effective by generally accepted medical standards to treat a condition, or • Has not been approved by the government to treat a condition **I. Initiation of Therapy:** • Requests not meeting criteria below will be denied per the Investigational/Experimental Section of the PBM-SFHP Prior Authorization (PA) First-Level Review Desktop Procedure • If ALL of the following are met, a request for experimental or investigational use will be reviewed by the SFHP Medical Director o The requested therapy is for a life-threatening (likely to cause death unless the couse of disease is interrupted) or seriously debilitating (causes major irreversible morbidity) condition ▪ If requested therapy is not for a life-threatening or seriously debilitating condition, utilize "Off-Label Uses" criteria o The requested therapy is a therapy approved by the FDA o Documentation is provided meeting any of the following for each standard therapy for the diagnosis: ▪ Trial and failure of standard therapy(ies) ▪ Contraindication to standard therapy(ies)

EXPERIMENTAL/INVESTIGATIONAL USES
▪ Documentation that the requested therapy is likely to be more beneficial to the member than standard therapy(ies): a. as evidenced by two documents from medical and scientific evidence (including peer-reviewed medical literature, federal research institutes findings, medical compendia and/or guidelines) OR b. as certified in writing by provider, and the provider is an in-network physician c. If the request is denied following review by SFHP Medical Director due to not meeting criteria (a) and (b) above, SFHP's decision will be sent for examination via the independent medical review process for investigational/experimental uses **II. Continuation of Therapy for NEW Members** (within the last 6 months), approve if: • Refer to "Initiation of Therapy" section **III. Continuation of Therapy for EXISTING Members** (medication filled within the last 6 months or provider attestation on PA request that member is continuing the medication), approve if: • Patient is stable and continuing the medication
References: • California Health and Safety Code 1370.4, Accessed at https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1370.4.&lawCode=HSC.
Last review/revision date: 08/2018

MEDICATIONS FOR TERMINAL ILLNESS
Formulary Status: Formulary, PA or Non-formulary
Coverage Duration: 1 year
Diagnosis Considered for Coverage: • Terminal illness, as defined below
Prescribing Restriction: • Prescriber restriction: provider is a board-certified specialist in the area of requested therapy
Clinical Information Required for Review: • Diagnosis • Previous therapy • Supporting documentation
Coverage Criteria: California Health and Safety Code Section 1368.1 refers to terminal illness as an incurable or irreversible condition that has a high probability of

MEDICATIONS FOR TERMINAL ILLNESS
causing death within one year or less. **I. Initiation of Therapy:** • If a request for treatment is for terminal illness as defined above, approve if medication and dose are appropriate based on nature and severity of the terminal illness, and is not considered likely to cause undue harm o Criteria above overrides drug-specific criteria, Non-Formulary Medications criteria, and Off-Label Uses criteria when requested for terminal illness o If request is for experimental/investigational use in terminal illness, Experimental/Investigational Uses criteria must also be met • For requests that are denied due to not meeting corresponding criteria above, the following will be provided to the enrollee within five business days of the denial: o A statement setting forth the specific medical and scientific reasons for denying coverage o A description of alternative treatment, services or supplies covered by the plan, if any
References: • California Health and Safety Code 1368.1, Accessed at https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1368.1.&lawCode=HSC.
Last review/revision date: 10/2018

Revisions to Existing Criteria

Title	Date Effective	Revision Summary
Hepatitis C	07/01/2018	• Removed medical necessity criteria (fibrosis stage or comorbidity) based on DHCS policy update • Approve for members ≥ 13 years old with life expectancy ≥ 12 months, regardless of fibrosis stage or comorbidity, if regimen is appropriate per AASLD/IDSA guidelines and is SFHP-preferred
PCSK-9 Inhibitors	07/01/2018	• Extended Coverage Duration: o Initial: 6 months (from 4 months) o Continuation: indefinite (from 6 months)
Ampyra® (dalfampridine)	11/20/2018	• Removed criteria that patient not have h/o seizure, moderate-severe renal impairment, or treatment with other forms of 4-aminopyridine
Duvalidan®, Vasodilan® (isoxsuprine)	11/20/2018	• Retire criteria due to lack of use • Utilize step criteria for any requests for isoxsuprine
Low Molecular Weight Heparin	11/20/2018	• Retire criteria after expanding quantity limits for enoxaparin • Utilize Non-Formulary Medication criteria for Fragmin®, Arixtra®

Title	Date Effective	Revision Summary
Stadol NS® (butorphanol)	11/20/2018	• Retire criteria due to lack of use, numerous preferred alternatives for migraine • Utilize Non-Formulary Medication criteria for any requests
All drug-specific criteria	11/20/2018	• Based on DHCS audit feedback, update all drug-specific criteria to incorporate off-label criteria: **Diagnosis Considered for Coverage:** Off-Label indications (medically accepted indications are defined using the following sources: American Hospital Formulary Service-Drug Information (AHFS-DI), Truven Health Analytics Micromedex DrugDEX (DrugDEX), National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Wolters Kluwer Lexi-Drugs, and Elsevier/Gold Standard Clinical Pharmacology and/or positive results from two peer-reviewed published studies. **Initiation of therapy:** • Approve if: o No other formulary medication has a medically accepted use for the patient's specific diagnosis as referenced in the medical compendia AND o Medication is being requested for an accepted off-label use and is listed in the standard clinical decision support resources (as noted in Diagnosis section above) OR o Requested use can be supported by at least two published peer reviewed clinical studies • Standardize continuation of therapy criteria for new members: **Continuation of Therapy for NEW Members (within the last 6 months), approve if:** • Prescriber attests that member has been on this medication continuously before joining SFHP, AND • Request is for generic or single source Brand, AND The diagnosis and dosage provided meets criteria, FDA labeling, and/or would meet the off-label criteria

Interim Formulary Changes (6/30/18 – 9/28/18)

Therapeutic class	Medication	Formulary Status	Comment
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors	Mektovi (binmetinib) 15 mg tablet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New entity
Antineoplastic - BRAF Kinase Inhibitors	Braftovi (encorafenib) 50, 75 mg capsule	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New entity
Antineoplastic - Antiandrogenic Agents	Yonsa (abiraterone submicronized) 125 mg tablet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New dosage form
Influenza Virus Vaccines	Fluarix Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flulaval Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flulaval Quad 2018-2019 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2018-2019 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2018-19(PF) 60 mcg(15 mcgx4)/0.5 mL intramuscular syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone High-Dose 2018-2019 (PF) 180 mcg/0.5 mL intramuscular syringe	Medi-Cal: T2 AL≥65yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flublok Quad 2018-2019 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Antipsychotics, Atyp, D2 Partial Agonist/5ht Mixed	Aristada Initio (aripiprazole lauroxil, submicronized) 675 mg/2.4 mL suspension, ER IM syringe	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
NSAIDs, Cyclooxygenase Inhibitor-Type Analgesics	ketoprofen 25mg capsule	Medi-Cal, HK, HW: T3/PA HSF, C-Wrap: X	Return of generic to market
Antivirals, General	valacyclovir 1000 mg tablet	Medi-Cal, HK, HW, HSF: T1 QL #3/day → #4/day C-Wrap: X	Prospective DUR report- increased QL
Topical Anti-Inflammatory, NSAIDS	diclofenac sodium 1% topical gel	Medi-Cal, HK, HW, HSF: T1 QL #100g/30d → #300g/30d C-Wrap: X	Prospective DUR report- increased QL
Platelet Aggregation Inhibitors	aspirin 81 mg chewable tablet	Medi-Cal, HSF, C-Wrap: T1 AL <12y → T1 HK, HW: X	Prospective DUR report- removed AL
Smoking Deterrent Agents (Ganglionic Stim, Others)	nicotine polacrilex 2, 4 mg lozenge	Medi-Cal, HK, HW, HSF, C-Wrap: T1 QL #360/30d → #600/30d	Prospective DUR report- increased QL

Therapeutic class	Medication	Formulary Status	Comment
Antidiarrheals	loperamide 2 mg tablet	Medi-Cal, HSF, C-Wrap: T1 → T1 QL #30/30d HK, HW: X	Safety/potential for abuse
Antidiarrheals	loperamide 1 mg/5 mL oral liquid	Medi-Cal, HSF, C-Wrap: T1 → T1 QL #150mL/30d HK, HW: X	Safety/potential for abuse
Influenza Virus Vaccines	Afluria 2018-2019 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Quad 2018-2019 60 mcg/0.5 mL intramuscular suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Quad 2018-2019 (PF) 60 mcg/0.5 mL intramuscular syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria 2018-2019 (PF) 45 mcg(15 mcg x 3)/0.5 mL intramuscular syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluad 2018-19 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	Medi-Cal: T2 AL≥65yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Antiretroviral-Nucleoside, Nucleotide, Protease Inh.	Symtuza (darunavir/cobicistat/emtricitabine/tenofovir AF) 800 mg-150 mg-200 mg-10 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
Influenza Virus Vaccines	Flucelvax Quad 2018-2019 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flucelvax Quad 2018-2019 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Antineoplastic-Isocitrate Dehydrogenase Inhibitors	Tibsovo (ivosidenib) 250 mg tablet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New entity
Selective Serotonin 5-HT2A Inverse Agonists (SSIA)	Nuplazid (pimavanserin) 10, 34 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Humira (adalimumab) Pen Crohn's-Ulcerative Colitis-Hidradenitis Suppurativa Starter 80 mg/0.8 mL SC kit	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New kit
Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Humira (adalimumab) Pen Psoriasis-Uveitis 80 mg/0.8 mL(1)-40 mg/0.4 mL(2)SC kit	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New kit
Viral/Tumorigenic Vaccines	Heplisav-B (PF) 20 mcg/0.5 mL IM syringe	Medi-Cal: T2 AL≥19yo HK, HW, HSF, C-Wrap: X	New dosage form
Prenatal Vitamin Preparations	prenatal vitamin 19/iron ps, heme/folic/DHA (Prefera-OB One)	Medi-Cal, HSF: NF-NL HK, HW, C-Wrap: X	Generic no longer available
Cystic Fibrosis - CFTR Potentiator-Corrector Combin.	Orkambi (lumacaftor/ivacaftor) 100-125, 150-188 mg granule packet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New dosage form/new strength
Influenza Virus Vaccines	Flumist Quad 2018-2019 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
Antipsychotic, Atypical, Dopamine, Serotonin Antagonist	Perseris 90 mg, 120 mg abdominal ER susp SC syringe kit	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out

Therapeutic class	Medication	Formulary Status	Comment
Antineoplastic Systemic Enzyme Inhibitors	Lenvima 4 mg capsule, 12 mg/day (4 mg x 3) capsule	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
Antihemophilic Factors	Jivi (Factor VIII, recombinant human pegylated) 500, 1000, 2000, 3000 (+/-) unit IV solution	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
Antivirals, HIV-Specific, Non-Nucleoside, RTI	Pifeltro (doravirine) 100 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
ARTV Nucleoside, Nucleotide, Non-Nucleoside RTI Comb	Delstrigo (doravirine/lamivudine/tenofovir DF) 100 mg-300 mg-300 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out

	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.
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

Therapeutic class	Medication	Comment
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK I-800 (ibuprofen/capsaicin/methyl-salicylate/menthol) 800 mg-0.025 %-25 %-6 % kit: liquid, tablet	New kit
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK (celecoxib/capsaicin/methyl-salicylate/menthol) 200 mg-0.025 %-25 %-6 % kit: liquid, capsule	New kit
Analgesic, Non-Salicylate And Barbiturate Comb.	butalbital 50 mg-acetaminophen 300 mg capsule	Line extension
Anti-Inflammatory, Interleukin-1 Beta Blockers	Ilaris (canakinumab) PF 150 mg/mL SC powder for solution	Line extension
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK (diclofenac/capsaicin/methyl-salicylate/menthol) DSDR-50 mg-0.025 %-25 %-6 % kit: liquid, DR tablet	New kit
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK (diclofenac/capsaicin/methyl-salicylate/menthol) DSDR-75 mg-0.025 %-25 %-6 % kit: liquid, DR tablet	New kit
LHRH(GNRH) Antagonist, Pituitary Suppressant Agents	Orilissa (elagolix) 150, 200 mg tablet	New entity
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK E-400 (etodolac/capsaicin/methyl-salicylate/menthol) 400 mg-0.025 %-25 %-6 % kit: liquid, tablet	New kit
Beta-Adrenergic Blocking Agents	Kapspargo Sprinkle 25, 50, 100, 200 mg ER capsule	New dosage form
NSAID And Topical Irritant Counter-Irritant Comb.	NuDroxiPAK N-500 (nabumetone/capsaicin/methyl-salicylate/ menthol) 500 mg-0.025 %-25 %-6 % kit: topical liquid, tablet	New kit
Electrolyte Depleters	Lokelma (sodium zirconium cyclosilicate) 5, 10 gram oral powder packet	New entity*
Laxatives and Cathartics	Plenvu (PEG3350/Sod. Sulfate/NaCl/KCl/ASB/C) 140-9-5.2 gm powder packet	New strength
Topical Anti-Inflammatory Steroidal	SilaLite Pak 0.1 % kit, ointment and sheet	New kit
Pharmacological Chaperone-alpha-galactosid. A Stabz	Galafold (migalastat) 123 mg capsule	New entity*
Antipsoriatic Agents, Systemic	Ilumya (tildrakizumab) 100 mg/mL SC syringe	New entity*
Plasma Kallikrein Inhibitors	Takhzyro (lanadelumab-FLYO) 300 mg/2 mL (150 mg/mL) SC solution	New entity*
Somatostatic Agents	Signifor (pasireotide pamoate) LAR 10, 30 mg IM suspension	New strength
Topical Anti-Inflammatory Nsaid-Local Anesthetic	TriXylitral (diclofenac/lidocaine) 1.5 %-3.88 % tape kit, cream and solution	New kit
Topical Anticholinergic Hyperhidrosis Tx Agents	Qbrexza (glycopyrronium) 2.4 % towelette	New entity
Antimigraine Preparations	Ajovy (fremanezumab-vfrm) 225 mg/1.5 ml subcutaneous syringe	New entity*
Topical Local Anesthetics	Ztlido (lidocaine) 1.8% topical patch	New strength

	Status	Definition
T1	Formulary Drug, Generic (can have quantity limits, age, gender and other code 1	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

	restrictions as defined by Medi-Cal)	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.

*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)